

2024 Tax Organizer Personal Information

Personal Information

Name		SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
Occupation		Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2024

☐ Single ☐ Married ☐ Widowed - If widowed and your spouse died after December 31, 2022, enter the date of death _____

☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2024? _____

Yes No

☐ ☐ Are you or your spouse blind?

☐ ☐ Are you or your spouse disabled?

☐ ☐ Are you or your spouse a full-time student?

☐ ☐ Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?

☐ ☐ At any time during 2024 did you:

(a) receive (as a reward, award, or payment for property or services) a digital asset?

(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account For	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2024 appointment is scheduled for _____

Dependent and Other Information

Name:

SSN:

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2023						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Mortgage Interest

Name:

SSN:

Provide all copies of Form 1098

TSJ

For

Business name

Product

Recipient / Lender's information:

Federal ID #

Name

Address

City

State

ZIP

Foreign only

Province / State

Country

Postal code

2024

2023

2024

2023

Mortgage interest received

Points paid

Outstanding mortgage principal

Real estate taxes paid

Date mortgage began

Mortgage interest is for primary residence

Address of property securing mortgage is same as current address of taxpayer

Mortgage insurance premiums

Account number

TSJ

For

Business name

Product

Recipient / Lender's information:

Federal ID #

Name

Address

City

State

ZIP

Foreign only

Province / State

Country

Postal code

2024

2023

2024

2023

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Mortgage insurance premiums

Account number

TSJ

For

Business name

Product

Recipient / Lender's information:

Federal ID #

Name

Address

City

State

ZIP

Foreign only

Province / State

Country

Postal code

2024

2023

2024

2023

Mortgage interest received

Points paid

Outstanding mortgage principal

Real estate taxes paid

Date mortgage began

Mortgage interest is for primary residence

Address of property securing mortgage is same as current address of taxpayer

Mortgage insurance premiums

Account number

Employee Business Expense

Name:

SSN:

Employee Business Expense

TS

Occupation

Select if you are:

☐ A qualifying performing artist

☐ A fee-based state or local government official

☐ A disabled employee with impairment-related work expenses

☐ An Armed Forces reservist (travel related expenses only)

☐ A member of the clergy

Part I - Employee Business Expense and Reimbursements

2024

2023

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment

Other business expenses

Meals

DOT meals

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 form

Other business expenses

Meals

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for an Armed Forces reservist

Business Vehicle Expenses

Vehicle 1

Vehicle 2

2024

2023

2024

2023

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2024

Business miles driven during 2024

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)

Enter cost or other basis

Enter section 179 deduction

Enter depreciation percentage

If your employer provided a vehicle, was personal use during off duty hours permitted?

Do you or your spouse have another vehicle available for personal use?

Do you have evidence to support your deduction?

If "Yes," is the evidence written?

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

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Child and Dependent Care

Name:

SSN:

Child Care Provider's Information

☐ You or your spouse were a full-time student or disabled during 2024?

2024

2023

Social Security Number or Employer ID Number _____

Amount paid _____

Name _____

Street address _____

City _____ Phone _____

U.S. only State, ZIP _____

Foreign only Province / state, Country, Postal code _____

☐ Check here if the care provider is your household employee (Schedule H)

2024

2023

Social Security Number or Employer ID Number

Amount paid

Name _____

Street address

City	Phone
Albuquerque	505-243-7000
Anchorage	907-562-2200
Atlanta	404-525-6000
Baltimore	410-528-6000
Boston	617-552-3000
Buffalo	716-855-6000
Butte	406-243-7000
Chattanooga	423-243-7000
Chicago	312-562-2200
Cincinnati	513-525-6000
Cleveland	216-528-6000
Columbus	614-552-3000
Dayton	937-855-6000
Denver	303-243-7000
Des Moines	515-243-7000
Detroit	313-562-2200
El Paso	915-525-6000
Fort Worth	817-528-6000
Grand Rapids	616-552-3000
Houston	713-855-6000
Indianapolis	317-243-7000
Jacksonville	904-243-7000
Kansas City	816-562-2200
Las Vegas	702-525-6000
Los Angeles	213-528-6000
Los Angeles	213-552-3000
Los Angeles	213-855-6000
Los Angeles	213-243-7000
Los Angeles	213-562-2200
Los Angeles	213-525-6000
Los Angeles	213-528-6000
Los Angeles	213-552-3000
Los Angeles	213-855-6000
Los Angeles	213-243-7000
Los Angeles	213-562-2200
Los Angeles	213-525-6000
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Los Angeles	213-243-7000
Los Angeles	213-562-2200
Los Angeles	213-525-6000
Los Angeles	213-528-6000
Los Angeles	213-552-3000
Los Angeles	213-855-6000
Los Angeles</	

U.S. only State, ZIP

Foreign only Province / state, Country, Postal code _____

☐ Check here if the care provider is your household employee (Schedule H)

2024

2023

Social Security Number or Employer ID Number _____

Amount paid _____

Name

Street address

City	Phone
------	-------

U.S. only State, ZIP

Foreign only Province / state, Country, Postal code _____

☐ Check here if the care provider is your household employee (Schedule H)

Foreign Earned Income

Name:

SSN:

Part I - General Information

TSJ

Taxpayer's foreign address

Street 1

Street 2

Foreign city

Province / state

Country

Postal code

Occupation

Employer's name

Employer's U.S. address

Street

City

ST

ZIP

Employer's foreign address

Street 1

Street 2

City

Province / state

Country

Postal code

Employer is: (check any that apply)

☐ A foreign entity

☐ A foreign affiliate of a U.S. company

☐ A U.S. company

☐ Other (specify):

☐ Self

If you have previously filed Form 2555, enter the last year you filed Form 2555.

If you claimed an exclusion in an earlier year, have you ever revoked your choice?

☐ Yes

☐ No

If "Yes," give the type of exclusion

and tax year

Of which country are you a citizen?

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home?

☐ Yes

☐ No

If yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country

Number of days

List your tax homes during your tax year and dates established

Home

Date established

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Foreign Earned Income											
Name:					SSN:						
Part II - Bona Fide Residence Test											
Date bona fide residence began _____, ended _____											
Type of living quarters in foreign country		<input type="checkbox"/> Purchased house		<input type="checkbox"/> Rented house or apartment							
		<input type="checkbox"/> Rented room		<input type="checkbox"/> Quarters furnished by employer							
Did any of your family live with you abroad during any part of the tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, who and for what period		Relationship			For What Period						
_____		_____			_____						
_____		_____			_____						
_____		_____			_____						
_____		_____			_____						
If you legally reside in a foreign country, did you submit a statement to the foreign country's authorities stating that you are not a resident of said country?								Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you pay income tax to the country where you claim legal residence?								<input type="checkbox"/>	<input type="checkbox"/>		
If you were present in the United States during the tax year, enter the information below.											
Date Arrived in U.S.		Date Left U.S.		Number of Days in U.S. for Business		Income Earned in U.S. for Business					
_____		_____		_____		_____		_____			
_____		_____		_____		_____		_____			
_____		_____		_____		_____		_____			
List any contractual terms or other conditions relating to the length of your employment abroad: _____											
List the type of visa under which you entered the foreign country: _____											
Did your visa limit the length of your stay or employment in a foreign country?								Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, explain _____											
Did you maintain a home in the United States while living abroad?								<input type="checkbox"/>	<input type="checkbox"/>		
If yes, enter the address of your home, whether it was rented, the names of the occupants, and their relationship to you											
Address _____											
City _____		State _____		ZIP _____		Was the home rented? <input type="checkbox"/>					
Name of occupant: _____				Relationship of occupant: _____							
_____				_____							
_____				_____							
Part III - Physical Presence Test											
The physical presence test is based on the 12-month period from: _____ through: _____											
Enter your principal country of employment during your tax year: _____											
Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. The 12-month period does not have to begin with the first full day or end date on arrival / departure in a foreign country. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." Do not include the income listed in the last column below in Part IV, but report it on Form 1040.											
Name of Country (including U.S.)		Date Arrived		Date Left		Full Days Present in Country		Number of Days in U.S. for Business		Income Earned in U.S. for Business (attach computation)	
_____		_____		_____		_____		_____		_____	
_____		_____		_____		_____		_____		_____	
_____		_____		_____		_____		_____		_____	
_____		_____		_____		_____		_____		_____	

Foreign Earned Income

Name:

SSN:

Part IV - Foreign Earned Income

2024

2023

Total wages, salaries, bonuses, commissions, etc.

Allowable share of income for personal services performed:

In a business (including farming) or profession

In a partnership (list name, address, and type of income)

Noncash income:

Home (lodging)

Meals

Car

Other property or facility (specify)

Allowances, reimbursements, or expenses paid on your behalf for services performed:

Cost of living and overseas differential

Family

Education

Home leave

Quarters

Other (specify)

Other foreign earned income (specify):

Meals and lodging entered above, that were provided by your employer, that are excludable

For Taxpayers Claiming the Housing Exclusion or Deduction

2024

2023

Qualified housing expenses for the tax year

Location where housing expenses incurred

Limit on housing expenses

Enter the number of days in qualifying period that fall within your 2024 tax year

Enter employer-provided amounts

For Taxpayers Claiming the Foreign Earned Income Exclusion

2024

2023

Enter the number of days in qualifying period that fall within your 2024 tax year

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2024

Asset Listing for 2024

Name: _____

SSN: _____

Assets for:[illegible]

Casualties and Thefts

Name:

SSN:

TSJ

FEMA code

Property description

Property address

Property was

☐ Personal

☐ Business

☐ Income-producing

☐ Employee income-producing

Date property was acquired

Fair market value before incident

Cost of property damaged or stolen

Fair market value after incident

Insurance or other reimbursement (whether or not you filed a claim)

Date property was damaged or stolen

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment

Percentage of qualified investment

Subsequent investments

Actual recovery

Income reported in prior years

Potential insurance / SIPC recovery

Withdrawals

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name

SSN / EIN

Address

U.S. Only:

City

State

ZIP

Foreign Only:

Province / state

Country

Postal Code

TSJ

FEMA code

Property description

Property address

Property was

☐ Personal

☐ Business

☐ Income-producing

☐ Employee income-producing

Date property was acquired

Fair market value before incident

Cost of property damaged or stolen

Fair market value after incident

Insurance or other reimbursement (whether or not you filed a claim)

Date property was damaged or stolen

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment

Percentage of qualified investment

Subsequent investments

Actual recovery

Income reported in prior years

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Withdrawals

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name

SSN / EIN

Address

U.S. Only:

City

State

ZIP

Foreign Only:

Province / state

Country

Postal Code

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

TSJ Employer ID number

Description

☐ This farm was disposed of during 2024.

Income

	2024	2023		2024	2023
Income from production of livestock, produce, grains, and other crops . . .			Crop insurance proceeds:		
Total cooperative distributions			Amount received in 2024		
Total agricultural payments			<input type="checkbox"/> You elect to defer to 2025		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2023 . . .		
CCC loans reported			Other income		
CCC loans forfeited					

Expenses

	2024	2023		2024	2023
Car and truck expenses			Seeds and plants purchased . . .		
Chemicals			Storage and warehousing		
Conservation expenses			Supplies purchased		
Custom hire (machine work)			Taxes		
Employee benefit programs			Utilities		
Feed purchased			Veterinary, breeding, medicine . .		
Fertilizer and lime			Other expenses (list)		
Freight and trucking					
Gasoline, fuel, and oil					
Insurance (other than health)					
Interest - mortgage (paid to banks, etc.)					
Interest - other					
Labor hired (less jobs credit)					
Pension and profit-sharing plans . . .					
Rent - vehicles, machinery, equipment					
Rent - other (land, animals, etc.) . . .					
Repairs and maintenance					

Residential Energy Credits

Name:

SSN:

TSJ

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Qualified battery storage technology - Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours?

Qualified battery storage costs

Was a qualified fuel cell property installed on or in your main home in U.S.?

Address of main home

City, state, and ZIP

Qualified fuel cell property costs

Kilowatt capacity of qualified fuel cell property entered above

Amount of unused credit from 2023 Form 5695, line 16

Part II - Energy Efficient Home Improvement Credit

Qualified Energy Efficient Improvements

Were improvements or costs made to your main home located in the US?

Were you the original user of the qualified energy efficiency improvements?

Are the components reasonably expected to remain in use for at least five years?

Were improvements or costs related to the construction of this main home?

Address of main home

City, state, and ZIP

Were improvements or costs related to the construction of this home?

Cost of insulation or air sealing material or system

Cost of the exterior doors: Most expensive exterior doorAll other qualifying exterior doors

Cost of exterior windows and skylights

Residential Energy Property Costs

Did you incur costs for qualified energy property installed on or in connection with a U.S. home?

Was the qualified energy property originally placed into service by you or your spouse?

Address of home that you installed qualified energy property (if more than one list separately)

Street address

City, state, and ZIP

Cost of central air conditioners

Cost of natural gas, propane:Water heatersFurnace or hot water boilers

Cost of improvements to or replacement of panelboards, subpanelboards, branch circuits, or feeders

Did you incur costs for a home energy audit that included an inspection of your main home located in the U.S. and a written report prepared by a certified home energy auditor?

Cost of electric or natural gas:Heat pumpsHeat pump water heaters

Cost of biomass stoves and boilers

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Installment Sale Income

Name:

SSN:

TSJ

Description of property:

Date acquired

Date sold

2024

Prior years

Selling price

Mortgages assumed

Cost of property sold

Depreciation allowed

Commissions and expense of sale

Gross profit percentage

Interest received

Principal payments received

Property was sold to a related party

TSJ

Description of property:

Date acquired

Date sold

2024

Prior years

Selling price

Mortgages assumed

Cost of property sold

Depreciation allowed

Commissions and expense of sale

Gross profit percentage

Interest received

Principal payments received

Property was sold to a related party

TSJ

Description of property:

Date acquired

Date sold

2024

Prior years

Selling price

Mortgages assumed

Cost of property sold

Depreciation allowed

Commissions and expense of sale

Gross profit percentage

Interest received

Principal payments received

Property was sold to a related party

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Noncash Charitable Contributions

Name:

SSN:

TSJ

Donee I.D.

Name of donee organization

Address of donee organization

City

U.S. only

State, ZIP

Foreign only

Province / state, country, postal code

Description of donated property

Donor's cost or adjusted basis

Valuation method used

Fair market value

Physical condition of donated property

Average security price

How was it acquired?

Bargain sale price

Date acquired

Date contributed

☐ Bargain sale was capital gain property

Property type (if over \$5,000)

☐ Donated property is publicly traded security

☐ Art valued more than \$20,000

☐ Art valued less than \$20,000

☐ Intellectual property

☐ Qualified conservation - qualified farmer / rancher

☐ Other real estate

☐ Vehicles

☐ Qualified conservation - non-qualified farmer / rancher

☐ Securities

☐ Clothing and household items

☐ Qualified conservation

☐ Collectibles

☐ Other

☐ Equipment

TSJ

Donee I.D.

Name of donee organization

Address of donee organization

City

U.S. only

State, ZIP

Foreign only

Province / state, country, postal code

Description of donated property

Donor's cost or adjusted basis

Valuation method used

Fair market value

Physical condition of donated property

Average security price

How was it acquired?

Bargain sale price

Date acquired

Date contributed

☐ Bargain sale was capital gain property

Property type (if over \$5,000)

☐ Donated property is publicly traded security

☐ Art valued more than \$20,000

☐ Art valued less than \$20,000

☐ Intellectual property

☐ Qualified conservation - qualified farmer / rancher

☐ Other real estate

☐ Vehicles

☐ Qualified conservation - non-qualified farmer / rancher

☐ Securities

☐ Clothing and household items

☐ Qualified conservation

☐ Collectibles

☐ Other

☐ Equipment

Expenses for Business Use of Your Home

Name: SSN:

Business Use of Home

For Name of business home is used for

	2024	2023
Square footage of home used exclusively for business		
Total square footage of home		

Use of Home for Daycare

	2024	2023
Area used part time for business		
Total hours used for day care		
Total hours available		

Did you live in the home all year? Yes No

Expenses

	Office expenses		Home expenses		
	2024	2023	2024	2023	
Mortgage interest					In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes					
Excess mortgage interest					
Excess real estate taxes					
Insurance					
Rent					
Repairs and maintenance					
Utilities					
Other expenses					

Cost of Home

	2024	2023
Enter the smaller of your home's adjusted basis or its fair market value		
Does this include the value of the land? Yes No	Value of land	
Date placed in service		
Date taken out of service		

Education Credits

Name:

SSN:

Provide all Forms 1098-T

Student's first and last name:

SSN:

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?

Yes

☐

Was the student enrolled at least half-time for at least one academic period that began in 2024 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential?

☐

Did the student complete the first four years of post-secondary education before 2024?

☐

Was the student convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance?

☐

Is the student pursuing a degree?

☐

Number of years the American Opportunity Credit has been claimed for this student

2024

2023

Total qualified educational expenses (including the cost of tuition, required enrollment fees, books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution

ADDITIONAL qualified educational expenses that were NOT required to be paid directly to the educational institution

Tax-free educational assistance received in 2024 allocable to the academic period

Tax-free educational assistance received in 2025 (and before 2024 return is filed) allocable to the academic period

Refunds of qualified education expenses paid in 2024 if the refund is received before the 2024 return is filed

Did the student receive Form 1098-T from this institution for 2024?

Yes

☐

No

☐

Did the student receive Form 1098-T from this institution for 2023 with box 7 checked?

☐

☐

Educational Institution

EIN

Name

Street address, city, state, and ZIP

Student's first and last name:

SSN:

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?

Yes

☐

Was the student enrolled at least half-time for at least one academic period that began in 2024 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential?

☐

Did the student complete the first four years of post-secondary education before 2024?

☐

Was the student convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance?

☐

Is the student pursuing a degree?

☐

Number of years the American Opportunity Credit has been claimed for this student

2024

2023

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution

Tax-free educational assistance received in 2024 allocable to the academic period

Tax-free educational assistance received in 2025 (and before 2024 return is filed) allocable to the academic period

Refunds of qualified education expenses paid in 2024 if the refund is received before the 2024 return is filed

Did the student receive Form 1098-T from this institution for 2024?

Yes

☐

No

☐

Did the student receive Form 1098-T from this institution for 2023 with box 7 checked?

☐

☐

Educational Institution

EIN

Name

Street address, city, state, and ZIP

Credit for Small Employer Health Insurance Premiums

Name:

SSN:

Important: Hawaii employers do not qualify for the credit

TSJ

Complete the columns below for all employees who are not "excluded." ("Excluded" employees include business owners, partners, more-than-2% shareholders, etc.)

Complete the columns below for each employee enrolled in health insurance coverage provided under qualifying arrangement.

[illegible]

If you paid premiums during the tax year for employee health insurance coverage through Small Business Health Options Program (SHOP) Marketplace, enter the Marketplace ID

☐ Yes ☐ No Do you qualify for an exception to this requirement?

Employer identification number used to report employment taxes for above individuals

Total amount of any state premium subsidies paid and any state tax credit available

Form 1099-G Unemployment Compensation

Name: SSN:

Provide all copies of Form 1099-G

TSJ Payer's Federal ID Number

Payer's name

Payer's address

City

U.S. only State, ZIP

Foreign only Province / state, Country, Postal code

Payer's phone Account number

2024	2023	2024	2023
Unemployment compensation		State State ID	
Unemployment compensation repaid in current year		State unemployment	
State / local tax refunds / credits . .		State withholding	
Tax year		Locality name	
Federal tax withheld		Local payments	
RTAA payments		Local withholding	
Taxable grants		<input type="checkbox"/> Unemployment benefits are from railroad	
Agriculture			
<input type="checkbox"/> Trade / business			
Market gain			

TSJ Payer's Federal ID Number

Payer's name

Payer's address

City

U.S. only State, ZIP

Foreign only Province / state, Country, Postal code

Payer's phone Account number

2024	2023	2024	2023
Unemployment compensation		State State ID	
Unemployment compensation repaid in current year		State unemployment	
State / local tax refunds / credits . .		State withholding	
Tax year		Locality name	
Federal tax withheld		Local payments	
RTAA payments		Local withholding	
Taxable grants		<input type="checkbox"/> Unemployment benefits are from railroad	
Agriculture			
<input type="checkbox"/> Trade / business			
Market gain			

Form 1099-MISC - Miscellaneous Income

Name:

SSN:

Provide all copies of Form 1099-MISC

TS For Payer's federal ID number

Payer's name

Payer's address

	2024	2023		2024	2023
Rents			Excess golden parachute payment		
Royalties			Nonqualified deferred compensation		
Other income			State State ID		
Description			State tax withheld		
Federal tax withheld			State income		
Fishing boat proceeds			Name of locality		
Medical and health care payments . .			Local tax withheld		
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Local income		
Substitute payments			State State ID		
Crop insurance proceeds			State tax withheld		
Gross attorney proceeds			State income		
Taxable proceeds			Name of locality		
Fish purchased for resale			Local tax withheld		
Section 409A deferrals			Local income		

TS For Payer's federal ID number

Payer's name

Payer's Address

	2024	2023		2024	2023
Rents			Excess golden parachute payment		
Royalties			Nonqualified deferred compensation		
Other income			State State ID		
Description			State tax withheld		
Federal tax withheld			State income		
Fishing boat proceeds			Name of locality		
Medical and health care payments . .			Local tax withheld		
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Local income		
Substitute payments			State State ID		
Crop insurance proceeds			State tax withheld		
Gross attorney proceeds			State income		
Taxable proceeds			Name of locality		
Fish purchased for resale			Local tax withheld		
Section 409A deferrals			Local income		

Pension, Annuities, Retirement, Etc. Distributions

Name:

SSN:

Social Security Benefit Statement or Railroad Retirement Board Payments - Provide all Forms 1099-SSA, etc.

TS

2024

2023

Net benefits

Medicare premiums

Federal Income tax withheld

☐ Treat Medicare premiums as self-employed health insurance.

TS

2024

2023

Net benefits

Medicare premiums

Federal Income tax withheld

☐ Treat Medicare premiums as self-employed health insurance.

Pension and Retirement Distributions - Provide all Forms 1099-R

TS

Payer's name

Address

Payer's federal ID number

2024

2023

Disability indicator

Report disability income as wages on 1040.

Gross distribution

Taxable amount

Total distribution

Capital gain included in taxable amount above

Federal income tax withheld

Employee contributions or insurance premiums

Unrealized appreciation

Distribution codes

IRA / SEP / SIMPLE

Your percentage of total distribution

2024

2023

State

State income tax withheld

State distribution

Name of locality

Local income tax withheld

Local distribution

State

State income tax withheld

State distribution

Name of locality

Local income tax withheld

Local distribution

Yes

No

☐

☐

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐

☐

Did you use any of the distributions for disaster relief?

100% of the taxable amount entered above is a Qualified Charitable Distribution (QCD)

☐

☐

Enter an amount in this field if only part of the taxable amount entered above is a QCD

100% of the taxable amount entered above is for Health Savings Account (HSA) funding

☐

☐

Enter an amount in this field if only part of the taxable amount entered above is for HSA funding

Enter the amount of distribution used for insurance premiums for public safety officers

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Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

	2024	2023
Health insurance premiums (paid by you, not through work)		
Amount above that is for Medicare premiums		
Long-term care premiums (you)		
Long-term care premiums (your spouse)		
Long-term care premiums (dependents)		
Mileage driven for medical purposes . .		
Out of pocket medical and dental expenses (list)		

Taxes Paid

State and local income taxes	
General sales tax (vehicle, boat, home, etc.)	
Real estate taxes	
Personal property taxes	
Auto registration taxes not deductible for state	
Other taxes (list)	

Interest Paid

Home mortgage interest paid (attach Form 1098)	
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home.	
Home mortgage interest paid to an individual	
Paid to:	
Name	
Address	
City, State, ZIP	
SSN or EIN	
Points not reported on Form 1098 . . .	
Investment interest	

Charitable Contributions

	2024	2023
Donations to charity (cash)		
Disaster relief contributions		
Miles driven for charitable purposes		
Donations to charity (noncash) . . .		
If noncash donations are greater than \$500, list below.		

Other Miscellaneous Deductions

Amortizable bond premiums . . .	
Federal estate tax	
Gambling losses	
Impairment-related work expenses	
Claim repayments	
Unrecovered pension investments	
Loss from other activities from Schedule K-1	
Ordinary loss debt instrument . . .	
Excess deduction on termination	

For state purposes ONLY

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)	
Union dues	
Tax preparation fees	
Other nonpersonal expenses related to taxable income (list)	
Investment expenses not entered elsewhere	
Home equity interest	

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at All

YES NO

- ☐ ☐
- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- ☐ ☐
- Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

- ☐ Employer
- ☐ Medicare
- ☐ Medicaid
- ☐ Marketplace (Exchange)
- ☐ Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- ☐ ☐
- Was your previous insurance policy canceled in 2024?
- ☐ ☐
- Was coverage offered by your employer or your spouse's employer?
- ☐ ☐
- Are you a member of a federally recognized Indian tribe?
- ☐ ☐
- Are you eligible for services through an Indian healthcare provider?
- ☐ ☐
- Are you a member of a healthcare sharing ministry?
- ☐ ☐
- Did you live in the United States the entire year?
- ☐ ☐
- Are you enrolled in TRICARE?
- ☐ ☐
- Did you apply for CHIP coverage?
- ☐ ☐
- Do any of the following apply to you? Do NOT indicate which one.
- ☐

- Became homeless
 - Evicted in the past six months, or facing eviction or foreclosure
 - Received a shut-off notice from a utility company
 - Recently experienced domestic violence
 - Recently experienced the death of a close family member
 - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to you property
 - Filed for bankruptcy in the last six months
 - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

**Healthcare Coverage Questionnaire for Taxpayer and Spouse
(for preparer use)**

PRIMARY TAXPAYER

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.													
Employer offered health coverage which was declined?													
If Yes, what would be the cost for SELF coverage?													
If Yes, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

SPOUSE

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number													
Employer offered health coverage which was declined?													
If Yes, what would be the cost for SELF coverage?													
If Yes, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

**Healthcare Coverage Questionnaire for Dependents
(for preparer use)**

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.													
Required to file a return? Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____												

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A													
Had health care coverage from another source?													
Was exempt from health care mandate. Has Exemption Certificate Number? If Yes, provide number.													
Required to file a return? Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____												

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.													
Required to file a return? Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____												

Adjustments

Name:

SSN:

Moving Expenses

TSJ

Select this box and complete the fields below only if you are a member of the armed forces on active duty, and moved due to a military order for a permanent change of station.

2024

2023

Enter the number of miles from your OLD home to your NEW workplace

Enter the number of miles from your OLD home to your OLD workplace

Enter the amount you paid for transportation and storage of household goods and personal effects

Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)

Enter the amount of moving expenses reimbursed to you by your employer

Self-Employed Health Insurance

TSJ

2024

2023

Enter the qualified long-term care amount

Enter your Medicare wages from an S corporation

Self-Employed Pensions

TSJ

2024

2023

Enter your plan contribution rate as a decimal

Enter your allowable elective deferrals made during 2024

Enter your catch-up contributions

Enter the amount of designated ROTH contributions included above

Nondeductible IRAs

TS

This person is covered by a retirement plan at work or through self-employment.

2024

2023

Total traditional IRA contributions made for 2024

Amount included above that was contributed between 1/1/2025 and 4/15/2025

Total basis of traditional IRAs as of 12/31/2024

Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers.)

Distributions received were used for disaster relief

Amount of traditional IRAs converted to ROTH IRAs

IRA basis before conversion

Total ROTH IRA contributions made for 2024

Health Savings Account

TS

2024

2023

The taxpayer's coverage is under a high-deductible health plan for:

Taxpayer only

Family

HSA contributions made for 2024

Total distributions from all HSAs during 2024

Distributions included above that were rolled over into another HSA account

Qualified medical expenses paid using HSA distributions

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Auto Expense Worksheet

Name:

SSN:

General Information

For

Business name and profession / product

Description

Date placed in service

Was this vehicle available for personal use during off-duty hours?

Yes

No

Do you or your spouse have another vehicle available for personal use?

Yes

No

Do you have evidence to support your deduction?

Yes

No

If "Yes," is the evidence written?

Yes

No

Enter the number of miles your vehicle was used for:

2024

2023

Prior year total

Business

Commuting

Other

Business

Total

Expenses

2024

2023

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Rental fees

Interest

Property tax

Repairs

Tires

Tolls

Lease addbacks

Other expenses (list):

Apply business %

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Schedule C - Profit or Loss from Business

Name: _____ SSN: _____

General Business Information

TS _____ Professional product or service _____ Business code _____

Employer ID number _____

Business name _____

Business address _____

City _____

U.S. only State, ZIP _____

Foreign only Province / state, Country, Postal code _____

Accounting method, if not cash ☐ Accrual ☐ Other _____

- ☐ This business was started or acquired during 2024.
- ☐ Some investment is NOT at risk.
- ☐ This business was disposed of during 2024.

Select if this business is for:

- ☐ Professional gambler ☐ Newspaper delivery and you are under 18 years of age
- ☐ Exempt Notary income ☐ A clergy

- Yes No
- ☐ ☐ Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
 - ☐ ☐ If "Yes," did you file Forms 1099 for the individuals?
 - ☐ ☐ Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
 - ☐ ☐ If "Yes," was any portion of the loan forgiven in 2024?

Income

	2024	2023
Gross receipts or sales	_____	_____
Returns and allowances	_____	_____
Other income	_____	_____

Cost of Goods Sold

Inventory method, if not cost ☐ Lower of cost or market ☐ Other

Change of inventory method ☐ Yes ☐ No

	2024	2023
Inventory at beginning of year	_____	_____
Purchases (less cost of items withdrawn for personal use)	_____	_____
Cost of labor	_____	_____
Materials and supplies	_____	_____
Other costs (list on detail worksheet)	_____	_____
Inventory at end of year	_____	_____

Schedule C - Profit or Loss from Business

Name:

SSN:

Expenses

TS

Business name

Profession or product

2024

2023

Advertising

Car and truck expenses

Commissions and fees

Contract labor

Depletion

Employee benefit programs

Insurance (other than health)

Interest - mortgage (paid to banks, etc.)

Interest - other

Legal and professional services

Office expenses

Pension and profit-sharing plans

Rent or lease (vehicles, machinery, and equipment)

Rent (other business property)

Repairs and maintenance

Supplies

Taxes and licenses (including real estate taxes)

Travel

Total meals

Utilities

Wages

Family health coverage payments for taxpayer, spouse or dependents

Other expenses (list):

Vehicle Credits

Name:

SSN:

Form 8936 - Clean Vehicle Credits

TSJ

Part I - Vehicle Details

Year of vehicle

Make of vehicle

Model of vehicle

Vehicle Identification Number

Date vehicle was placed in service

Was the vehicle used primarily outside the U.S.? If "Yes," stop here.

Does the VIN entered above belong to a new clean vehicle placed in service during 2024? If "Yes," go to Part II.

Does the VIN entered above belong to a previously owned clean vehicle acquired after 2022 and placed in service during 2024? If "Yes," go to Part IV.

Does the VIN entered above belong to a qualified commercial clean vehicle acquired after 2022 and placed in service during 2024? If "Yes," go to Part IV. If "No," stop here.

Yes

No

Part II - Credit Amount for Business / Investment Use Part of New Clean Vehicle

Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person.

Business or investment use percentage

Part IV - Credit Amount for Previously Owned Clean Vehicle

Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person.

Is the vehicle a qualified fuel cell motor vehicle?

Sales price of vehicle

Part V - Credit Amount for Qualified Commercial Clean Vehicle

Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person.

Is the vehicle powered by gas or diesel?

Sales price of vehicle

Vehicle's gross weight rating (GVWR) is 14,000 pounds or more

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Sale of Capital Assets

Name:

SSN:

Sale of Capital Assets (including assets not reported on Form 1099-B)

Provide all brokerage statements

[illegible]

Detail Worksheet

Name: _____

SSN:

[illegible]

Dividend Income

Name:

SSN:

Provide all Forms 1099-DIV, 1099-PATR, and statements related to dividend income

TSJ	Name of Payer Account Number	Ordinary	Qualified	Capital Gains	Federal Income Tax Withheld	Section 199A Dividends	Foreign Tax Paid

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: SSN:

General Property Information

TSJ
Property description
Address, city, state, ZIP

Select the property type
☐ Single family residence ☐ Vacation / short-term rental ☐ Land ☐ Self-rental
☐ Multi-family residence ☐ Commercial ☐ Royalties ☐ Other

Number of days property was rented Number of days property was used for personal use
If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied

☐ This property was placed in service during 2024. Yes No
☐ This property was disposed of during 2024. ☐ Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.
☐ This property is your main home or second home. ☐ If "Yes," did you file Forms 1099 for the individuals?
☐ This property was owned as a qualified joint venture.

Income

	2024	2023		2024	2023
Rent Income			Royalties from oil, gas, mineral, copyright, or patent		

Expenses

	Rental Unit Expenses		Rental and Homeowner Expenses		
Advertising					If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto and travel					
Cleaning and maintenance					
Commissions					
Insurance					
Legal and professional fees					
Management fees					
Mortgage interest					
Other interest					
Repairs					
Supplies					If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Taxes					
Utilities					
Depletion					
Other expenses (list)					

Schedule F - Profit or Loss from Farming

Name: SSN:

General Information

TS Principal product Employer ID number

Accounting method, if not cash: Accrual

This farm was disposed of during 2024.

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

If "Yes," did you file Forms 1099 for the individuals?

You received a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021.

If "Yes," was any portion of the loan forgiven in 2024?

Income

	2024	2023		2024	2023
Sale of livestock and other items . . .			Crop insurance proceeds:		
Cost of items bought for resale			Amount received in 2024		
Sale of products you raised			You elect to defer to 2025		
Total cooperative distributions			Amount deferred from 2023 . .		
(Provide 1099-PATR)			Custom hire income		
Total agricultural payments			Beginning inventory for accrual . .		
Commodity Credit Corporation (CCC) loans:			Ending inventory for accrual . . .		
CCC loans reported			You used unit-livestock-price or farm-price inventory method.		
CCC loans forfeited			Other income		

Expenses

	2024	2023		2024	2023
Car and truck expenses			Repairs and maintenance		
Chemicals			Seeds and plants purchased . . .		
Conservation expenses			Storage and warehousing		
Custom hire (machine work)			Supplies purchased		
Employee benefit programs			Taxes		
Feed purchased			Utilities		
Fertilizers and lime			Veterinary, breeding, medicine . .		
Freight and trucking			Family health coverage payments		
Gasoline, fuel, and oil			for taxpayer, spouse or dependents		
Insurance (other than health)			Other expenses (list)		
Interest - mortgage (paid to banks, etc.)					
Interest - other					
Non-W-2 labor hired					
W-2 wages paid					
Pension and profit-sharing plans					
Rent - vehicles, machinery, equipment					
Rent - other (land, animals, etc.)					

Household Employment

Name:

SSN:

TSJ

Employer Identification Number

Yes

No

Did you pay any one household employee cash wages of \$2,700 or more in 2024?

Did you withhold federal income tax during 2024 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2024 by April 15, 2025?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2024

2023

Total cash wages subject to Social Security tax

Total cash wages subject to Medicare tax

Total cash wages subject to Additional Medicare tax withholding

Federal income tax withheld

Qualified sick leave wages

Qualified family leave wages

Qualified health plan expenses

TSJ

Employer Identification Number

Yes

No

Did you pay any one household employee cash wages of \$2,700 or more in 2024?

Did you withhold federal income tax during 2024 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2024 by April 15, 2025?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2024

2023

Total cash wages subject to Social Security tax

Total cash wages subject to Medicare tax

Total cash wages subject to Additional Medicare tax withholding

Federal income tax withheld

Qualified sick leave wages

Qualified family leave wages

Qualified health plan expenses

Other Income and Adjustments

Name:

SSN:

Other Income

	2024 Taxpayer	2023 Taxpayer	2024 Spouse	2023 Spouse
Railroad Retirement Benefits (attach Forms 1099-RRB)				
State income tax refund (attach Forms 1099-G)				
Alimony received				
Divorce or separation date _____ Amount _____				
Unemployment compensation (attach Forms 1099-G)				
Unemployment compensation repaid in 2024				
Gambling winnings (attach Forms W2-G)				
Alaska Permanent Fund				
Jury duty pay				
ABLE distributions				
Scholarships or grants not reported on Form W-2				
Other income: _____				

Adjustments

	2024 Taxpayer	2023 Taxpayer	2024 Spouse	2023 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)				
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____				
Name _____				
SSN _____ Divorce or separation date _____				
Contributions made to an Individual Retirement Account (IRA)				
Interest paid on a student loan				
Other adjustments: _____				

Interest Income

Name:

SSN:

Provide all Forms 1099-INT, 1099-OID, and statements relating to interest income

TSJ	Name of payer Account number ID and address of payer (if seller-financed mortgage)	Interest Income	Federal Income Tax Withheld	Foreign Tax Paid	Tax Exempt Interest	Amount of Resident State Municipal Interest	Nominee Interest

2024

Income or Loss from Investments in Partnerships, S Corporations, and Fiduciaries

Name:

SSN:

Schedule K-1 from Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

[illegible]

Form 1099-NEC - Nonemployee Compensation

Name:

SSN:

Provide all copies of Form 1099-NEC

TS For Payer's federal ID number Account number

Payer's name

Payer's address

2024

2023

2024

2023

Non-employee compensation

Federal tax withheld

☐ Payer made direct sales of \$5000 or more of consumer products.

State State ID

State tax withheld

State income

Name of locality

Local tax withheld

Local income

State State ID

State tax withheld

State income

Name of locality

Local tax withheld

Local income

TS For Payer's federal ID number Account number

Payer's name

Payer's address

2024

2023

2024

2023

Non-employee compensation

Federal tax withheld

☐ Payer made direct sales of \$5000 or more of consumer products.

State State ID

State tax withheld

State income

Name of locality

Local tax withheld

Local income

State State ID

State tax withheld

State income

Name of locality

Local tax withheld

Local income

TS For Payer's federal ID number Account number

Payer's name

Payer's address

2024

2023

2024

2023

Non-employee compensation

Federal tax withheld

☐ Payer made direct sales of \$5000 or more of consumer products.

State State ID

State tax withheld

State income

Name of locality

Local tax withheld

Local income

State State ID

State tax withheld

State income

Name of locality

Local tax withheld

Local income

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Wages and Salaries

Name:

SSN:

Provide all copies of Form W-2

TS Federal EIN

Payers name

Payer's address

	2024	2023		2024	2023
Wages, tips, other compensation			State State ID		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State State ID		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?			Local wages		
Are you covered by a retirement plan?			Local income tax		
Did you receive third-party sick pay?					

TS Federal EIN

Payer's name

Payer's address

	2024	2023		2024	2023
Wages, tips, other compensation			State State ID		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State State ID		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?			Local wages		
Are you covered by a retirement plan?			Local income tax		
Did you receive third-party sick pay?					

Name	Date
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Your Name _____
Address _____
Preparer's Name _____

(subject to terms and conditions)

Name	Date
------	------

Your Name _____
Address _____
Preparer's Name _____

(subject to terms and conditions)

Name	Date
------	------

Your Name _____
Address _____
Preparer's Name _____

(subject to terms and conditions)