

WAGE AND TAX STATEMENTS - PROVIDE ALL TAX STATEMENTS	
<input type="checkbox"/>	Provide <b>all</b> tax statements received including <b>W-2, W-2G, 1099-R, 1099-INT, &amp; K-1</b> forms, IRS Letter 6419, IRS Letter 6475, etc.
<input type="checkbox"/>	<b>Mortgage &amp; Home Equity Interest</b> Paid, include Form <b>1098</b> . <b>*Note information needed as listed in cover letter.</b>
<input type="checkbox"/>	<b>Real Estate Taxes (property &amp; school)</b> Paid in 2024, even if you did not itemize in prior years. List dates and amounts paid.
<input type="checkbox"/>	Include all <b>1099-B &amp; 1099-Div</b> Statements and your <b>Year end Summary</b> from Stockbrokers. For stock sales please provide exact dates and amount paid for stock when acquired, including commissions paid. <b>* PROVIDE ALL PAGES</b>
<input type="checkbox"/>	<b>Social Security, Unemployment and Disability Benefits</b> received. Include Form <b>1099-SSA, 1099-G, etc..</b>
OTHER DEDUCTIONS	
<input type="checkbox"/>	<b>Cash Contributions.</b> Must have bank records under \$250 & written acknowledgment from the charitable organization if over \$250.
<input type="checkbox"/>	<b>Noncash Contributions.</b> Over \$500 Provide written receipt with Name, Address of Organization, Date, & Value.
<input type="checkbox"/>	<b>Medical, Dental and Eye Expenses</b> Paid, including laser eye surgery, unreimbursed amts you paid to participate in a program to stop smoking or for prescription medication to alleviate nicotine withdrawal. Do not include nonprescription medications.
<input type="checkbox"/>	<b>Miscellaneous Unreimbursed Employment Related Expenses</b> (Federal and NYS deduction allowed if you are a member of the Armed Forces, qualified performing artist or government official paid on a fee basis, all others NYS deduction only) ( i.e. Safety Clothes, Tools, Parking Fees, Tolls, Uniforms, Vehicle Expenses, Lodging, Telephone, Meals, Total Miles, Business Miles, Leased Vehicle; mo. pmt. & # of pmts. pd., type of vehicle, Ins. amt. pd.). Please provide us this information in writing.
<input type="checkbox"/>	<b>Health Ins. Premiums</b> (Do not include pre-tax withholdings from your paycheck). <input type="checkbox"/> <b>Long Term Care Insurance</b> paid by you.
<input type="checkbox"/>	<b>Purchased Health Ins. For yourself or a family member through the Health Insurance Marketplace (Exchange).</b> Attach Form 1095-A, Health Insurance Marketplace Statement. Did you receive an advance premium for health insurance?
<input type="checkbox"/>	<b>Are you a K-12 teacher/school professional</b> and paid out of pocket for books, supplies, equip. and supp. material used in a classroom or amounts paid for a professional development course related to curriculum or to the students taught. List amounts paid.
<input type="checkbox"/>	<b>Education Exps-</b> (Include form 1098-E, 1098-T, 1099-Q), for you, your spouse or your dependents. Provide printout of student account from higher education institute listing dates of payments and charges incurred.
<input type="checkbox"/>	List <b>Job Search Costs, Safe Deposit Box Fee Paid, Union Dues, Professional Subscriptions.</b>
<input type="checkbox"/>	List <b>Adoption Expenses</b> paid by date and indicate the following: age of child & status of adoption (i.e. final).
<input type="checkbox"/>	Contribute to <b>HSA</b> for 2024? List amount of contributions paid in: Self \$_____ Spouse \$_____ Do not list Employer contributions or amounts you elected to contribute under a cafeteria plan, shown on your W-2. <b>Type of Coverage:</b> Self <input type="checkbox"/> Family <input type="checkbox"/> Amount of Qualified Unreimbursed. Medical Expenses paid \$_____.
<input type="checkbox"/>	<b>Moving Expenses</b> - Available for members of the Armed Forces, on active duty and due to a military order. List Expenses paid out.
<input type="checkbox"/>	<b>Student Loan Interest</b> Paid in 2024 for yourself, your spouse, or your dependents. Parent Psly Liable on Loan- Yes <input type="checkbox"/> No <input type="checkbox"/>
OTHER INFORMATION	
<input type="checkbox"/>	Indicate <b>Marital Status</b> as of December 31, if changed from last year ( i.e. Single, Married, Legally Separated, Divorced), also indicate if you lived apart from your spouse during the year.
<input type="checkbox"/>	Amount of <b>out of state purchases</b> , which you took delivery in NYS through the Internet, by catalog, television shopping channels or on an Indian reservation and NYS Sales tax has not been paid on these purchases. \$_____
<input type="checkbox"/>	<b>IRA-</b> Did you contribute for 2024 contribution or do you plan to contribute before 4/15/2025? Traditional Amount \$_____ Note Distributions, Rollover or Conversions, List type and amount. Note Taxpayer or Spouse Roth Amount \$_____
<input type="checkbox"/>	<b>Retirement Contributions/Distributions</b> - SEP, SEP-IRA, SIMPLE IRA or Qualified Retirement Plan.
<input type="checkbox"/>	Did you receive an early distribution for Family Emergency or Domestic Abuse?
<input type="checkbox"/>	Contribute to a <b>NYS 529 account</b> in 2024? If so, please give the total amount contributed for each beneficiary.
<input type="checkbox"/>	<b>Alimony</b> Paid or Received, include name and Social Security Number. Date of original divorce or separation agreement _____.
<input type="checkbox"/>	Note if you had any <b>Debts</b> canceled or reduced (incl. credit cards), property repossessed or foreclosed upon, file for bankruptcy.
<input type="checkbox"/>	Purchase of a <b>New or Used Qualified Fuel Cell Vehicle, or Plug-in Electric or Hybrid Vehicle</b> in 2024, <b>include invoice</b> showing vin, year, make, model, & date purchased. Provide all paperwork. - Did you transfer the EV credit to the dealer? _____
<input type="checkbox"/>	List amount & type of <b>Energy Efficient Property</b> added to your main home or second home in 2024. This refers to <b>Exterior Windows and Doors, Skylights, Insulation, Hot Water Heaters, Central Heating and Air Conditioning Units, Roofs (Metal and Asphalt), Biomass Stoves, Solar Electric Property, Solar Water Heating Property, Fuel Cell Property, Small Wind Energy Property, &amp; Geothermal Heat Pump Property.</b> Lifetime limits and Energy standards do apply. Note which home.
<input type="checkbox"/>	<b>Sales Tax</b> pd in 2024 on the purch. of a <b>Car, Motorcycle, Boat, Motor home, Recreational Veh., Sport Utility Veh., Trucks, Vans &amp; Off-Rd Veh..</b> Need <b>date of purch. &amp; purch. price before sales tax.</b> Also incl. sales tax pd for a Leased Veh.

SELF-EMPLOYED-BUSINESS INCOME AND EXPENSES		RENTAL INCOME AND EXPENSES Use additional copies for multiple properties	
Name of Business _____ Activity _____		Property Address _____ ___ Single family residence    ___ Vacation or short-term rental ___ Multifamily residence    ___ Commercial rental    ___ Land	
<b>Gross Income</b> Collected \$ _____ Indicate if the amount includes 1099's received, or sales tax collected. Amount of sales tax included \$ _____.		<b>Rents Received</b> \$ _____ List Security Deposits separately. Indicate if incl. 1099 rec.'d  No. Days Rented _____ No. of personal use days _____	
Self-Employed Expenses	Amount	Rental Expenses	Amount
Advertising		Advertising	
Automobile		Automobile	
Dues and Subscriptions		Dues and Subscriptions	
Bank Charges		Bank Charges	
Insurance (other than health)		Insurance	
Employee Health Insurance		Cleaning and Maintenance	
Professional Fees		Professional Fees	
Interest Expense		Mortgage Interest Paid	
Telephone		Telephone	
Repairs and Maintenance		Repairs - list major repairs below	
Rent Paid		Taxes - Real Estate	
Meals and Entertainment		Management Fees	
Miscellaneous ( > 500 , list out)		Miscellaneous	
Supplies		Supplies	
Equipment Rental		Water and Sewer	
Travel		Rubbish Removal	
Office Expense		Office Expense	
Utilities		Utilities	
Purchases -			
Subcontractors		Mileage used for Rental - report below	
Salaries and Wages Paid			
Taxes - Label type		<b>Improvements - provide breakdown</b>	
<input type="checkbox"/> List amount contributed to or going to contribute to <b>SEP, SIMPLE, or other qualified retirement</b> plan.		<input type="checkbox"/> List <b>Improvements, Furniture, Carpet, and Major Repairs</b> separately with date and cost of each item.	
<input type="checkbox"/> Do you have an <b>area in your home</b> used regularly or exclusively for Business? Office at your business location? <input type="checkbox"/>		<input type="checkbox"/> If the property was <b>purchased or converted to rental use</b> this year, provide purchase settlement statement.	
<input type="checkbox"/> List <b>Equipment, Furniture &amp; Fixtures, Leasehold Improvements, and Major Repairs</b> separately with date and cost of each item. Incl. receipts or contracts.		<input type="checkbox"/> You do not need to include actual receipts.	
<input type="checkbox"/> Provide us with amount of End of Year <b>Inventory at 12/31/24 on hand</b> - at cost \$ _____.			
<input type="checkbox"/> Provide us with financing information on any <b>New Business Loans, Vehicle Loans or Lines of Credit</b> , and interest paid in 2024.			
<input type="checkbox"/> Amt. of <b>Self-Employed Health</b> Insurance Premiums paid by you \$ _____, list amount paid for employees separately.			
<input type="checkbox"/> <b>Business Vehicle</b> Information:		<b>Vehicle 1</b>	<b>Vehicle 2</b>
	Description of Vehicle (Make/Model)		
	Date vehicle was placed in service		
	<b>Total miles</b> driven in 2024 (business and personal together)		
	<b>Business miles -January 1, 2024 thru December 31, 2024</b>		
	Personal - Miles - Another vehicle available for psl. use?		
	Automobile Expenses - Gas etc. w/o Loan Pmt.		
	Lease -Total monthly payments paid in 2024		
	Own -Interest paid on Vehicle Loan in 2024		