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Dear Client,

As 2024 ends and the new year begins, it's time to start thinking about taxes again. We hope 2024 has been a happy and prosperous year for you.

Enclosed is your 2024 Tax Organizer which we will use in preparing your 2024 tax return(s). As you receive your 2024 tax documents, please collect them and keep them with this organizer. These documents include such items as your W-2s, Form 1099s, K-1s, brokerage statements, etc. Your check register may also include pertinent information.

Complete only those schedules that apply to you. If you have already prepared other schedules for the necessary information, refer to them in the organizer and enclose them for our use. A fully completed organizer lessens the likelihood of omissions from your tax return.

When you have gathered all your tax information, return it to us along with **Engagement Letter** by:

***UPS, FedEx, USPS** *Email secure upload (contact us for **DropBox link** if needed) * **Drop off** at our office * **By appointment** if you have significant changes to your tax situation: E.g. sale of assets, new business, etc.

Thank you again for your business. As always, contact us if you have any questions.
Sincerely,

Joe Cruz, CPA

*****Engagement Letter: Please read, sign/date, & return to us*****

Thank you for choosing **Cruz Consulting LLC** to assist you with your **2024 taxes**. An Organizer is enclosed to **help you collect the data** required for your return. **The Organizer will help you avoid overlooking important information.** By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

Engagement Objective and Scope

We will prepare your **2024 Federal Form 1040**, including applicable schedules, and state(s) personal income tax returns. We will not prepare any tax returns other than those identified above, without your written request, and our written consent. We will rely upon the completeness and accuracy of the information and representations you provide to us to prepare your tax returns. We have not been engaged to and will not prepare financial statements. We will not audit or otherwise verify the data you submit to us, although we may ask you to clarify certain information.

You agree to indemnify and hold us harmless with respect to any and all claims arising from the use of the tax returns for any purpose other than filing with the IRS, state and local tax authorities regardless of the nature of the claim, including the negligence of any party.

Our engagement does not include any procedures designed to detect errors, fraud, or theft. Therefore, our engagement cannot be relied upon to disclose such matters. In addition, we are not responsible for identifying or communicating deficiencies in your internal controls. You are responsible for developing and implementing internal controls applicable to your operations.

Corporate Transparency Act

Assisting you with your compliance with the **Corporate Transparency Act (“CTA”)**, including beneficial ownership information (“BOI”) reporting, is not within the scope of this engagement. You have sole responsibility for your compliance with the CTA, including its BOI reporting requirements and the collection of relevant ownership information. We shall have no liability resulting from your failure to comply with CTA. Information regarding the BOI reporting requirements can be found at <https://www.fincen.gov/boi>. Consider consulting with legal counsel if you have questions regarding the applicability of the CTA’s reporting requirements and issues surrounding the collection of relevant ownership information.

CPA Firm Responsibilities

Statements on Standards for Tax Services (“SSTSs”) issued by the American Institute of Certified Public Accountants (“AICPA”) and U.S. Treasury Department Circular 230 (“**Circular 230**”). It is our duty to perform services with the same standard of care that a reasonable tax return preparer would exercise in this type of engagement. It is your responsibility to safeguard your assets and maintain accurate records pertaining to transactions. We will not hold your property in trust for you, or otherwise accept fiduciary duties in the performance of the engagement.

We will prepare your tax returns based upon your filing status (single, married filing jointly, married filing separately, head of household or qualifying widow[er] with dependent(s) as reflected in your income tax returns for last year, unless changed or annotated on tax organizer.

Arguable positions

If there are conflicting interpretations of tax law, or if tax law is unclear, we will explain the possible positions that may be taken in order for us to sign your return. We will follow the position you request, provided it is consistent with our understanding of tax reference materials and our professional standards. Tax reference materials include, but are not limited to, the Code, Revenue Rulings, Revenue Procedures, Court Cases, and similar state and local guidance. If the IRS, state or local tax authorities later contest the position you select, additional tax, penalties, and interest may be assessed. You will be responsible for these amounts, as well as any related professional fees you may incur, to respond to the tax authority.

Confidentiality

If the tax returns prepared in connection with this engagement are filed using the married filing jointly filing status, both spouses are deemed to be clients of the firm under the terms of this Agreement. Both spouses acknowledge that there is no expectation of privacy from the other concerning our services in connection with this Agreement. We are at liberty to share with either of you, without prior consent of the other, documents and other information concerning the preparation of your tax returns. Furthermore, should a third-party (e.g., lender) request a copy of your tax return, we will **NOT** disclose **ANY** information without your written consent indicating exactly what items can and cannot be disclosed.

Bookkeeping assistance

We may deem it necessary to provide you with accounting and bookkeeping assistance solely for the purpose of preparing the tax returns. These services will be performed solely in accordance with the AICPA Code of Professional Conduct. In the event we conclude that such services are necessary to prepare your tax returns, we will advise you in writing before services are performed and bill you for the required services. You agree to pay for those required services.

Third party requests

We will not respond to any request from banks, mortgage brokers or others for verification of any information reported on these tax returns. We do not communicate with third parties or provide them with copies of tax returns. All

information requestes will be provided to you.

Estimated tax payments

You may be required to make quarterly estimated tax payments. We will calculate these payments for the **2025** tax year based upon the information you provide to prepare your **2024** tax returns (the “safe harbor” rule). Updating recommended payments to more closely reflect your actual current year’s income is **not** within the scope of this engagement. If you would like us to provide this service, you must specifically ask in writing. It is also important to understand that when estimated tax payments are not made **or** are less than required, you may be subject to additional penalties and interest. You agree to indemnify and hold us harmless with respect to any and all claims arising from estimated tax payment penalties and interest with the IRS, state and local tax authorities regardless of the nature of the claim.

Tax planning services

Tax planning services are available upon written request. During the course of preparing the tax returns identified above, we may bring to your attention potential tax savings strategies for you to consider as a possible means of reducing your taxes in subsequent tax years. However, we have no responsibility to do so, and will take no action with respect to such recommendations, as the

responsibility for implementation remains with you, the taxpayer. If you ask us to provide tax planning services, and we agree to provide them to you, we will confirm this engagement in a separate Agreement.

Government inquiries

This engagement does not include responding to inquiries by any governmental agency or tax authority. If your tax return is selected for examination or audit, you may request our assistance in responding to such an inquiry. If you ask us to represent you, and we agree to represent you, we will confirm this engagement in a separate Agreement.

Client Responsibilities

We will provide you with an income tax organizer to help you compile and document the information necessary to prepare your income tax returns. You must complete the income tax organizer with accurate and complete information. Income from all sources, including those outside the U.S., is required.

Communication of authority of others: You hereby authorize the following individual(s) to communicate directly with us to request services and obtain copies of tax and financial information on your behalf: **Full Name(s)**_____ **Relationship & Contact Information**

You agree that the authority conveyed above shall continue in full force and effect until you inform us of any modifications in writing.

Documentation

You are responsible for maintaining adequate documentation to substantiate the accuracy and completeness of your tax returns. You should retain all documents that provide evidence and support for reported income, credits, deductions, and other information on your returns, as required under applicable tax laws and regulations. You represent that you have such documentation and can produce it, if necessary, to respond to any audit or inquiry by tax authorities. You agree to hold our firm harmless from any liability including but not limited to, additional tax, penalties, interest and professional fees resulting from the disallowance of tax deductions due to inadequate documentation.

State and Local Filing Obligations

You are responsible for determining your tax filing obligations with any state or local tax authorities, including, but not limited to income, franchise, sales, use, property or unclaimed property taxes. If upon review of the information you have provided to us, including information that comes to our attention, we believe that you may have additional filing obligations, we will notify you. You acknowledge that the scope of our services under this Agreement does not include any services related to your compliance with tax obligations other than those identified in the **Engagement Objective and Scope** section of this Agreement. If you ask us to prepare any other returns, and we agree to do so, we will confirm this engagement in a separate Agreement.

Personal Expenses

You are responsible for ensuring that personal expenses, if any, are segregated from business expenses and that expenses such as meals, travel, vehicle use, gifts, and related expenses are supported by documentation and records required by the IRS and other tax authorities.

U.S. filing obligations related to foreign investments

You are responsible for informing us of all foreign assets owned directly or indirectly, including but not limited to financial accounts with foreign institutions, other foreign non-account investments, and ownership of any foreign entities, regardless of amount. Also, you are responsible for complying with the tax filing requirements of any other country. You acknowledge and agree that we have no responsibility to raise these issues with you and that foreign filing obligations are not within the scope of this engagement.

If upon review of the information you have provided to us, including information that comes to our attention, we believe that you may have additional filing obligations, we will notify you.

Based upon the information you provide, we will use this data to inform you of any additional filing requirements, which may include Fin CEN Form 114, *Report*

of Foreign Bank and Financial Accounts (“FBAR”). The FBAR is not a tax return and its preparation is not within the scope of this engagement. If you ask us to prepare the FBAR, and we agree to prepare the FBAR, we will confirm this engagement in a separate Agreement. **Note: Failure to timely file the required forms may result in substantial civil and/or criminal penalties.** We assume no liability for penalties associated with the failure to file or untimely filing of any of these forms and you agree to indemnify and hold us harmless with respect to any and all claims arising from any such failure.

Digital assets

There are specific tax implications of investing in digital assets (e.g., virtual currencies such as Bitcoin, non-fungible tokens, virtual real estate and similar assets). The IRS considers these to be property for U.S. federal income tax purposes. As such, any transactions in, or transactions that use, digital assets are subject to the same general tax principles that apply to other property transactions. You are responsible for providing us with complete and accurate information, including basis, regarding any transactions in, or transactions that have used, digital assets during the applicable tax year.

******* Ultimate responsibility *******

You have final responsibility for the accuracy of your tax returns. We will provide you with a copy of your electronic tax returns and accompanying schedules and statements for review prior to filing with the IRS, state and local tax authorities, as applicable. You agree to review and examine them carefully for accuracy and completeness.

You will be required to review and sign a completed Form **8879, IRS e-file Signature Authorization**, and any similar state and local equivalent authorization forms before your returns can be filed electronically. For joint returns, both spouses must sign the e-file authorization in order to ensure its validity. We shall not be liable for any penalties or interest resulting from your failure to timely sign and return Form 8879 or state equivalents. **We will not file an extension on your behalf if you fail to timely sign and return Form 8879 or state equivalents.**

Due date of Tax Return & Extensions of Time to File Tax Returns

The original filing due dates for your tax returns are **April 15, 2025** for federal and most states. Due to the high volume of tax returns prepared by our firm, you must provide the information needed to prepare the tax returns no later than **March 15, 2025**. Therefore, we will file an **extension** if there are unresolved issues or delays in processing, or if we do **not** receive **all** of the necessary information from you on or before **March 15, 2025**.

Applying for an extension of time to file may extend the time available for a government agency to undertake an audit of your return or may extend the statute of limitations to file a legal action. **An Extension provides additional time to file, but not to pay all taxes owed. All taxes are due by the original filing due date of 4/15/2025.** Additionally, extensions may affect your liability for penalties and interest or compliance with governmental or other deadlines.

Our firm will not file these applications unless we receive an executed copy of this Agreement and your express written authorization to file for an extension. In some cases, your signature may be required on such applications prior to filing. Failure to timely request an extension of time to file can result in penalties for failure to file tax returns, which **accrue** from the **original due date** of the returns, and can be substantial.

Penalties and Interest Charges

Federal, state, and local tax authorities impose various penalties and interest charges for non-compliance with tax laws and regulations, including failure to file or late filing of returns, and underpayment of taxes. You, as the taxpayer, remain responsible for the payment of all tax, penalties, and interest charges imposed by tax authorities. We assume no liability, and you hereby release us from any liability, including but not limited to, additional tax, penalties, interest, and related professional fees.

Professional Fee

Our professional fee for the services outlined above is based upon the complexity of the work to be performed, and our professional time, as well as out-of-pocket expenses. In addition, this fee depends upon the timely delivery, availability, quality, and completeness of the information you provide to us. You agree that you will deliver **all** records requested and respond to all inquiries made by our staff to complete this engagement on a timely basis. You agree to pay **all** fees and expenses incurred whether or not we prepare the tax returns. Furthermore, we require that **all** outstanding invoices be paid prior to electronically filing your return or releasing the completed tax returns. **We do not release incomplete tax returns.**

We appreciate the opportunity to be of service, and truly appreciate your past and continued business. Please date and execute this Agreement and return it to us, along with all your tax information and organizer. We will not initiate services until we receive the executed Agreement. Certainly, if you have any questions regarding this engagement letter please let me know.

Very truly yours,

Joe Cruz, CPA For **Cruz Consulting LLC**

(If married, one spouse must sign for preparation of joint returns.)

Accepted:

By:

Client Signature

&

Date

2024 Tax Organizer

ORGO

First _____ Last _____

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

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

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

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

Please provide the following information:

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

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

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General Questions

ORG3

PERSONAL INFORMATION

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

DEPENDENT INFORMATION

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

IRA, PENSION AND EDUCATION SAVINGS PLANS

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

ITEMS RELATED TO INCOME/LOSSES

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

PRIOR YEAR TAX RETURNS

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

ORG3

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

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

HEALTH AND LIFE INSURANCE

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

MISCELLANEOUS

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

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

	Yes	No
48 If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input type="checkbox"/>	<input type="checkbox"/>
49 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>
Caution: Review transferred information for accuracy.		
50 If yes, please provide the following information:		
a Name of your financial institution		
b Routing Transit Number (must begin with 01 through 12 or 21 through 32)		
c Account number		
d What type of account is this?	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
<input checked="" type="checkbox"/> Please attach a voided check (not a deposit slip) if your bank account information has changed.		

Health Insurance Coverage

ORG3A

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

Part 1 Coverage

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:												
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	

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

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

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

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

Please call with any questions on this worksheet.

ORG3A

First _____ Last _____

Business/Investment Questions

ORG4

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

PERSONAL INFORMATION

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

FILING STATUS

☐ **1** Single
☐ **2** Married filing jointly
☐ **3** Married filing separately

Check this box if you **did not** live with spouse at any time during the year ☐
 Check this box if you are eligible to claim spouse's exemption ☐
 Check this box if your spouse itemizes deductions ☐

☐ **4** Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name..... Child's social security number.....

☐ **5** Qualifying surviving spouse
 Check the box for the year the spouse died 2022 ☐ 2023 ☐

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)				Social Security Number	**Code	Not qualified credit	Date of Birth	2024 Child Care Expense
				Relationship	+Months in U.S.	Other dep	*Not Citizen	2023 Child Care Expense
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

** For the Dependent Code, enter the following:

L = dependent child who lived with you

N = dependent child who didn't live with you due to divorce or separation

O = other dependent

Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

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

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

First _____ Last _____

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

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

****Type of Interest**

blank = Regular taxable interest

ME1 = ME bond interest in federal income

MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest

NH1 = NH nontaxable interest — taxable federal

NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest

TN1 = TN nontaxable interest — taxable federal

WV1 = WV bond interest in federal income

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

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

DIVIDEND INCOME

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

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

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

Medical and Tax Expenses

ORG13

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

Interest Paid and Cash Contributions

ORG14

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

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

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

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

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

QUALIFIED MORTGAGE INSURANCE PREMIUMS		
	2024	2023
Premiums paid in 2024 for qualified mortgage insurance not from Form 1098 import		

Interest Paid and Cash Contributions (continued)

ORG14

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

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

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

First _____ Last _____

Noncash Contributions

ORG14A

Copy 1

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

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

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

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

***Methods of determining FMV:**

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

****Type of Donated Property**

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

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

Miscellaneous Itemized Deductions (FOR STATE USE ONLY)**ORG15**

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)		2024	2023
Employee Business Expenses			
Note: If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.			
1 Union and professional dues			
2 Professional subscriptions			
3 Uniforms and protective clothing			
4 Job search costs			
5 Other unreimbursed employee expenses:			
a			
b			
c			
d			
e			
Other Expenses Subject to the 2% Limitation			
Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No			
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check to code assets as Investment Expense <input type="checkbox"/>			
Use ORG50 to record dispositions.			
Use ORG51A to enter additional assets.			
Use ORG11a for investment expenses related to interest income.			
Use ORG11b for investment interest related to dividend income.			
6 Tax return preparation fees			
7 Investment counsel and advisory fees			
8 Certain attorney and accounting fees			
9 Safe deposit box rental			
10 IRA custodial fees			
11 a Government unemployment benefits repaid in 2024 <input type="checkbox"/>			
b Other expenses (list):			
.....			
.....			
.....			
.....			
.....			
OTHER MISCELLANEOUS DEDUCTIONS		2024	2023
12 Federal estate tax paid on income in respect of a decedent			
13 Amortizable bond premiums (acquired before 10/23/86)			
14 Gambling losses (to the extent of gambling income)			
15 Claim repayments			
16 Unrecovered investment in annuity			
17 Ordinary loss attributable to certain debt instruments			

Business Income and Expenses

ORG19

GENERAL INFORMATION		
Is this activity a qualified trade or business under Section 199A? <input type="checkbox"/> Yes <input type="checkbox"/> No		
1 Check ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		
2 Business name _____		
3 a Business street address _____		
b 1 City, State and Zip Code, or _____		
2 Foreign country _____ (not applicable)		
4 Principal business/profession _____ BUSINESS :		
5 Employer ID number _____		
6 Business code (Preparer Use Only) _____		
7 Was this business fully disposed of in a fully taxable transaction during 2024 ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8 Accounting method: Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____		
9 Method used to value closing inventory: Cost <input type="checkbox"/> Lower of cost or market <input type="checkbox"/> Other (explain) <input type="checkbox"/> _____		
10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
11 Did you materially participate in the operation of this business during 2024 ? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
12 Did you start or acquire this business during 2024 ? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
13 a Did you make any payments in 2024 that require you to file Forms 1099? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
b If yes, did you or will you file all the required Forms 1099? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
14 At-risk determination:		
a Is all of the investment in this activity at risk? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
b Is some of the investment in this activity not at risk? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
15 Did you have unallowed passive losses in 2023 ? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
16 a Treat all MACRS assets for this activity as qualified Indian reservation property? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? _____ Regular <input type="checkbox"/> Extension <input type="checkbox"/> No <input type="checkbox"/>		
c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
d Was this business located in a Qualified Disaster Area? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.		
INCOME	2024	2023
17 Gross receipts or sales _____		
18 Returns and allowances plus other adjustments _____		
19 Other income (include federal/state gas tax credit/refund) _____		
COST OF GOODS SOLD – IF APPLICABLE	2024	2023
20 Inventory at beginning of year _____		
21 Purchases _____		
22 Items withdrawn for personal use _____		
23 Cost of labor (do not include your salary) _____		
24 Materials and supplies _____		
25 Other costs _____		
26 Inventory at end of year _____		

Business Income and Expenses (continued)

ORG19

EXPENSES	2024	2023
Business name _____		
27 Advertising		
28 Car and truck expenses (complete ORG18).....		
29 Commissions and fees		
30 Contract labor		
31 Depletion		
32 Depreciation and Section 179 deduction (Preparer Use Only).....		
33 Employee benefit programs:		
a Employee health insurance premiums		
b Other employee benefit programs		
34 Insurance (other than health)		
35 Self-employed health insurance attributable to this business		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098.....		
b Other		
37 Legal and professional services		
38 Office expenses		
39 Pension and profit-sharing plans		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property.....		
41 Repairs and maintenance		
42 Supplies (not included in cost of goods sold)		
43 Taxes and licenses not reported to you on Form 1098		
44 Travel and meals		
a Travel.....		
b Meals subject to 50% limit.....		
c Meals subject to 80% limit.....		
d Meals not subject to limit		
45 Utilities		
46 Gross wages		
47 Other expenses:		

48 Expenses for business use of your home (Preparer Use Only).....		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs		
50 DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018.....		
51 DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017		

First _____ Last _____

State Information Worksheet

ORG60

GENERAL INFORMATION

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

STATE CREDITS

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

VOLUNTARY STATE CONTRIBUTIONS

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

MISCELLANEOUS QUESTIONS

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

