Michael T. Dulin, CPA, PA
P.O. Box 1099
Matthews, NC 28106
704-847-0874

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2024 personal income tax return.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number could display as ***-**-6789. If you would like to confirm the masked data or make a change to your data, please contact this office.

Enter 2024 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please delete it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

Please answer all applicable questions and use the Notes to Preparer screen to enter additional information not provided in the Tax Organizer. The Notes to Preparer screen is also available for any questions that you may have for our office.

You will also need to provide the following information:
- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, etc.
- Brokerage statements showing investment transactions for stocks, bonds, digital assets, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements and receipts supporting qualified educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- Statements from U.S. Department of Education supporting federal student loan forgiveness.
- All Forms 1095 (A, B, and/or C) related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions.
- Statements supporting the receipt, exchange, sale, use, or any other disposition of a digital asset
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Six-digit Identity Protection PIN for use during calendar year 2025, if sent to you by the IRS.
- A copy of your income tax return from last year, if not prepared by this office.

The IRS doesn't *initiate* contact with taxpayers by email, phone, text messages or social media channels to request personal or financial information. This includes requests for PIN numbers, passwords or similar access information for credit cards, banks or other financial accounts. Phishing is a scam typically carried out through unsolicited email and/or websites that pose as legitimate sites and lure unsuspecting victims to provide personal and financial information. If you receive such an email from the IRS, forward the email as-is to phishing@irs.gov. Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS. Additional information can be found at: https://www.irs.gov/privacy-disclosure/report-phishing.

Thank you for the opportunity to serve you. In order to meet filing deadlines, we need to receive your complete tax information by March 28, 2025. An extension may need to be filed if tax information is received after this date.

Sincerely,

Michael T. Dulin, CPA, PA

Please provide to us your preferences for the following:

Preferred contact person: _____

Provide the contact information for your preferred method of communication:

email:_____

Phone number: _____

For your files, how do you prefer to have the copy of your tax return provided to you? *Please circle your preference.*

Paper PDF on Flash Drive Email/Onvio

2025 ORGANIZERS

If you prefer to have your Organizer sent to you via e-mail next year, please provide us with your e-mail address here:

E-mail address:_____

If you complete your e-mail address *here*, you will ***not*** receive an Organizer in the mail. Instead, it will be **e-mailed** to you and password protected. Do not complete your address here if you want to continue receiving organizers in the mail. Advise us of any address changes during the year.

ENGAGEMENT LETTER

December 31, 2024

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following:

We will prepare your 2024 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. It is your responsibility to retain all the documents, canceled checks and other data that form the basis of income and deductions reported in the tax returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. As a business practice, we do not regularly make copies of all client documents for our files when preparing tax returns. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them. By this engagement, we assume no responsibility for the payment of any amounts due.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

Michael T. Dulin, CPA, PA will rely on you to provide information and representations to us in the performance of our professional services and in consideration of the fees that we charge. Because we will be relying on your representations, you agree to indemnify Michael T. Dulin, CPA, PA and its partners and employees, and hold them harmless from all claims, liabilities, losses, and costs arising in circumstances where there has been a knowing misrepresentation by you, your employee or your agent, regardless of whether such an employee or agent was acting in your interest. This indemnification will survive termination of this letter.

We will use our professional judgment in preparing tax returns and providing other tax services. If an applicable tax law is unclear or there are conflicting interpretations of the law, we will explain the possible positions that may be taken on the return. We will follow the position you request on the return so long as it is consistent with tax codes, regulations, and interpretation. If the Internal Revenue Service or other taxing authority should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. The law provides various penalties that may be imposed when taxpayers understate their tax liability. We assume no liability for any such additional penalties or assessments. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

This engagement does not include responding to government inquiries, notices or examinations.

In the event of a government audit or examination, we recommend that you consult with us prior to responding to the tax authority. Any proposed adjustments by an examining agent are subject to certain rights of appeal. We will be available upon request to represent you in such matters.

A taxpayer may authorize the Internal Revenue Service and state taxing authorities to discuss the taxpayer's return with the CPA who signed the return as "preparer". With this authorization, the "preparer" can handle the inquiry, notice, or examination for you. As a business practice, we routinely check the "yes" box in the signature area of the tax return that makes an irrevocable election to grant this authority for that specific tax return. The authorization is valid for one year. If you do not wish to grant this authority, please notify us.

We are required by professional standards and federal law to keep all information about our engagement confidential. We will not disclose any information about you unless we have your approval through written consent or are required/permitted by law. This applies even if you are no longer a client.

The working papers for this engagement are the property of Michael T. Dulin, CPA, PA and constitute confidential information. Any requests for access to our working papers will be discussed with you prior to making them available to requesting parties. In the event we are requested or authorized by you or required by governmental regulation, subpoena, or other legal process to produce our working papers or our personnel as witnesses with respect to our engagement with you, you will, so long as we are not a party to the proceeding in which the information is sought, reimburse us for our professional time and expense, as well as the fees and expenses of our counsel, incurred in responding to such request.

We are committed to the safekeeping of your confidential information, and we maintain physical, electronic, and procedural safeguards to protect your information. **In general, it is our firm's policy to keep copies of tax returns, working papers and other records related to this engagement for no more than five years from the date we issue your tax returns.**

Our fee for these services will be based in part upon the amount of time required at our standard billing rates for the personnel working on the engagement, plus out-of-pocket expenses. All invoices are due and payable upon presentation. Amounts not paid within 30 days from the invoice date will be subject to a late payment charge of 1.5% per month (18% per year). For your convenience, we accept Mastercard, Visa, Discover, and American Express as payment.

If the foregoing fairly sets forth your understanding, please note that you are affirming to Michael T. Dulin, CPA, PA your understanding of, and agreement to, the terms and conditions of this engagement letter by any one of the following actions: returning your signed engagement letter to our firm, returning your income tax information to us for use in the preparation of your returns, the submission of the tax returns we have prepared for you to the taxing authorities, or the payment of our return preparation fees. If there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Michael T. Dulin, CPA, PA

I (we) agree to the business terms as stated in the enclosed letter.

Taxpayer signature_____Date:_____

Spouse signature_____Date:_____

Memo to File
2024 Tax Return

Questions

Please check the appropriate box and include all necessary details and documentation.

IF you use a highlighter, please only use YELLOW.

	Yes	No
Personal Information		
Did your marital status change during the year? If yes, explain: _____	☐	☐
Did you live separately from your spouse during the last six months of the year?	☐	☐
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	☐	☐
Did your address change from last year?	☐	☐
Can you be claimed as a dependent by another taxpayer?	☐	☐
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? *(Please provide check copy to prevent delays.)*	☐	☐
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	☐	☐
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS notice for filing returns in 2025.	☐	☐
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires and other disaster situations.	☐	☐
Dependent Information		
Were there any changes in dependents from the prior year? If yes, explain: _____	☐	☐
Do you have any children **under age 19 or a full-time student under age 24 with unearned income in excess of $2,600?**	☐	☐
Do you have dependents who must file a tax return?	☐	☐
Did you provide over half the support for any other person(s) other than your dependent children during the year?	☐	☐
Did you pay for child care while you worked, looked for work, or while a full-time student?	☐	☐
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	☐	☐
Did you pay any expenses related to the adoption of a child during the year?	☐	☐
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	☐	☐
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? **If yes, attach the IRS notice for use during the 2025 filing season.**	☐	☐
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	☐	☐
Did you have ownership interest in any type of business?	☐	☐
Did you sell, exchange, or purchase any assets used in your trade or business?	☐	☐
Did you acquire a new or additional interest in a partnership or S corporation?	☐	☐
Did you sell, exchange, or purchase any real estate during the year?	☐	☐
Did you purchase or sell a principal residence during the year?	☐	☐
Did you foreclose or abandon a principal residence or real property during the year?	☐	☐

Did you acquire or dispose of any stock during the year?	☐	☐
Did you take out a home equity loan this year?	☐	☐
Did you refinance a principal residence or second home this year?	☐	☐
Did you sell an existing business, rental, or other property this year?	☐	☐
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	☐	☐
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	☐	☐
Did you purchase a new or previously owned clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer even if you received the credit when purchased at the dealer.	☐	☐
Did you receive a Form 1099-K for the sale of personal property for a gain or loss?	☐	☐

(Please provide closing statements and loan information for any of the above transactions.)

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	☐	☐
Did you receive any income from property sold prior to this year?	☐	☐
Did you receive any unemployment benefits during the year?	☐	☐
Did you receive any disability income during the year?	☐	☐
Did you receive any Medicaid waiver payments as difficulty of care during the year?	☐	☐
Did you receive tip income not reported to your employer this year?	☐	☐
Did any of your life insurance policies mature, or did you surrender any policies?	☐	☐
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	☐	☐
Did you receive any income considered to be nonemployee compensation?	☐	☐
Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?	☐	☐
Did you receive a Form 1099-K for a distribution payment from an online crowdfunding solicitation? (such as a "Go Fund Me")	☐	☐
Did you receive a Form 1099-K that you believe is in error?	☐	☐
Do you expect a large fluctuation in income, deductions, or withholding next year?	☐	☐
Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services?	☐	☐

(A digital asset is anything in difital form that can create value. Digital assets include but are not limited to videos, photos, documents, digital books, and cryptocurrencies.)

WE MUST HAVE AN ANSWER TO THIS QUESTION

Retirement Information

Are you an active participant in a pension or retirement plan?	☐	☐
Did you receive any Social Security benefits during the year?	☐	☐
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	☐	☐
If yes, were any withdrawals due to a Federally declared disaster?	☐	☐
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2024?	☐	☐
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	☐	☐
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	☐	☐
Did you receive any qualified birth or adoption distributions, emergency personal expense distributions, domestic abuse distributions, or terminal illness distributions in 2024?	☐	☐
If yes, did you repay any of the distributions in 2024?	☐	☐
Did you make any qualified charitable distributions (QCD) during the year?	☐	☐

(Please include acknowledgement from recipient organization)

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	☐	☐
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	☐	☐
Did anyone in your family receive a scholarship of any kind during the year?	☐	☐
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	☐	☐
Did you make any withdrawals from an education savings or 529 Plan account?	☐	☐
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?	☐	☐
Did you make any contributions to an education savings or 529 Plan account?	☐	☐
Did you pay any student loan interest this year?	☐	☐
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	☐	☐
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	☐	☐

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.	☐	☐
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?	☐	☐
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	☐	☐
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	☐	☐
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	☐	☐
Did you pay long-term care premiums for yourself or your family?	☐	☐
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?	☐	☐
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?	☐	☐
If you are a business owner, did you pay health insurance premiums for your employees this year?	☐	☐

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	☐	☐
If yes, did the loss occur in a Federally declared disaster area?	☐	☐
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	☐	☐
Did you make any cash or other monetary charitable contributions?	☐	☐
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	☐	☐
If yes, please provide evidence such as a receipt from the donee organization, canceled check, or record of payment, to substantiate all contributions made.		
Did you donate a vehicle or boat during the year?	☐	☐
Did you pay real estate taxes for your primary home and/or second home?	☐	☐
Did you pay any mortgage interest on an existing home loan?	☐	☐
Did you incur interest expenses associated with any investment accounts you held?	☐	☐
Did you make any major purchases during the year (cars, boats, etc.)?	☐	☐
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	☐	☐

Miscellaneous Information

Did you make gifts of more than $18,000 to any individual?	☐	☐
Did you utilize an area of your home for business purposes?	☐	☐
Did you engage in any bartering transactions?	☐	☐
Did you retire or change jobs this year?	☐	☐
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	☐	☐
Did you pay any individual as a household employee during the year?	☐	☐
Did you make energy efficient improvements to your main home this year?	☐	☐
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	☐	☐
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	☐	☐
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	☐	☐
Are you an owner or do you control 25% of a company's ownership interest for a company registered with a secretary of state or similar office before January 1, 2025?	☐	☐
If yes, did you file its initial Beneficial Ownership Information Report (BOIR)?	☐	☐
If you were required to file a Beneficial Ownership Information Report (BOIR) with the Financial Crimes Enforcement Network (FinCEN), has any of the previously reported information changed (for either the reporting company or any of the beneficial owners)? You may be required to update the report.	☐	☐
Did you receive correspondence from the State or the IRS?	☐	☐
If yes, explain: _____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	☐	☐
Do you want to designate $3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	☐	☐

"IP PIN"

IDENTITY PROTECTION PERSONAL IDENTIFICATION NUMBER "IP PIN"

If you received an IP Pin in the past, you should receive a new one this year. Your number changes every year and MUST be provided to us for electronically filing your return. If you receive your number in the mail, please provide the letter to us with your tax information. If you did not receive a letter, you will need to go on-line at www.irs.gov to retrieve your number using your login information from last year. *This applies to you only if you have had an IP PIN in the past or if you have had identity theft issues or concerns.*

IMPORTANT NOTICE REGARDING E-MAILS FROM THE IRS!!!!

The IRS does NOT send out unsolicited emails requesting detailed personal information. Such authentic-looking emails are called "phishing" emails and responding may expose you to identity theft. If you receive such an email from the IRS, send a copy of the email to **phishing@irs.gov**. Please do not respond to the email unless it is verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS.

	Yes	No
Do you have the required documentation for any deductions claimed for business travel, gifts or listed property expenses?	☐	☐

1099 Questions on Business Returns:

Generally, any trade or business that makes payments in the course of that business for rents, interest, compensations, remuneration for services, etc. aggregating $600 or more for the year to a single payee is required to report the payments to the IRS and the recipient by filing Form 1099. These reporting requirements generally apply only to payments made to non-corporations. A Form 1099 is generally required to be filed with the recipient and with the IRS by January 31.

If your Form 1040 includes a Schedule C or Schedule F, we must answer two questions regarding the filing of Forms 1099 when we prepare your return. Please let us know.

	Yes	No
1. Did you make any payments in 2024 that would require you to file Form 1099?	☐	☐
2. If "Yes", did you or will you file all required Forms 1099?	☐	☐

If you need us to assist you in the preparation of these forms, please provide us with the amount paid, the name, address, and social security number of the payee. If the payee is a partnership or LLC, we will need the federal identification number. If you obtained a Form W-9 from the payees, forward a copy of it to our office.

If you are unsure whether payments you made require filing a Form 1099, please discuss with us. The penalties for not filing or for filing late can be significant.

FAMILY AND FINANCIAL PLANNING ITEMS TO CONSIDER:

❄ **LAST WILL AND TESTAMENT -** If you do not have a will, we highly recommend that you have one prepared. If you do have one, you may need to have it reviewed and updated. This is **NOT** a service that we can provide to you; it is a legal matter for which you will need a lawyer.

❄ **DESIGNATED BENEFICIARIES** - Have you reviewed the designated beneficiaries on your IRAs, pensions or other deferred comp plans? As situations change, your beneficiaries may need to as well

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets.

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

General: 1040

Personal Information

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

Mark if you were married but living apart all year ☐ Mark if your nonresident alien spouse does not have an ITIN ☐

	Taxpayer	Spouse
Social security number		
First name		
Last name		
Occupation		
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)		
Mark if legally blind	☐	☐
Mark if dependent of another taxpayer	☐	☐
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)		
Date of birth		
Date of death		
Work/daytime telephone number/ext number		

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

General: 1040, Contact

Present Mailing Address

Address

Apartment number

City/State postal code/Zip code

Foreign country name

Foreign phone number

Home/evening telephone number

Taxpayer email address mivanova@dulincpa.com

Spouse email address

General: 1040

Dependent Information

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

Credits: 2441

Child and Dependent Care Expenses

Provider information:

- Business name
- First and Last name
- Street address
- City, state, and zip code
- Social security number OR Employer identification number
- Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)
- Amount paid to care provider in 2024

	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited		

NOTES/QUESTIONS:

Income: W2

Salary and Wages

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

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

Retirement: 1099R

Pension, IRA, and Annuity Distributions

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

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

Income: K1, K1T

Schedules K-1

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

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

Income: W2G

Gambling Income

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

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

Educate: 1099Q

Qualified Education Plan Distributions

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

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

NOTES/QUESTIONS:

Income: B1

Interest Income

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

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

Income: B3

Seller Financed Mortgage Interest

T, S, J _ Payer's name _____ Payer's social security number _____

Payer's address, city, state, zip code _____ _____ _____

Amount received in 2024 _____ Amount received in 2023 _____

Income: B2

Dividend Income

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

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

Income: D

Sales of Stocks, Securities, and Other Investment Property

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

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

Income: Income

Other Income

Please provide copies of all supporting documentation.

	2024 Information	Prior Year Information
State and local income tax refunds		

	T/S	Agreement Date	2024 Information	Prior Year Information
Alimony received				

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation			
Unemployment compensation repaid			
Social security benefits			
Medicare premiums to be reported on Schedule A			
Railroad retirement benefits			

T/S/J		2024 Information	Prior Year Information
	Other Income:		

1040 Adj: IRA

Adjustments to Income - IRA Contributions

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

	Taxpayer	Spouse
Traditional IRA Contributions for 2024 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		
Enter the total traditional IRA contributions made for use in 2024		
Roth IRA Contributions for 2024 -		
Mark if you want to contribute the maximum Roth IRA contribution	☐	☐
Enter the total Roth IRA contributions made for use in 2024		

Educate: Educate2

Higher Education Deductions and/or Credits

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

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

Complete this section if you paid qualified education expenses for higher education costs in 2024.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.
Please provide all copies of Form 1098-T.

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

***Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction**
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

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

Description of move	
Taxpayer/Spouse/Joint (T, S, J)	
Mark if the move was due to service in the armed forces	☐
Number of miles from old home to new workplace	
Number of miles from old home to old workplace	
Mark if move is outside United States or its possessions	☐
Transportation and storage expenses	
Travel and lodging (not including meals)	
Total amount reimbursed for moving expenses	

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

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

Street address

City, State and Zip code

***Enter the divorce/separation agreement date**

	Taxpayer	Spouse	Prior Year Information
Educator expenses:			
Other adjustments:			

Itemized: A1

Medical and Dental Expenses

T/S/J		2024 Information	Prior Year Information
_	Medical and dental expenses		
_	Medical insurance premiums you paid***		
_	Long-term care premiums you paid***		
_	Prescription medicines and drugs		
_	Miles driven for medical items (21 cents)		

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

Itemized: A1

Tax Expenses

T/S/J		2024 Information	Prior Year Information
_	State/local income taxes paid		
_	2023 state and local income taxes paid in 2024		
_	Sales tax paid on actual expenses		
_	Real estate taxes paid		
_	Personal property taxes		
_	Other taxes		

Itemized: A2

Interest Expenses

T/S/J		2024 Information	Prior Year Information
_	Home mortgage interest From Form 1098		

Other home mortgage interest paid to individuals:

T/S/J	Payee's Name	SSN or EIN	2024 Information	Prior Year Information
_				

Address	City	State	Zip Code

T/S/J		2024 Information	Prior Year Information
_	Investment interest expense, other than on Sch K-1s:		

Refinancing Information:	Refinance #1	Refinance #2
T/S/J	_	_
Recipient/Lender name		
Total points paid at time of refinance		
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2024	☐	☐

Itemized: A3

Charitable Contributions

T/S/J		2024 Information	Prior Year Information
_	Contributions made by cash or check		
_	Volunteer miles driven		
_	Noncash items, such as: Goodwill, Salvation Army		

Itemized: A3, A-St

Miscellaneous Deductions

T/S/J		2024 Information	Prior Year Information
_	Other expenses		
_	Gambling losses (enter only if you have gambling income)		

*****STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA**

T/S/J		2024 Information	Prior Year Information
_	Unreimbursed expenses***		
_	Union dues, other than amounts reported on Form W-2***		
_	Tax preparation fees***		
	Other expenses, subject to 2% AGI limitation***:		
_			
_			
_	Safe deposit box rental***		
_	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***		

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number , and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. ☐

Primary account:

- Financial institution routing transit number _____
- Name of financial institution _____
- Your account number _____
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*)
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ☐
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ☐
- Enter the maximum dollar amount, or percentage of total refund Dollar _____ **or** Percent (xxx.xx) _____

Secondary account #1:

- Financial institution routing transit number _____
- Name of financial institution _____
- Your account number _____
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*)
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ☐
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ☐
- Enter the maximum dollar amount, or percentage of total refund Dollar _____ **or** Percent (xxx.xx) _____

Secondary account #2:

- Financial institution routing transit number _____
- Name of financial institution _____
- Your account number _____
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*)
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ☐
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ☐
- Enter the maximum dollar amount, or percentage of total refund Dollar _____ **or** Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

- Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ☐
- Identification number _____
- Issue date _____
- Expiration date _____
- Location of issuance ☐
- Document number (New York only) _____

Spouse -

- Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ☐
- Identification number _____
- Issue date _____
- Expiration date _____
- Location of issuance ☐
- Document number (New York only) _____

NOTES/QUESTIONS:

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 *	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 mivanova@dulincpa.com [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:

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. [1]

Primary account:

- Financial institution routing transit number [5]
- Name of financial institution [6]
- Your account number [7]
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) [8]
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) [11]
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [12]
- Enter the maximum dollar amount, or percentage of total refund Dollar [13] **or** Percent (xxx.xx) [14]

Secondary account #1:

- Financial institution routing transit number [23]
- Name of financial institution [24]
- Your account number [25]
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) [26]
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) [29]
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [30]
- Enter the maximum dollar amount, or percentage of total refund Dollar [15] **or** Percent (xxx.xx) [16]

Secondary account #2:

- Financial institution routing transit number [31]
- Name of financial institution [32]
- Your account number [33]
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) [34]
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) [37]
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [38]
- Enter the maximum dollar amount, or percentage of total refund Dollar [17] **or** Percent (xxx.xx) [18]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

NOTES/QUESTIONS:

Electronic Filing

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing ___ [1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) ___ [2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account ___ [9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes. This is not the same as an IRS assigned six-digit Identity Protection PIN (IP PIN).

Taxpayer self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN) _____ [7]

Spouse self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN) _____ [8]

NOTES/QUESTIONS:

Taxpayer -

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

Identification number _____[3]

Issue date _____[4]

Expiration date (mm/dd/yyyy) _____[5]

Location of issuance (State issued only) ___[6]

Document number (New York only) _____[7]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ___[10]

Identification number _____[12]

Issue date _____[13]

Expiration date (mm/dd/yyyy) _____[14]

Location of issuance (State issued only) ___[15]

Document number (New York only) _____[16]

NOTES/QUESTIONS:

Estimated Taxes

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:

2024 State Estimated Tax Payments

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 name [28]

Amount paid with 2023 return + [31]

2023 overpayment applied to '24 estimates + [32]

Treat calculated amounts as paid [36]

	Date Paid		Amount Paid
1st quarter payment	[37]	+	[38]
2nd quarter payment	[39]	+	[40]
3rd quarter payment	[41]	+	[42]
4th quarter payment	[43]	+	[44]

Calculated Amount

1st quarter payment

2nd quarter payment

3rd quarter payment

4th quarter payment

City #2

City name [50]

Amount paid with 2023 return + [53]

2023 overpayment applied to '24 estimates + [54]

Treat calculated amounts as paid [58]

	Date Paid		Amount Paid
1st quarter payment	[59]	+	[60]
2nd quarter payment	[61]	+	[62]
3rd quarter payment	[63]	+	[64]
4th quarter payment	[65]	+	[66]

Calculated Amount

1st quarter payment

2nd quarter payment

3rd quarter payment

4th quarter payment

City #3

City name [72]

Amount paid with 2023 return + [75]

2023 overpayment applied to '24 estimates + [76]

Treat calculated amounts as paid [80]

	Date Paid		Amount Paid
1st quarter payment	[81]	+	[82]
2nd quarter payment	[83]	+	[84]
3rd quarter payment	[85]	+	[86]
4th quarter payment	[87]	+	[88]

Calculated Amount

1st quarter payment

2nd quarter payment

3rd quarter payment

4th quarter payment

City #4

City name [94]

Amount paid with 2023 return + [97]

2023 overpayment applied to '24 estimates + [98]

Treat calculated amounts as paid [102]

	Date Paid		Amount Paid
1st quarter payment	[103]	+	[104]
2nd quarter payment	[105]	+	[106]
3rd quarter payment	[107]	+	[108]
4th quarter payment	[109]	+	[110]

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	[2]	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												
		1 Amounts	+											
		2 Payer												
		2 Amounts	+											
		3 Payer												
		3 Amounts	+											
		4 Payer												
		4 Amounts	+											
		5 Payer												
		5 Amounts	+											
		6 Payer												
		6 Amounts	+											
		7 Payer												
		7 Amounts	+											
		8 Payer												
		8 Amounts	+											
		9 Payer												
		9 Amounts	+											
		10 Payer												
		10 Amounts	+											

**Dividend Codes	
Blank = Other	3 = Nominee

Sales of Stocks, Securities, and Other Investment Property

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

Did you have any securities become worthless during 2024? (Y, N) ___ [9]

Did you have any debts become uncollectible during 2024? (Y, N) ___ [10]

Did you have any commodity sales, short sales, or straddles? (Y, N) ___ [11]

Did you exchange any securities or investments for something other than cash? (Y, N) ___ [13]

Did you receive, sell, exchange, or otherwise dispose of any financial interest in any digital assets? (Y, N) ___ [4]

T/S/J	Description of Property [1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+

	Control Totals +		**Form ID: D**

Other Income

		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)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		2024 Information	Prior Year Information
_	_	______	+	______ [15]	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______
_	_	______	+	______	______

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:

Traditional IRA

	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:

Alimony Paid:

T/S	Date*	2024 Information	Prior Year Information
		+ [4]	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		

*** Date of divorce/separation agreement**

	2024 Information Taxpayer	2024 Information Spouse	Prior Year Information
Educator expenses:			
	+ [6]	+ [7]	
	+	+	
Other adjustments:			
	+ [9]	+ [10]	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J | 2024 Information | Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1] _____ + _____ [2] _____

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4] _____ + _____ [5] _____

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7] _____ + _____ [8] _____

Prescription medicines and drugs:

[10] _____ + _____ [11] _____

[13] Miles driven for medical items (21 cents) _____ [14]

Schedule A - Tax Expenses

T/S/J | 2024 Information | Prior Year Information

State/local income taxes paid:

[18] _____ + _____ [19] _____

2023 state and local income taxes paid in 2024:

[21] _____ + _____ [22] _____

Real estate taxes paid:

[24] _____ + _____ [25] _____

Personal property taxes:

[27] _____ + _____ [28] _____

Other taxes, such as: foreign taxes and State disability taxes

[30] _____ + _____ [31] _____

Sales tax paid on major purchases:

[36] _____ + _____ [37] _____

Sales tax paid on actual expenses:

[39] _____ + _____ [40] _____

Interest Expenses

Home mortgage interest: From Form 1098

T/S/J		2024 Interest Paid [2]	2024 Points Paid	Type*	Prior Year Information
[1]		+	+		
		+	+		
		+	+		
		+	+		
		+	+		
		+	+		
		+	+		
		+	+		
		+	+		

***Mortgage Types**

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

Other, such as: Home mortgage interest paid to individuals

T/S/J	Payee's Name	SSN or EIN	2024 Information	Prior Year Information
[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 -**

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

Investment interest expense, other than on Schedule(s) K-1:

T/S/J		2024 Information	Prior Year Information
[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:

Form ID: A-St

Miscellaneous Itemized Deductions (State Use Only)

59a

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J		2024 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[1]		+ [2]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
	Union dues, other than amounts reported on Form W-2:		
[4]		+ [5]	
		+	
		+	
		+	
[7]	Tax preparation fees	+ [8]	
	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
[10]		+ [11]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
[13]	Safe deposit box rental	+ [14]	
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
[16]		+ [17]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

NOTES/QUESTIONS:

	2024 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			
	+ [2]	+ [3]	
	+	+	
Self-employed long-term care premiums: (Not entered elsewhere)			
	+ [5]	+ [6]	
	+	+	

NOTES/QUESTIONS:

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) _____

Social security number _____