TAX ORGANIZER

Dear ,

Enclosed is your Tax Organizer for tax year 2024.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as $35 for each $100 in deductible expenses you find in your 2024 records.

If our firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

STEPHANIE DENMAN EA
1012 S STAPLEY DR BLDG 4 STE 114
MESA, AZ 85204
(480) 926-7433
ADMIN@STEPHANIEDENMANEA.COM

General Information

	Taxpayer	Spouse
First Name		
Middle Initial		
Last Name		
Suffix		
Social Security Number		
Date of Birth		
Date of Death		

Check ("X") which phone number to list on return.

	Taxpayer	Spouse
Home Phone		
Work Phone		
Cell Phone		
Fax Number		
Legally Blind		
Totally Disabled		
Claimed as a Dependent		
Presidential Election Fund ($3)		
Occupation		
E-mail address		
State of Residence as of 12/31		
County of Residence as of 12/31		
School District as of 12/31		
Sales tax rate of locality in 2024	%	%
If Part Year, Period of Residency	to	to

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

	Taxpayer	Spouse
ID type	☐ Driver's license OR ☐ State Issued ID	☐ Driver's license OR ☐ State Issued ID
ID number		
ID issuing state		
ID issue date		
ID expiration date		

Filing Status

Status on 2023 return : ☐

Status as of 12/31/2024 : Enter ("X") in the box

- ☐ **1** Single
- ☐ **2** Married filing joint
- ☐ **3** Married filing separately (Enter spouse's name and SSN above)
- ☐ **4** Head of Household — Non-dependent name: _____ Non-dependent SSN: _____
- ☐ **5** Qualifying surviving spouse (QSS) — Year spouse died

Taxpayer's Address

Street _____ Apt/Suite : _____

City _____ State _____ Zip Code _____

If address is in a foreign country, enter that country . . . _____

Foreign province/county . . _____ Foreign postal code _____

If a bona fide resident of a U.S. territory, enter territory . .

Preparer's Information

Preparer's name STEPHANIE DENMAN EA

Firm's name STEPHANIE DENMAN EA

Street 1012 S STAPLEY DR BLDG 4 STE 114

City MESA State AZ Zip Code 85204

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign here _____ Date _____

_____ Date _____

Name _____ SSN _____

Questions

Yes	No		Personal Information
☐	☐	1	Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
☐	☐	2	Did you purchase or sell your principal residence or did your address change?
☐	☐	3	Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
☐	☐	4	Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2024?
☐	☐	5	Were either you or your spouse in the military or National Guard?
☐	☐	6	Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
☐	☐	7	Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?

Yes	No		Dependents
☐	☐	1	Are there any changes in your dependents from last year?
☐	☐	2	Did you have any children under 19 (or 24 if a full time student) who received more than $1,300 in investment income?
☐	☐	3	Did you pay education expenses for your dependent children?
☐	☐	4	Did anyone in your family receive a scholarship of any kind during 2024?
☐	☐	5	Did you pay any dependent care expenses for a child or a parent?
☐	☐	6	Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
☐	☐	7	Are all of your dependents either US residents or citizens?

Yes	No		Health Care Coverage
☐	☐	1	Did you or a member of your family have minimum essential coverage in 2024? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes	No		Income (In 2024, did you or your spouse have any of the following?)
☐	☐	1	Wages? (include form(s) W-2)
☐	☐	2	Non-employee compensation? (include form(s) 1099-NEC)
☐	☐	3	Miscellaneous Income? (include form(s) 1099-MISC)
☐	☐	4	Interest income? (include form(s) 1099-INT)
☐	☐	5	Dividend income? (include form(s) 1099-DIV)
☐	☐	6	Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
☐	☐	7	Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
☐	☐	8	Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
☐	☐	9	Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
☐	☐	10	Disability income? (include form(s) W-2 or 1099)
☐	☐	11	Unemployment compensation? (include form(s) 1099-G)
☐	☐	12	Alimony?
☐	☐	13	Did you receive tip income NOT reported to your employer?
☐	☐	14	Did you receive payments from a Long-Term Care insurance contract?
☐	☐	15	Did you barter your services for goods or services from someone else?
☐	☐	16	Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
☐	☐	17	Did you receive employer-provided adoption benefits for a previous year?
☐	☐	18	Did you cash in any U.S. savings bonds?
☐	☐	19	Did you make a loan to someone at an interest rate below market rate?
☐	☐	20	Did you receive a housing allowance for ministerial services you provided?
☐	☐	21	Did you receive any income not reported in this Organizer?
☐	☐	22	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
☐	☐	23	Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes	No		Foreign Reporting
☐	☐	1	Did you have an interest in or signature authority over a financial account in a foreign country?
☐	☐	2	Were you the grantor of or transferor to a foreign trust?
☐	☐	3	Did you receive income from a foreign source or pay taxes to a foreign government?

Yes	No		Retirement & Other Plans
☐	☐	1	Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
☐	☐	2	Did you rollover a retirement plan distribution into another plan?
☐	☐	3	Did you convert a traditional IRA to a Roth IRA?
☐	☐	4	Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	5	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
☐	☐	6	Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
☐	☐	7	Did you make any contributions to an HSA (Health Savings Account) in 2024?
☐	☐	8	Did you receive a qualified disaster distribution in 2024?
☐	☐	9	Did you receive an early distribution for a qualified birth or adoption distribution?

Yes	No		Purchases, Sales, Gains and Losses
☐	☐	1	Did you exchange any securities or investments for something other than cash?
☐	☐	2	Do you have any short sales, commodity sales, or straddles?
☐	☐	3	Did you receive Form 2439?
☐	☐	4	Did you buy or sell any bonds?
☐	☐	5	Did you receive stock from a stock bonus plan with your employer?
☐	☐	6	Did you sell any other personal assets at a gain?
☐	☐	7	Did you sell any real estate (other than your home) during the year?
☐	☐	8	Did you sell any assets using the installment method?
☐	☐	9	Did you receive proceeds from a prior year installment sale?
☐	☐	10	Did you purchase a rental property?
☐	☐	11	Did you exchange any property for other property?
☐	☐	12	Did you incur a loss because of damaged or stolen property?
☐	☐	13	Did you purchase a new vehicle, aircraft or boat?
☐	☐	14	Did any security become worthless during 2024?
☐	☐	15	Did any debts become uncollectible during 2024?
☐	☐	16	Did you puchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes	No		Business and Rental Property Income & Deductions
☐	☐	1	If you own rental property, do you qualify as a Real Estate Professional?
☐	☐	2	Did you start or acquire a new business?
☐	☐	3	Did you sell any part of an existing business, or sell business assets?
☐	☐	4	Did you cease operating any business or rental property?
☐	☐	5	Did you remove any of your business assets for personal use?
☐	☐	6	Did you use part of your home for business purposes?
☐	☐	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2024?
☐	☐	8	Do you pay for any health or long term care insurance through your business?
☐	☐	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
☐	☐	10	Did you purchase any furniture or equipment for your business?
☐	☐	11	Did you make any improvements to your rental properties?
☐	☐	12	Did you receive income from raising animals or crops?

Yes	No		Other Deductions
☐	☐	1	Did you use your car on the job (other than to and from work)?
☐	☐	2	Did you work out of town for part of the year?
☐	☐	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
☐	☐	4	Did you incur any travel and entertainment expenses for business purposes?
☐	☐	5	Did you pay expenses for the care of your child or other dependent so you could work?
☐	☐	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2024?
☐	☐	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024?
☐	☐	8	Did you contribute less than an entire interest in any property to charity?
☐	☐	9	Did you refinance a mortgage or take out a home equity loan during 2024?
☐	☐	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
☐	☐	11	Did you or your spouse pay any educational expenses for yourselves?
☐	☐	12	Did you pay any student loan interest?
☐	☐	13	Did you make any federal or state estimated payments?
☐	☐	14	Did you pay alimony?
☐	☐	15	Did you donate non-cash donations?
☐	☐	16	Did you donate a vehicle?

Yes	No		Miscellaneous
☐	☐	1	Did you make gifts of more than $18,000 to any one person?
☐	☐	2	Did you engage the service of any household employees?
☐	☐	3	Did your bank account information change within the last twelve months?
☐	☐	4	Do you want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	5	Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2024?
☐	☐	7	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
☐	☐	8	Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes	No		**Return preparation and filing**
☐	☐	1	Do you want to e-file your return?
		2	If you are due a refund, how do you want to receive it?

☐ Check sent to you in the mail ☐ Other quick refund via a bank product

☐ Apply to next year's estimates ☐

☐ Direct deposit (please provide voided blank check) Type of account: ☐ Checking ☐ Savings

If you owe taxes, how do you want to pay them? ☐

☐ Paper check sent with my return ☐ Credit card ☐ Installment Agreement

☐ Direct debit (please provide a voided blank check) Type of account: ☐ Checking ☐ Savings

☐ ☐ **3** Do you want to allow your tax preparer to discuss this year's return with the IRS?
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name _____ Phone Number _____ Personal identification Number (5 digit PIN) _____

Name _____ SSN _____

Comments

Name _____ SSN _____

Federal, State and Local Estimated Taxes Paid

Federal Estimates

Enter Payment Information		Filer and/or Joint Payments			Spouse Only Payments		
		Date Paid	Amount		Date Paid	Amount
1 Overpayment from last year	1			1		
2 First quarter payment	2			2		
3 Second quarter payment	3			3		
4 Third quarter payment	4			4		
5 Fourth quarter payment	5			5		
6 _____	6			6		
7 _____	7			7		

State Estimates

Enter two-letter state abbreviation — State _____ State _____ State _____ State _____

Enter Payment Information		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year	1								
2 First quarter payment	2								
3 Second quarter payment	3								
4 Third quarter payment	4								
5 Fourth quarter payment	5								
6 _____	6								
7 _____	7								
8 _____	8								

Local Estimates

Enter locality name — Locality _____ Locality _____ Locality _____ Locality _____

Enter Payment Information		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year	1								
2 First quarter payment	2								
3 Second quarter payment	3								
4 Third quarter payment	4								
5 Fourth quarter payment	5								
6 _____	6								
7 _____	7								
8 _____	8								

Name ____________________ SSN ____________________

Dependent Information

First Name	Last Name	No. of Months in Home in 2024	Relationship	Date of Birth	SSN	Amount Paid for Dependent Care Expenses	Enter "X" if applicable: US Citizen	Full- time Student or Disabled	Paid Education Expenses	Not a Dependent this Year

Name _____ SSN _____

Wages

W-2 Information

"X" if spouse		Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					
	21					
	22					
	23					
	24					
	25					
	26					
	27					
	28					
	29					
	30					
	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
	43					

Name _____ SSN _____

Retirement Income

1099-R Information

		"X" if spouse	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							

Name _____ SSN _____

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
*F/S/J	Payer	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.		Ordinary Dividends		Qualified Dividends		Capital Gains	
*F/S/J	Payer	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Name _____ SSN _____

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

		F/S*	Payer	Date of Original Divorce or Separation Agreement		Current Year Amount	Prior Year Amount
1					1		
2					2		
3					3		
4					4		
5					5		
6					6		
7					7		
8					8		
9					9		

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

		F/S*	Recipient's Name	Recipient's SSN	Date of Original Divorce or Separation Agreement		Current Year Amount	Prior Year Amount
1						1		
2						2		
3						3		
4						4		
5						5		
6						6		
7						7		
8						8		
9						9		

Name _____ SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: ☐ Filer ☐ Spouse

General Information

Employer Identification Number _____ (do not enter Social Security Number)

Principal business or profession _____

Business name . . . . . _____

Business address . . . . . _____

City . . . . . _____ State _____ Zip _____

Foreign Country . . . . . _____

Foreign Province/State . . . . . _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

1 Accounting Method . . . . . ☐ Cash ☐ Accrual ☐ Other - (Specify) _____

2 Did you "materially participate" in this business? ☐ Yes ☐ No

3 Check ('X') if you started or acquired this business in 2024. ☐

4 Did you make any payments in 2024 that would require you to file Form(s) 1099? ☐ Yes ☐ No

Business Income

* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

			Current Year Amount	Prior Year Amount
5		5		
6		6		
7		7		
8		8		
9		9		
10		10		
11		11		
12		12		
13		13		
14		14		
15	Income reported on 1099 MISC	15		
16	Gross amount of payment card/third party network transactions from Form 1099-K .	16		
17	Professional gambler winnings from Form W2-G	17		
18	Gross installment sales less cost of goods sold	18		
19	Returns and allowances	19		
20	Other income	20		

Inventory (Enter "X" where applicable)

21 Method(s) used to value closing inventory . . . ☐ Cost ☐ Lower of cost or market ☐ Other

22 Any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No

			Current Year Amount	Prior Year Amount
23	Inventory at the beginning of year	23		
24	Purchases less cost of items withdrawn for personal use	24		
25	Cost of labor	25		
26	Materials and supplies	26		
27	Other Costs	27		
28	Inventory at end of year	28		

Assets Placed in Service This Year

Description:

			Date Placed In Service	Purchase Amount
A		A		
B		B		
C		C		
D		D		
E		E		
F		F		
G		G		

Name _____ SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses			Current Year Amount	Prior Year Amount
29	Advertising	29		
30	Contract labor	30		
31	Commissions and fees	31		
32	Depletion	32		
33	Employee benefit programs (other than on line 39)	33		
34	Insurance (other than health)	34		
	Interest:			
35	Mortgage (paid to banks, etc.)	35		
36	Other	36		
37	Legal and professional services	37		
38	Office expense	38		
39	Pension and profit-sharing plans	39		
	Rent or Lease:			
40	Machinery rental or lease	40		
41	Equipment rental or lease	41		
42		42		
43		43		
44		44		
	Other business property rental or lease			
45		45		
46		46		
47		47		
48	Repairs and maintenance	48		
49	Supplies (not included in inventory cost of goods sold)	49		
50	Taxes and licenses	50		
	Travel and Meals:			
	Travel			
51		51		
52		52		
53		53		
54		54		
	Meals			
55	Enter "X" in the box if subject to DOT hours of service limits	55	☐	☐
56	Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied	56		
	Meals subject to percentage limitation			
57		57		
58		58		
59		59		
60		60		
61		61		
	Meals not subject to percentage limitation (100% allowed)			
62		62		
63		63		
64		64		
65		65		
66	Utilities	66		
67	Wages	67		
	Other Expenses:			
68		68		
69		69		
70		70		
71		71		
72		72		
73		73		
74		74		
75		75		
76		76		

Name _____ SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . 4				
5	Commuting miles included on line 3 . . . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . 4				
5	Commuting miles included on line 3 . . . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____ SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: ☐ Daycare

Home Office Expenses

			Current Year Amount	Prior Year Amount
Area of Home				
1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples	1		
2	Total area of home	2		
Daycare only - Part of Home Used Nonexclusively for Daycare				
3	Multiply days used for daycare during year by hours used per day	3		
4	Enter total hours home was available for daycare during year	4		
Expenses related to entire home including business portion (Indirect)				
5	Casualty losses	5		
6	Excess mortgage interest	6		
7	Excess real estate taxes	7		
8	Insurance	8		
9	Rent	9		
10	Repairs and maintenance	10		
11	Utilities	11		
12	Other Expenses:			
a	_____	12a		
b	_____	12b		
c	_____	12c		
d	_____	12d		
e	_____	12e		

Business Allocation:	Current Year Allocation %	Prior Year Allocation %
Business 1: _____		
Business 2: _____		
Business 3: _____		
Business 4: _____		

Business: _____

			Current Year Amount	Prior Year Amount
Additional expenses related to business portion only (Direct)				
13	Casualty losses	13		
14	Excess mortgage interest	14		
15	Excess real estate taxes	15		
16	Insurance	16		
17	Rent	17		
18	Repairs and maintenance	18		
19	Utilities	19		
20	Other Expenses:			
a	_____	20a		
b	_____	20b		
c	_____	20c		
d	_____	20d		
e	_____	20e		

Name _____ SSN _____

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

		*F/S/J Entity Name	Enter "S" if K1 (1120S) Enter "P" if K1 (1065) Enter "E" if K1 (1041)		Unreimbursed Partnership Exp. Current Year
	1			1	
	2			2	
	3			3	
	4			4	
	5			5	
	6			6	
	7			7	
	8			8	
	9			9	
	10			10	
	11			11	
	12			12	
	13			13	
	14			14	
	15			15	
	16			16	
	17			17	
	18			18	
	19			19	
	20			20	
	21			21	
	22			22	
	23			23	
	24			24	
	25			25	
	26			26	
	27			27	
	28			28	
	29			29	
	30			30	
	31			31	
	32			32	
	33			33	
	34			34	
	35			35	
	36			36	
	37			37	
	38			38	
	39			39	
	40			40	
	41			41	
	42			42	
	43			43	

Name _____ SSN _____

Social Security and Railroad Retirement

			Current Year Amount	Prior Year Amount
Filer				
1	Enter the total amount from box 5 of all your Forms SSA-1099	**1**		
2	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	**2**		
3	Enter the total amount from box 5 of all your Forms RRB-1099	**3**		
4	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	**4**		
5	Enter the total amount of Medicare B Premiums withheld.	**5**		
6	Enter the total amount of Medicare D Premiums withheld.	**6**		
Spouse				
7	Enter the total amount from box 5 of all your Forms SSA-1099	**7**		
8	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	**8**		
9	Enter the total amount from box 5 of all your Forms RRB-1099	**9**		
10	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	**10**		
11	Enter the total amount of Medicare B Premiums withheld.	**11**		
12	Enter the total amount of Medicare D Premiums withheld.	**12**		

Name _____ SSN _____

Medical and Dental - Itemized Deductions

			Current Year Amount	Prior Year Amount
1	Prescription medications	1		
2	Fees for doctors, dentists, etc.	2		
3	Fees for hospitals, clinics, etc.	3		
4	Lab and X-ray fees	4		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	5		
6	Medical equipment and supplies	6		
7	Medical mileage (number of miles driven)	7		
8	Medical parking, tolls and local transportation	8		
9	Lodging for medical purposes	9		
10	Health/Dental/Other ins. premiums (do not include self-employed plans)	10		
11	Long Term Care insurance premiums (taxpayer)	11		
12	Long Term Care insurance premiums (spouse)	12		
13	Expenses to stop smoking	13		
14	Health insurance premiums - coverage established under your business (1)	14		
15	Health insurance premiums - coverage established under your business (2)	15		
16	Long Term Care insurance premiums - coverage est. under your business (1)	16		
17	Long Term Care insurance premiums - coverage est. under your business (2)	17		
18	_____	18		
19	_____	19		
20	_____	20		
21	_____	21		
22	Insurance reimbursement for any medical and dental expense listed above	22		

Name _____ SSN _____

Taxes - Itemized Deductions

			Current Year Amount	Prior Year Amount
	Real Estate Taxes			
23	Principal residence	23		
24	Real estate taxes from Schedule E properties	24		
	Real Estate Not Held For Investment			
25		25		
26		26		
27		27		
28		28		
29		29		
	Real Estate Held For Investment			
30		30		
31		31		
32		32		
33		33		
34		34		
	Personal property taxes			
35	Non-business portion of vehicle personal property taxes	35		
36		36		
37		37		
38		38		
39		39		
40		40		
	Non-Personal Property Taxes			
41	K1 (1065) - Other deductions/taxes	41		
42	K1 (1120S) - Other deductions/taxes	42		
43	K1 (1041) - Other deductions/taxes	43		
44	Foreign Taxes	44		
45	From Schedule E properties	45		
46		46		
47		47		
48		48		

Name _____ SSN _____

Interest - Itemized Deductions

			Current Year Amount	Prior Year Amount
	Home Mortgage Interest and Points Reported on Form 1098			
49	Lender _____	**49**		
50	Lender _____	**50**		
51	Lender _____	**51**		
52	Lender _____	**52**		
	Home Mortgage Interest Not Reported on Form 1098			
53	Name: _____	**53**		
	Address: _____			
	SSN: _____			
54	Mortgage insurance premiums paid on 2024 acquisition indebtedness for principal residence	**54**		
	Refinancing Points			
55	Description	**55**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2024			
56	Description	**56**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2024			
57	Description	**57**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2024			
58	Description	**58**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2024			
59	Investment interest paid	**59**		

Name _____ SSN _____

Charity - Itemized Deductions

			Current Year Amount	Prior Year Amount
	* Total contributions $500 or less. See Non-Cash Charity if over $500.			
1	Gifts To Charity Other Than By Cash or Check*	1		
2	Total Miles driven for charitable activities	2		
3	Parking fees, tolls and local transportation for charitable activities	3		
	Gifts To Charity By Cash or Check			
1		1		
2		2		
3		3		
4		4		
5		5		
6		6		
7		7		
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39		39		
40		40		
41		41		

Name _____ SSN _____

Noncash Charitable Contributions (Total of Contributions more than $500)

Information on Donated Property

	(a) Name and Address of the Donee Organization	(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is $500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name _____ SSN _____

Child and Dependent Care Expenses

1 Amount of dependent care benefits forfeited . . . . . 1 _____

2 Amount of dependent care expenses incurred in 2023 and paid in 2024 . . . . . 2 _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.			Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse		Filer	Spouse
☐	☐	January		
☐	☐	February		
☐	☐	March		
☐	☐	April		
☐	☐	May		
☐	☐	June		
☐	☐	July		
☐	☐	August		
☐	☐	September		
☐	☐	October		
☐	☐	November		
☐	☐	December		

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Check if non-dependent was over age 12 and disabled	Amount incurred and paid in 2024
1					☐	
2					☐	
3					☐	
4					☐	

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2024
1	First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	
2	First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	
3	First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	
4	First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	
5	First: _____ Last: _____ Business: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	