

AFFIRMATIVE BUSINESS SOLUTIONS

PO BOX 610
BEN WHEELER, TX 75754
ASHTON@AFFIRMATIVEBUSINESS.COM
Phone: (405)276-8478 | Fax: (405)689-3040

January 20, 2025

:

Income tax time is just around the corner! The enclosed packet has been prepared to assist you in gathering information for your 2024 tax return. Review the entire packet and answer any questions that apply.

Bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment. We appreciate your trust in our business and look forward to working with you. Contact our office at (405)276-8478 if you have any questions or need additional information.

Sincerely,



Ashton N. Price
AFFIRMATIVE BUSINESS SOLUTIONS

AFFIRMATIVE BUSINESS SOLUTIONS

PO BOX 610
BEN WHEELER, TX 75754
ASHTON@AFFIRMATIVEBUSINESS.COM
Phone: (405)276-8478 | Fax: (405)689-3040

January 20, 2025

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (405)276-8478.

Sincerely,



Ashton N. Price
AFFIRMATIVE BUSINESS SOLUTIONS

AFFIRMATIVE BUSINESS SOLUTIONS

PO BOX 610
BEN WHEELER, TX 75754
ASHTON@AFFIRMATIVEBUSINESS.COM
Phone: (405)276-8478 | Fax: (405)689-3040

January 20, 2025

Subject: Preparation of Your 2024 Tax Returns

:

Thank you for choosing AFFIRMATIVE BUSINESS SOLUTIONS to assist you with your 2024 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2024 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is available upon request to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. In order to reduce turn-around time, we ask that you submit your items in an organized and neat manner. Should you submit items folded, wadded up, or unorganized, additional fees may apply. Invoices are due and payable upon presentation. ABS accepts cash, check, credit cards, or autopayment from your refund. Please note: autopay is only accepted for those with no outstanding tax debt. New clients are required to submit two consecutive prior year returns along with bank confirmation of deposit into account before this selection is allowed. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2024 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (405)276-8478.

Sincerely,

A handwritten signature in black ink that reads "Ashton Price". The signature is written in a cursive, flowing style.

Ashton N. Price

AFFIRMATIVE BUSINESS SOLUTIONS

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

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 service) 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

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

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						

Checklist

Name: _____

SSN: _____

Checklist

This checklist is provided to help you gather necessary information for us to prepare your 2024 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2023 tax year.

General Information and Prior Year Documentation

- ☐ Proof of identity for those claimed on the return (driver's license or state issued ID, Social Security card, birth certificates for children. etc.)
- ☐ Income tax returns from the prior two years
If there were losses from business activities in prior years, include prior five years of returns instead of two
- ☐ Depreciation schedules from prior years for businesses, rentals, etc.

Current Year Income Documentation

- ☐ Wage and tax statements (Form W-2)
- ☐ Gambling income (Form W2-G)
- ☐ IRA distributions, pensions, and annuities (Form 1099-R)
- ☐ Dividend income (Form 1099-DIV)
- ☐ Interest income (Form 1099-INT)
- ☐ Miscellaneous income (Form 1099-MISC)
- ☐ Nonemployee compensation (Form 1099-NEC)
- ☐ Unemployment compensation and other government payments (Form 1099-G)
- ☐ Credit card, debit card, and third-party network transactions (Form 1099-K)
- ☐ Reportable payment transactions
- ☐ Social Security benefits (Form SSA-1099)
- ☐ Railroad retirement benefits (Form RRB-1099)
- ☐ Income from partnerships, S corporations, estates, and trusts (Schedule K-1)
☐ Basis information for any partnerships and S corporations
- ☐ Documentation of brokerage transactions and disposition of capital assets (Form 1099-B)
- ☐ Proceeds from real estate transactions (Form 1099-S)
- ☐ Self-employed business income (Schedule C)
- ☐ Farm income (Schedule F)
- ☐ Farm rental income (Form 4835)
- ☐ Income from rental real estates and royalties (Schedule E)

Other Income (provide supporting documentation for income received for the following items)

- ☐ Sale of assets or property
- ☐ Cancellation of debt
- ☐ Other income _____

Payments (provide supporting documentation for payments made for the following items)

- ☐ Educator classroom expenses
- ☐ Employee business expenses
- ☐ Contributions to a Health Savings Account
- ☐ Expenses related to work relocation with the military
- ☐ Alimony
- ☐ Student loan interest
- ☐ Refunded student loan interest payments
- ☐ Student loan forgiveness
- ☐ Tuition and fees for higher education
- ☐ Expenses related to child or dependent care
- ☐ Contributions to a Retirement Savings Account
- ☐ Medical and dental expenses
- ☐ Real estate taxes
- ☐ Other state and local taxes

Checklist	
Name:	SSN:
<div>Checklist</div> <div><div><div><input type="checkbox"/></div><div>Mortgage interest</div></div><div><input type="checkbox"/></div><div>Investment interest</div><div><input type="checkbox"/></div><div>Cash contributions</div><div><input type="checkbox"/></div><div>Noncash contributions (provide organization name)</div><div><input type="checkbox"/></div><div>Unreimbursed employee expenses</div><div><input type="checkbox"/></div><div>Investment expenses</div><div><input type="checkbox"/></div><div>Gambling losses</div><div><input type="checkbox"/></div><div>Other payments _____</div></div>	

Questionnaire

Name:

SSN:

Questionnaire

Personal Information

YesNo

Did your marital status change during the year?

If "Yes," explain.

Did your name change during the tax year?

If "Yes," explain.

If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2024?

Can you or your spouse be claimed as a dependent by someone else?

Did your address change during the year?

Were you, your spouse, or any dependents a victim of identity theft?

If "Yes," explain.

Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?

If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

YesNo

Did you have any changes in dependents during the year?

If "Yes," explain.

Can another person qualify to claim any of your dependents?

Did you have any child or dependent care expenses during the year?

Did you have any adoption expenses during the year?

Did you have any children under age 18 or a full-time student under age 24 with more than \$2,600 of unearned income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Health Care Information

YesNo

Did any member of your household have healthcare coverage through the Marketplace (Obamacare)?

If "Yes," provide copies of Form 1095-A.

Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

YesNo

Did you receive any tips not reported to your employer?

Did you receive any disability income during the year?

Did you cash in any U.S. savings bonds during the year?

Did you start a new business or purchase any rental property during the year?

Did you sell an existing business, rental property, or other property during the year?

Did you purchase any business assets or convert any assets to business use?

If "Yes," provide the cost of the asset, the date it was placed in service, and the business use percentage.

Did you purchase any gasoline, diesel, or special fuels for off-road business use?

Did you buy or sell any stocks, bonds, or other investments during the year?

Did you sell a principal residence during the year?

If "Yes," provide closing documentation for the purchase and sale of the home.

Did you have a principal residence or a piece of real property foreclosed on during the year?

Did you abandon a principal residence or a piece of real property during the year?

Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

Did you receive any principal or interest during this year from property sold in prior years?

Drake Software - Individual Organizer - Copyright 2024

QUESTION.LD

Questionnaire

Name:

SSN:

Questionnaire

- ☐ ☐ ☐ Did you rent out your home or use it for business?
- ☐ ☐ ☐ Did you sell, exchange, or purchase any real estate during the year?
- ☐ ☐ ☐ Did you acquire a new or additional interest in a partnership or S corporation?
- ☐ ☐ ☐ Did you have any debts canceled or forgiven this year?
- ☐ ☐ ☐ Does anyone owe you money that has become uncollectible?
- ☐ ☐ ☐ Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel-cell vehicle, qualified commercial clean vehicle) during the year?
If "Yes," provide the report the dealer or seller is required to provide to you and the vehicle identification number (VIN).
- ☐ ☐ ☐ Did you receive income or incur expenses associated with a fantasy sports league?
If "Yes," provide documentation.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If "Yes," attach Form 1099-K or Form W-2.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If "Yes," provide documentation.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If "Yes," attach Form 1099-K.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb, VRBO or HomeAway)?
If "Yes," provide documentation.
- ☐ ☐ ☐ Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?
If "Yes," provide documentation.
- ☐ ☐ ☐ Did you receive any other income you have not provided information for with this organizer?
If "Yes," explain. _____

Itemized Deduction Information

Yes No

- ☐ ☐ ☐ Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- ☐ ☐ ☐ Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- ☐ ☐ ☐ Did you receive any state or local income tax refunds from prior years?
- ☐ ☐ ☐ Did you make any major purchases (vehicle, boat, etc.) during the year?
- ☐ ☐ ☐ Did you pay any real estate property taxes or personal taxes during the year?
- ☐ ☐ ☐ Did you pay mortgage interest during the year?
- ☐ ☐ ☐ Did you make cash donations to charity during the year?
- ☐ ☐ ☐ Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- ☐ ☐ ☐ Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- ☐ ☐ ☐ Did you have gambling winnings or losses during the year?
- ☐ ☐ ☐ Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- ☐ ☐ ☐ Did you use your vehicle on the job other than for commuting to work?
- ☐ ☐ ☐ Did you work out of town at any time during the year?

Retirement Information

Yes No

- ☐ ☐ ☐ Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- ☐ ☐ ☐ Did you make any withdrawals or receive distributions from a pension or profit-sharing plan, IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- ☐ ☐ ☐ Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?

Questionnaire

Name:

SSN:

Questionnaire

Did you receive any Social Security benefits during the year?

Education Information

Yes

No

Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?

Did anyone in your household attend a post-secondary school during the year?

Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?

Did you pay student loan interest for yourself, your spouse, or your dependents during the year?

If "Yes," provide the amount of interest that was refunded.

Did you receive forgiveness on a qualifying federal student loan?

Foreign Tax Information

Yes

No

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?

Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?

Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

Did you have any income from, or pay taxes to, a foreign country?

Did you receive a Schedule K-3 from a partnership or S corporation?

Did you have ownership in a foreign corporation at any time during the year?

Did you own property in a foreign country?

Refund, Withholding, and Estimated Tax Information

Yes

No

If you have an overpayment of 2024 taxes, do you want the refund applied to your 2025 estimated taxes?

Did you make any estimated payments toward your 2024 taxes?

Did you apply an overpayment of your 2023 taxes to your 2024 estimated taxes?

Do you want to have any refund or balance due directly deposited or withdrawn?

If "Yes," provide a canceled checking or savings slip.

Do you anticipate your income or withholdings to be different for 2025?

Miscellaneous Information

Yes

No

Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset?

Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared disaster area?

If "Yes," provide the incident date, value of the property, amount of insurance reimbursements, and the declaration number assigned by FEMA.

Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?

Did you make gifts to any one person in excess of \$18,000 during the year?

Yes

No

If "Yes," are you splitting the gift with your spouse?

Did you incur moving expenses with the military during the year?

Did you make any energy-efficient improvements to your main home during the year?

Are you a business owner who paid health insurance premiums for your employees during the year?

Did you receive a cash payment or digital asset of more than \$10,000 in one transaction or two or more related transactions during the year?

Yes

No

If "Yes," was Form 8300, Report of Cash Payment over \$10,000 Received in Trade or Business, filed?

Drake Software - Individual Organizer - Copyright 2024

QUESTION.LD

Questionnaire	
Name:	SSN:

Questionnaire

Do you own interest or shares in or did you dispose of a Qualified Opportunity Fund during the year?

Did you make any purchases subject to use tax during the year?

If "Yes," provide details.

Did you receive any notices from the IRS or state taxing authority?

If "Yes," explain.

May the IRS discuss your tax return with your preparer?

Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Preparer Notes

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

TS	Employer Name	2024 Federal Wages

Retirement

Provide all copies of Form 1099-R

TS	Payer Name	2024 Distribution

☐ Yes

☐ No

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

☐ Yes

☐ No

Did you use any of the distributions for disaster relief?

2024

Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income.

[illegible]

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.

[illegible]

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Other Income and Adjustments

Name:

SSN:

Other Income

	2024 Taxpayer	2024 Spouse
Social Security Benefits (attach Forms 1099-SSA)		
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	2024 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)		
Contributions made to a Health Savings Account (HSA)		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents		
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____		
Name _____		
SSN _____ Divorce or separation date _____		
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K		
Contributions made to an Individual Retirement Account (IRA)		
Contributions made to a Roth IRA		
Interest paid on a student loan		
Other adjustments: _____		

2024

Income

Name: _____

SSN:

Form 1099-MISC Income

Provide all copies of Form 1099-MISC

[illegible]

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

[illegible]

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]

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

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 & dental expenses

Doctor, dental, etc

Prescription medicines

Glasses & contacts

Hearing aids

Medical equipment & supplies

Hospital services

Laboratory services

Nursing services

Other _____

Other _____

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)

☐ 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

Donations to charity

Cash Noncash Amount

Church ☐ ☐

Boy or Girl Scouts ☐ ☐

Goodwill ☐ ☐

Red Cross ☐ ☐

Salvation Army ☐ ☐

United Way ☐ ☐

Veterans ☐ ☐

Hospital ☐ ☐

University ☐ ☐

Other _____ ☐ ☐

Miles driven for charitable purposes

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

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

Safety equipment, tools, & supplies

Uniforms

Protective clothing (shoes, hardhats, glasses, etc.) _____

Dues to professional organizations

Books & subscriptions

Other _____

Union dues

Tax preparation fees

Other nonpersonal expenses related to taxable income

Safe deposit box fees

Investment expenses not entered elsewhere

Other _____

Home equity interest

Other Information

Name:

SSN:

Mortgage Interest

Provide all copies of Form 1098

TSJ	Lender's Name	Mortgage Interest Received	Mortgage Insurance Premiums	Real Estate Taxes Paid

Employee Business Expenses

TS

Select if you are:

☐ A qualified performing artist

☐ A fee-based state or local government official

☐ A disabled employee with impairment-related work expenses

☐ An Armed Forces reservist

☐ You are a member of the clergy

Select if you:

☐ Used your personal vehicle for your job during 2024

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation		
Meals		
Overnight business travel expenses (Do not include meals & entertainment)		
Other business expenses		

Casualties and Thefts

TSJ

FEMA code

Property description

Property location

Date property was acquired

Date property was damaged or stolen

Cost of property damaged or stolen

Fair market value before incident

Fair market value after incident

Insurance reimbursement

TSJ

FEMA code

Property description

Property location

Date property was acquired

Date property was damaged or stolen

Cost of property damaged or stolen

Fair market value before incident

Fair market value after incident

Insurance reimbursement

Drake Software - Individual Organizer - Copyright 2024

N_OTHER.LD

Other Information

Name:

SSN:

Health Savings Account

TS _____

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

☐ Taxpayer only

☐ Family

2024

HSA contributions made for 2024

Total distributions from all HSAs during 2024

Distributions included above that were rolled over into another account

Qualified medical expenses paid using HSA distributions

Education Expenses

Provide all copies of Form 1098-T

Student name _____

Student name _____

Type of Expense	Amount	Type of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____

Student name _____

Type of Expense	Amount	Type of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job-related Moving Expenses

TSJ _____

☐ Select this box and complete the fields below 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

Number of miles from old home to old workplace

Number of miles from old home to new workplace

Expenses to transport and store household goods and personal effects

Travel and lodging expenses while traveling to your new home

Drake Software - Individual Organizer - Copyright 2024

N_OTHER2.LD