your tax inf informatior to write cui	formation for 2 n from last yea rrent year infor you have for u	inizer to assist y 2024. The enclos ir's tax return an rmation and any is. We appreciat	ed pages included a spaces in white questions or	de ich
iF YOU	HAVE ANY QU	JESTIONS, PLE <i>l</i>	ASE CALL:	

GENERAL IN	IFORMATION				2024 (MAIN INFO)
Taxpayer's First Name	е	M.I.	Spouse's First Name		Spouse's M.I.
Taxpayer's Last Name	e	Suffix	Spouse's Last Name (if different)	_	
Taxpayer's Social Sec	curity Number	-	Spouse's Social Security Number	r	
Present Home Addres	SS		City, State, Zip Code		
E-Mail Address					
Filing Status: Please 0 Single M If you selected head of	farried Filing Joint Mof household and have no dep		_	Qualifying Widow	r(er)
				ou for this status.	
	ndependents Qualifyir sted below are nondependen		e and/or EIC the column listed "Non Dep."		
		Date of			Months Non
First Name	Last Name	Birth	Social Security Number	Relationship	in home Dep.
		-	_		
					<u> </u>
					S
				7.	
If you are claiming a	s a dependent a child who	did not live with you	i, check the documents that sub	etantiate this claim:	
∐ P	re-1985 divorce or separation	n agreement	☐ Signed Fo	rm 8332	
P	ost-1984 divorce or separation	on agreement WITHO	OUT CONDITIONS		
Taxpayer's Birth Date		_	Spouse's Birth Date		
Taxpaver's Occupation	n		Spouse's Occupation		
Daytime Phone			Daytime Phone		
Evening Phone			Evening Phone		
			Evening i none		
Cell/FAX Phone			Cell/FAX Phone		
			7		
State of Residency:(2-	Lotter Abbreviation	Chain of Danie	ons Posidons:	State of Part-year Resid	doncu
-		State of Part-v		State of Part-Vear Resid	dency
Please use the following	ng space for any comments y	you wish to make to y	our preparer.		
14					
*			-		

2024 TAX QUESTIONS

AT ANY TIME DURING 2024:

	Did you or your spouse receive income from the following sources:
	Did you or your spouse receive income from the following sources:
YES NO	
	Wages?
	Tips?
	Interest or Dividends?
	Social Security or Tier I Railroad Retirement?
	Lump sum from an employer sponsored plan and the recipient and/or employee was born before 1936?
	Retirement or IRA distribution for which the recipient is under age 59 1/2?
	Other pension, annuity, IRA, or retirement income?
	If IRA distribution, were nondeductible contributions ever made?
	If yes, provide the balance of all IRA accounts as of the end of 2023.
	Unemployment compensation?
	Alimony?
	Self-employment and/or operation of a business?
	Operation of a farm?
	Rental of land and property for agricultural purposes?
	Other rental property?
	Gambling winnings?
	Royalties?
	Any miscellaneous income, such as prizes or jury duty pay?
	Did you are your analyse are of the following former /Diagon provide them to your approval
	Did you or your spouse receive any of the following forms: (Please provide them to your preparer)
YES NO	
	W-2
	W-2G
	1095-A, 1095-B or 1095-C
	1099R
	1099INT
	1099DIV
	1099MISC
	1099NEC
	1099B
	1099S
	1099G
	Any other 1099
	K-1
	IRS notice of change to prior year's return
	Closing statements from real estate sales, purchases, or refinancing
	Did you or your spouse sell or dispose of any of the following property:
YES NO	
1.20	Stock, mutual fund, or other non-business assets?
	Your personal residence?
	Rental property?
	Property relating to a business or farm?
	Any other business property not listed above? (i.e. equipment, land)
	If you sold any property above, did it involve a bartering agreement?
	If you sold any property above, are you receiving payments in installments?

2024 TAX QUESTIONS

AT ANY TIME DURING 2024:

Did you or your spouse

YES NO	
	Have a home mortgage?
	Refinance your home mortgage?
	Use a portion of your home exclusively for business?
	Have medical expenses or pay for health insurance?
	Make regular or substantial contributions to charity, church, etc.?
	If yes, did you make over \$500.00 in non-cash contributions?
	Suffer a casualty loss in a federally declared disaster area?
	Incur any out of pocket expense or use your personal vehicle in conjunction with your job while you were a member of the Armed Forces?
	Move to be closer to a new job?
	Send payments to the IRS/state in order to prepay your current year tax
	liability (estimated taxes) or apply an overpayment from 2023?
	Have any interest in a partnership or S-corporation estate or trust for which you expect to receive Form K-1?
	Have any household employees to whom you paid \$1000.00 or more?
	Have a qualified fuel tax credit?
	Contribute to an: IRA? SEP? Keogh? Roth? or Simple retirement plan?
	Get claimed (or were eligible to be claimed) as a dependent on anyone else's return?
YES NO	
1	Did you or your spouse receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency
	(for example, Bitcoin)?
	Did you, your spouse, or any dependent receive insurance through the Marketplace?
	Did your children receive more than \$1,150 and less than \$11,500 from interest and
	dividends that you wish to claim on your own tax return instead of your child's?
	Did you pay child or dependent care expenses? If so, please bring names, addresses, Social
	Security/EIN numbers, amount paid to each provider, and amount paid for each dependent.
	Did you pay qualified post-secondary education tuition and related expenses for yourself, your spouse, or your dependents?
	Did you cash any US EE or I bonds to pay for post-secondary education for yourself, your spouse, or your dependents?
	Did you pay interest on higher education loans?
	Were you a pre-college educator who purchased books or classroom supplies?
	Did you purchase a car, boat, aircraft, motor home or home building materials in 2024 or keep receipts on all sales tax items purchased in 2024?
	Were there any births, adoptions, divorces, marriages, or deaths in your household?
	Do you desire direct deposit? If yes, please attach voided check.

W-2 INCOME			2024 (W-2)
Listed below are your employers shown on	your last year's income tax return.		
Name of employer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	
Name of employer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	
Name of employer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	
Name of employer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	
Name of employer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	
Name of employer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	
Name of employer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	
Name of employer Street address City, State, Zip Code Employer Identification Number * Please include a W-2 from each of your 2	TAXPAYER	SPOUSE	

PENSION AND RETIREME	ENT INCOME		2024 (1099R)
PENSIONS AND IRAS Listed below are your pension, IRA distribution		year (if any).	
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
* Please include any 1099's and other 2023 If you ever made non-deductible contribu SOCIAL SECURITY BENE	tions to your IRA ,please provide	year-end balances of all your	IRA accounts. (1040 WKT)
Taxpayer Amount	2024 AMOUNTS	_	2023 TOTAL AMOUNT
Spouse Amount	\$	-	

С	HILD AND DEPENDENT	CARE EXPENSES	2024 (2441)
			(100)
	Please list all care providers and the amou	nts paid to them in 2024. Any information from the prior year is shown below.	
	Name of provider		
	Street address		
	City, State, Zip Code		
	Social Security Number or EIN Amount paid	\$ 2024 AMOUNT \$	200 100
	Amount paid	2027 AMOUNT	
	Name of provider		
	Street address		
	City, State, Zip Code		
	Social Security Number or EIN Amount paid	\$ 2024 AMOUNT S	
	Amount paid	<u>3</u> 2024 AMOUNT <u>U</u>	
	Name of provider		
	Street address		
	City, State, Zip Code		
	Social Security Number or EIN		
	Amount paid	\$ 2024 AMOUNT \$	CONTRACTOR OF THE PARTY OF
	Name of provider	(<u></u>	
	Street address	X 	
	City, State, Zip Code		
	Social Security Number or EIN Amount paid	\$ 2024 AMOUNT \$	and the state of
	Amount paid	2024 AMOUNT	
	Name of provider		
	Street address		
	City, State, Zip Code Social Security Number or EIN		
	Amount paid	\$ 2024 AMOUNT S	The State of the S
	List name of each child and total amount s	pent for care of that child.	
		\$	
		\$	
,	*You may change or delete any informati	on that does not apply to the current year.	

THER INCOME AND AD	JUSTMENTS			2024
OTHER INCOME			2024	2023
Seller Financed Mortgages Payer		Principal	Interest	Interest
- ayei				
State and Local Income Tax Refu	nds Received in 202	4		
State or Local jurisdiction				
State or Local jurisdictionState or Local jurisdiction				
Unemployment (Please attach 1099G Amount received:	(s)).		2024	2023
Amount repaid:				
Amount repaid:		,		
Amount repaid: Alimony amount received		ā		
Amount repaid:		Amount:		
Amount repaid: Alimony amount received Other Income	Taxpayer 2024	Amount: Taxpayer 2023	Spouse 2024	Spouse 2023
Amount repaid: Alimony amount received Other Income Type:	Taxpayer	Taxpayer	Spouse	Charles and the Control of the Contr
Amount repaid: Alimony amount received Other Income Type: ADJUSTMENTS	Taxpayer	Taxpayer	Spouse	Comment of the Control of the Contro
Amount repaid: Alimony amount received Other Income Type: ADJUSTMENTS Educator expense Self-employed retirement plans	Taxpayer	Taxpayer	Spouse	Comment of the Control of the Contro
Amount repaid: Alimony amount received Other Income Type: ADJUSTMENTS Educator expense Self-employed retirement plans Self-employed health insurance paid	Taxpayer	Taxpayer	Spouse	Charles and the Control of the Contr
Amount repaid: Alimony amount received Other Income Type: ADJUSTMENTS Educator expense Self-employed retirement plans Self-employed health insurance paid IRA'S Traditional	Taxpayer	Taxpayer	Spouse	Charles and the Control of the Contr
Amount repaid: Alimony amount received Other Income Type: ADJUSTMENTS Educator expense Self-employed retirement plans Self-employed health insurance paid	Taxpayer	Taxpayer	Spouse	Charles and the Control of the Contr
Amount repaid: Alimony amount received Other Income Type: ADJUSTMENTS Educator expense Self-employed retirement plans Self-employed health insurance paid IRA'S Traditional	Taxpayer	Taxpayer	Spouse	Comment of the Control of the Contro
Amount repaid: Alimony amount received Other Income Type: ADJUSTMENTS Educator expense Self-employed retirement plans Self-employed health insurance paid IRA'S Traditional Roth Student loan interest Alimony Paid	Taxpayer 2024	Taxpayer 2023	Spouse 2024	Comment of the Control of the Contro
Amount repaid: Alimony amount received Other Income Type: ADJUSTMENTS Educator expense Self-employed retirement plans Self-employed health insurance paid IRA'S Traditional Roth Student loan interest Alimony Paid To whom paid:	Taxpayer 2024	Taxpayer 2023	Spouse	Charles and the Control of the Contr
Amount repaid: Alimony amount received Other Income Type: ADJUSTMENTS Educator expense Self-employed retirement plans Self-employed health insurance paid IRA'S Traditional Roth Student loan interest Alimony Paid To whom paid: SSN:	Taxpayer 2024	Taxpayer 2023	Spouse 2024	Charles and the Control of the Contr
Amount repaid: Alimony amount received Other Income Type: ADJUSTMENTS Educator expense Self-employed retirement plans Self-employed health insurance paid IRA'S Traditional Roth Student loan interest Alimony Paid To whom paid: SSN: Other Adjustments	Taxpayer 2024	Taxpayer 2023 Amount:	Spouse 2024	Charles and the Control of the Contr

PARTNERSHIP AND S-CORPORATION I	2024 NCOME (K-1 P/S)
Your 2024 K-1 information is	
shown below. K-1	
INEORINATION ip or S-Corporation	
Federal ID Number	
Enter "P" for partnership or "S" for S-Corp	· · · · · · · · · · · · · · · · · · ·
K-1 INFORMATION	
Name of Partnership or S-Corporation	
Federal ID Number Enter "P" for partnership or "S" for S-Corp	
K-1 INFORMATION	
Name of Partnership or S-Corporation	
Federal ID Number	
Enter "P" for partnership or "S" for S-Corp	
K-1 INFORMATION	
Name of Partnership or S-Corporation	
Federal ID Number	
Enter "P" for partnership or "S" for S-Corp	
K-1 INFORMATION	
Name of Partnership or S-Corporation	
Federal ID Number	
Enter "P" for partnership or "S" for S-Corp	
K-1 INFORMATION	
Name of Partnership or S-Corporation	
Federal ID Number	
Enter "P" for partnership or "S" for S-Corp	
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Name of Partnership or S-Corporation	
Federal ID Number	
Enter "P" for partnership or "S" for S-Corp	
K-1 INFORMATION	
Name of Partnership or S-Corporation	
Federal ID Number	
Enter "P" for partnership or "S" for S-Corp	
K-1 INFORMATION	
Name of Partnership or S-Corporation	
Federal ID Number	
Enter "P" for partnership or "S" for S-Corp	
* Please attach all K-1 schedules received for 2024.	

ITEMIZED DEDUCTIONS			2024 (SCH A)
	*T,S,J	2024	2023
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, is such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums		edical supplies	
	_ =		
Number of medical miles * Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
TAXES PAID			
Real estate taxes Personal property taxes			
Other			
INTEREST PAID			
Home mortgage interest			
Points paid in purchasing new home Investment interest expense			
CONTRIBUTIONS - Receipts required for all contributions			
Cash			
Manage			
Non-cash Number of charity miles			
			SALTINET SERVICE

INCOME		(SCH E
	2024	2023
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name, address, and their SSN or EIN.		STATE OF THE STATE OF
	SSN/EIN	
	Amount	
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-		
	2024	2023
	2024	2023
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ME OF PAYER		THE PARTY OF
ME OF PAYER		THE PARTY OF
NE OF PAYER		THE PARTY OF
	e from a seller financed is name, address, and their SSN or EIN.	## 2024 ### OF PAYER ### From a seller financed

BUSINESS INCOME AND EXPENSES		2024 (SCH C)
		(00110)
Your principal business or profession Is this		Schedule C?
Business name	2023 Business code	
Business address	Employer ID	
	(Not SSN)	
	Accounting method:	
Enter date if you disposed of or sold this business during the year		
BUSINESS VEHICLE	2024	2023
BUSINESS VEHICLE Date placed in service	2024	2023
Miles used for: Business		
Commuting	9	
Other		
PARTINCOME		
Gross receipts or sales		
Returns and allowances		
Other income		
PART II EXPENSES	STORE DESCRIPTION	SIMILARIA MARANA
Advertising		
Car/Truck expenses		
Commissions		
Contract labor		AND STREET
Depletion		
Employee benefit programs		
Insurance		
Interest - mortgage		
Interest - other		
Legal and professional services		
Office expense	0	
Pension and profit sharing		
Rent or lease - vehicles, machinery		
Rent - Other business property		STANTANTANTANTANTANTANTANTANTANTANTANTANT
Repairs and maintenance		
Supplies		
Taxes and licenses		
Travel		
Meals and entertainment		
Utilities		IE SINGEOLOGICA
Wages		
Enter prior year unallowed loss (if any)		
OTHER EXPENSES		(SCH C PG 2)
OTHER EXI ENGEG	[1]	
		THE RESERVE
· · · · · · · · · · · · · · · · · · ·		
7		STREET, STREET
Inventory method: Cost Lower of Cost or Market Other		
Inventory at beginning of year	1	
Purchases less cost of personal items		
Inventory at end of the year		
inventory at end of the year		

CAPITAL GAINS AN	2024 (SCH D)			
	Stocks, Bonds	s, and Non-Business	Assets	
Description	Date Acquired	Date Sold	Sales Price	Cost
		<u></u>		
				
Amount of short-term loss carryover fr				
Amount of long-term loss carryover fro	om 2023			

RENTAL REAL E	LESTATE AND ROYALTIES 2024 (SCH E)					
		erty A		erty B	Prope	
KIND OF PROPERTY						
LOCATION OF PROPERTY						
CITY						
STATE ZIP				<u>- </u>		
INCOME	2024	2023	2024	2023	2024	2023
	2024					
Rent received						
Royalties received				BURGE EX RES		
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions		STATE OF STATE		All artering		
Insurance						
Legal, professional fees						
Management fees Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities		THE SAME SERVICES				
Missellaneaus Frances						
Miscellaneous Expenses						
Type of misc expense 1						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Amount item 1						
Type of misc expense 2		SOR BARROOM				
Amount item 2						
Type of misc expense 3						
Amount item 3		Field Strain, 17 6				
Type of misc expense 4						
Type of filisc expense 4						
Amount item 4				THE PROPERTY OF THE		
Enter loss carryover to 2024						
Did you actively participate						
in this venture?						
uno romaro.			_			
Did you use this property						
for personal use?						
				Control of the Control		SECULE SECULE

RENTAL REAL ES	STATE AI	ND ROYALTI	ES		(8	2024 SCH E-DUP)
	Property A		Property B		Property C	
KIND OF PROPERTY						
LOCATION OF PROPERTY CITY				-		
STATE				-		
ZIP						
INCOME	2024	2023	2024	2023	2024	2023
Rent received						
Royalties received						TENEDING S
EXPENSES						
Advortising						
Advertising Auto and travel						
Cleaning and maintenance		Party Production (No. 1)				
Commissions						
Insurance Legal, professional fees						
Management fees		Was provided to		10 × 30 × 12 As		ne la
Mortgage interest						
Other interest						
Repairs Supplies						
Taxes						
Utilities		建 一种 "				
Miscellaneous Expenses						
Type of misc expense 1						
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Amount item 1				Cont. And Street Cont.		
Type of misc expense 2						
Type of filisc expense 2		表现一个特别				
Amount item 2		1000 SHT 831 WW				
- (
Type of misc expense 3		february street ()				
Amount item 3				multiple Card have		
Type of misc expense 4		Hale WINNIE BOUR				
Amount item 4						
Amount item 4				652 Bit 24 840		
Enter loss carryover to 2024		A MARKET SAPURA				
Did you actively participate						
in this venture?						
				1000		
Did you use this property						75.000.00
for personal use?						