AvantiPRO



110 Crown Oak Centre Dr Longwood, FL 32750 MyCPA@AvantiPRO.com

January 02, 2025

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Tax season is here, and we're ready to help you navigate the process. Here's how we'll handle your tax preparation for the 2024 tax year:

- 1. **Tax Organizer**: Your tax organizer will be delivered electronically via the AvantiPRO online portal or website. Prefer a paper copy? Call our office to request one.
- 2. **Submitting Documents**: You can send your completed organizer and tax documents via the portal, drop them off, or mail them to our office. If you're a new client, please call to schedule a drop-off appointment or phone call with Cathie.
- 3. Questions and Updates: We'll address your questions and provide updates via email or scheduled phone calls.
- 4. Tax Return Delivery: Completed tax returns will be delivered in-person at our office, online via Zoom, or by phone.

Helpful Documents

We've prepared the following to help you gather your tax information:

- Tax Organizer: Complete all questions to ensure accuracy and compliance with new IRS requirements. For a fillable electronic copy, visit AvantiPRO.com or contact our office.
- Checklist: A list of required documents, including any new items for this year.
- Engagement Letter: Sign and return this along with your organizer and documents to begin processing.
- Terms and Conditions Addendum: Available on the portal and our website.

Important Notes for 2024

- **1099-K Forms**: If you receive income through platforms like Venmo, PayPal, or Facebook, you may receive a **1099-K**. These must be reported correctly to minimize taxes or confirm exemptions.
- **Digital Assets**: The IRS continues to focus on digital assets. Please inform us of any transactions involving cryptocurrencies (e.g., Bitcoin, Ethereum, Dogecoin) or NFTs.
- **Energy Credits**: Tax credits are available for energy-efficient home improvements and electric vehicle purchases. Please include the invoice and vendor documentation.

We value your trust and look forward to assisting you. Please check out our website www.AvantiPRO.com to share with friends. Contact our office at (407)331-7330 if you have questions or need more information.

Sincerely,

Cathie Mannion CPA, MBA, EA AvantiPRO

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| Name: | SSN: |
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| Checklist |
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| This checklist is provided to help you gather necessary information for us to prepare your 2024 income tax return. Returns this list, along with the supporting documentation, to our office and let us know of any significant changes from your 20 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 including all schedules 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. Regulatory items [] Identity Protection PIN letter [] IRS Letters and notices [] State Letters and notices |
| Current Year Income Documentation [] Wage and tax statements (Form W-2) [] Most recent wage statement/payroll stub [] IRA distributions, pensions, and annuities (Form 1099-R) [] Dividend income (Form 1099-DIV) [] Interest income (Form 1099-MISC) [] 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) [] Gambling income (Form W2-G) [] Proceeds from real estate transactions (Form 1099-S) include HUD closing document [] 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) [] Scholarship/Fellowship [] Prizes/Awards [] Sale of assets or property - include closing document/HUD statement [] 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 Form 5498 [] Healthcare provider statement Form 1095 all types |

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[] Expenses related to work relocation with the military

[] Alimony

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| Name: | | SSN: |
| Checklist | | |
| r 1 | Student loan interest Form 1098E | |
| L J | | |
| LJ | Refunded student loan interest payments | |
| [] | Student loan forgiveness | |
| [] | Tuition and fees for higher education Form 1098T | |
| [] | Expenses related to child or dependent care | |
| [] | Contributions to a Retirement Savings Account - 401K; 403b; IRA; Simple, etc Form 5498 | |
| [] | Medical, dental, and long term care expenses | |
| [] | Real estate taxes | |
| [] | Other state and local taxes | |
| | [] Large item purchases subject to sales tax - vehicle; boat; rv etc | |
| [] | Mortgage interest Form 1098 include closing statement for all new or refinance morgages | |
| [] | Investment interest | |
| [] | Cash contributions | |
| [] | Noncash contributions (provide organization name) | |

[] Investment expenses[] Gambling losses

[] Other payments _

[] Casualty Loss for Hurricane or Tropical Storms
 [] Energy efficient vehicles or home improvments
 [] Estimated tax payments - federal and state
 [] Unreimbursed employee expenses

2024 Tax Organizer Personal Information

| ied but filing separa ind? sabled? full-time student? nt to designate \$3 to d you: l, award, or payment | nd your spouse died ately, did you live ap no go to the Presider at for property or serve e of a digital asset (| vice) a digital asset? | Evening 22, enter the dar the last six m | g Phone | n | Cell Pho | of Birth |
|---|--|--|--|--|--|--|---|
| ved - If widowed and ied but filing separatind? sabled? full-time student? int to designate \$3 to d you: | nd your spouse died ately, did you live ap no go to the Presider at for property or serve e of a digital asset (| after December 31, 202 part from your spouse for notial Election Campaign vice) a digital asset? | 22, enter the dar the last six m | late of death | n | Cell Pho | ne |
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| ied but filing separa ind? sabled? full-time student? nt to designate \$3 to d you: l, award, or payment | ately, did you live ap to go to the Presider t for property or sen e of a digital asset (| oart from your spouse fo ntial Election Campaign vice) a digital asset? | r the last six m | nonths of 202 | | | |
| ied but filing separa ind? sabled? full-time student? nt to designate \$3 to d you: l, award, or payment | ately, did you live ap to go to the Presider t for property or sen e of a digital asset (| oart from your spouse fo ntial Election Campaign vice) a digital asset? | r the last six m | nonths of 202 | | | |
| ied but filing separa ind? sabled? full-time student? nt to designate \$3 to d you: l, award, or payment | ately, did you live ap to go to the Presider t for property or sen e of a digital asset (| oart from your spouse fo ntial Election Campaign vice) a digital asset? | r the last six m | nonths of 202 | | | |
| ied but filing separa ind? sabled? full-time student? nt to designate \$3 to d you: l, award, or payment | ately, did you live ap to go to the Presider t for property or sen e of a digital asset (| oart from your spouse fo ntial Election Campaign vice) a digital asset? | r the last six m | nonths of 202 | | | |
| 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)? tification Information yer's type of photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license Driver's license Date photo ID was issued Date photo ID was issued Date photo ID expires | | | | | | | |
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| Name of Bank | | Bank Account Number | Type of A | Account Savings | _ | | unt for |
| or | | | | | | | |
| | its and Withdra | Bank Routing Number | State photo ID was issue Date photo ID was issue Date photo ID expires | State photo ID was issued Date photo ID was issued Date photo ID expires Date photo ID expires Bank Routing Number Account Number Checking | State photo ID was issued Date photo ID was issued Date photo ID expires Sits and Withdrawals Bank Routing Number Bank Account Number Checking Savings | State photo ID was issued Date photo ID was issued Date photo ID expires Sits and Withdrawals Bank Routing Number Account Number Type of Account Checking Savings Depo | State photo ID was issued Date photo ID was issued Date photo ID expires Sits and Withdrawals Bank Routing Number Account Number Type of Account Checking Savings Deposits Wi |

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| | | Dependent | and Other In | rormatic | on | | | |
|-------------------------------|-------------|---------------|--------------|----------------------|---------------|-----------|--------------------------|-----------------------|
| Name: | | | | | | | SSN | ۱: |
| Dependent Information | n | | | | | | | |
| First and Last Name SSN | | Has IP PIN | Relationship | Months in Home | Date of Birth | Disabled | Full- time Student | Childcare Expenses |
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| List dependents required to f | ïle a retum | | | | | | | |
| Child and Other Deper | | enses | | | | | | |
| Name of Care Provider | | | Address | | | SSN or E | -IN | Amount Paid |
| Name of Gare Frovider | | | Address | | | JOH OF E | -114 | Amount Faid |
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| Estimates | | | | | | | | I |
| | Fe | ederal | Res | ident State | | F | Resident | City |
| Overpayment applied from 2023 | Date Paid | Amount | Date Paid | | Amount | Date Paid | | Amount |
| First quarter | | | | | | | | |
| Second quarter | | _ | | | | | | |
| Third quarter | | _ | _ | | | | | |
| Fourth quarter | | _ | | | | | | |
| Additional payments | | _ | | | | | | |
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| | | Questionnaire | |
|-------------------|------------|--|----------------|
| Name: | | | SSN: |
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| Question | iaire | | |
| Davagnally | . . | ation. | |
| Personal II Yes | | ation | |
| [] | | 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 |
| r 1 | | 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. | |
| Pro | vide p | roof of identity to be eligible to e-file your tax return (driver's license or state-issued pho | oto ID) |
| Dependent | Infor | mation | |
| = | No | | |
| [] | [] | 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? | 1 600 of |
| [] | | Did you have any children under age 18 or a full-time student under age 24 with more than \$2 unearned income? | ,000 01 |
| Pro | | ocumentation for proof of dependent credits (school records, medical records, daycare | records, etc.) |
| | | | , , |
| Health Car | e Info | rmation | |
| Yes | | | 10 |
| [] | IJ | Did any member of your household have healthcare coverage through the Marketplace (Oban | nacare)? |
| [] | [] | If "Yes," provide copies of Form 1095-A. Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medical Control of the Contr | care Advantage |
| | | MSA during the year? | sare navantage |
| | | 5 · · · 5 · · · 5 · · · 5 · · · · · · · · · · · · · · · · · · · | |
| | | ses, Sales, and Debt Information | |
| Yes | | | |
| [] | | 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 u | ıse |
| | | 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? | |
| [] | ιJ | 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? | |
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| | Questionnaire |
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| Name: | SSN: |
| Questionnaire | |
| | Did you rent out your home or use it for hyginage? |
| [][] | 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 Deduct | tion 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 |
| 1111 | 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? |
| [][] | Did you have any financial loss from hurricanes or tropical storms? |
| | |
| Retirement Info | rmation |
| Yes No | Did you make any contributions to an IDA Dath Kooch CIMDLE CED 404/b) as ather swellfied actions at |
| [][] | 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? |
| | |

| | Questionnaire |
|--------------------------|--|
| Name: | SSN: |
| Questionnaire | |
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| [][] | Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified |
| [][] | retirement plan during the year? Did you receive any Social Security benefits during the year? |
| [][] | Did you receive any Social Security benefits during the year? |
| Education Infor | mation |
| 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 Info | ormation |
| Yes No | Did you have a financial interest in an aignature outhority over a financial account or coast leasted in |
| [][] | 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, Withho Yes No | Iding, and Estimated Tax Information |
| [][] | 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? |
| | Do you antioipate your moonte of withholdings to be amorone to 2020. |
| Miscellaneous I | nformation |
| 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 |

| 2024 | | Page 8 |
|----------------|--|--------|
| | Questionnaire | |
| Name: | SSN: | |
| Questionnaire | | |
| | [] [] If "Yes," was Form 8300, Report of Cash Payment over \$10,000 Received in Trade or Business, filed? | |
| [][] | 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 | | |
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Schedule A - Itemized Deductions

| Name: | SSN: | | | |
|---|--|--|--|--|
| Medical and Dental Expenses | Charitable Contributions | | | |
| Health insurance premiums (paid by you, not through work) | Donations to charity Cash Noncash Amount - Church | | | |
| Amount above that is for Medicare premiums | Boy or Girl Scouts | | | |
| Long-term care premiums (you) | Goodwill | | | |
| Long-term care premiums (your spouse) · · · · · · . | Red Cross | | | |
| Long-term care premiums (dependents) | Salvation Army | | | |
| Mileage driven for medical purposes | United Way | | | |
| Out of pocket medical & dental expenses Doctor, dental, etc | Veterans | | | |
| Prescription medicines | Hospital | | | |
| Glasses & contacts | University | | | |
| Hearing aids | Other | | | |
| Medical equipment & supplies | Miles driven for charitable purposes | | | |
| Hospital services | Other Miscellaneous Deductions | | | |
| Laboratory services | Amortizable bond premiums | | | |
| Nursing services | Federal estate tax | | | |
| Other | Gambling losses | | | |
| Other | Impairment-related work expenses | | | |
| Taxes Paid | Claim repayments | | | |
| | Unrecovered pension investments | | | |
| State and local income taxes | Loss from other activities from Schedule K-1 | | | |
| General sales tax (vehicle, boat, home, etc.) | Ordinary loss debt instrument | | | |
| Real estate taxes | Excess deduction on termination | | | |
| Personal property taxes | Job Expenses & Certain Miscellaneous Deductions Necessary job expenses you paid that were not reimbursed by your | | | |
| Other taxes (list) | employer - Safety equipment, tools, & supplies | | | |
| | | | | |
| | Protective clothing (shoes, hardhats, glasses, etc.) | | | |
| Interest Paid | Dues to professional organizations | | | |
| Home mortgage interest paid (attach Form 1098) | | | | |
| Some of your home mortgage loan was not used to buy, build, or improve your home. | Other | | | |
| Home mortgage interest paid to an individual | | | | |
| Paid to: Name | Tax preparation fees | | | |
| Address | Other nonpersonal expenses related to taxable income | | | |
| City, State, ZIP | Safe deposit box fees | | | |
| SSN or EIN | Investment expenses not entered elsewhere | | | |
| Points not reported on Form 1098 | Other | | | |
| Investment interest | Home equity interest | | | |

| Schedule C - Profit o | r Loss from Business | |
|--|---|------|
| Name: | SSN: | |
| General Business Information | | |
| TS Professional product or service | Employer ID number | |
| Business name | | |
| Business address, city, state, ZIP | | |
| Accounting Method: Cash Accrual Other (spec | cify) | |
| ☐ This business started or was acquired during 2024. ☐ | This business was disposed of during 2024. | |
| Select if this business is for: Professional gambler Exempt Notary income | Newspaper delivery and you are under 18 years of age A clergy | |
| Yes No Payments of \$600 or more were paid to an individual, who is r If "Yes," did you file Forms 1099 for the individuals? | not your employee, for services provided for this business. | |
| ☐ ☐ Did you receive a Paycheck Protection Program (PPP) loan fo☐ ☐ If 'Yes," was any portion of the loan forgiven in 2024? | or this business prior to June 1, 2021? | |
| Income | | 2024 |
| Gross receipts or sales | Other income | 2024 |
| Returns & allowances | | |
| Expenses | | |
| 2024 | | 2024 |
| Advertising | Repairs & maintenance | |
| Car & truck expenses | Supplies | |
| Commissions & fees | Taxes & licenses | |
| Contract labor | Travel | |
| Depletion | Total meals | |
| Employee benefit programs | Utilities | |
| Insurance (other than health) | Wages | |
| Interest - mortgage | Family health coverage payments for taxpayer, spouse or dependents | |
| Interest - other | Other expenses (list) | |
| Legal & professional services | | |
| Office expenses | | |
| Pension & profit-sharing plans | | |
| Rent (other business property) | | |
| Cost of Goods Sold | | |
| 2024 | | 2024 |
| Inventory at beginning of year | | |
| Purchases | Other costs | |
| Cost of personal use items | Inventory at end of year | |
| Cost of labor | There was a change in inventory method. | |

| Schedule E - Income or | Loss from F | Rental Real Estate & | Royalties |
|--|-------------------------|---|---|
| Name: | | | SSN: |
| General Property Information | | | |
| TSJProperty description | | | |
| Address, city, state, ZIP | | | |
| Select the property type | | | |
| ☐ Single family residence ☐ Vacation / short- ☐ Multi-family residence ☐ Commercial | term rental | Land Royalties | Self-rental Other |
| | | property was used for persona | l use |
| If the rental is a multi-dwelling unit and you occupied part of | | | |
| This property was placed in service during 2024. This property was disposed of during 2024. This property is your main home or second home. This property was owned as a qualified joint venture. | Yes | not your employee, for s | ore were paid to an individual, who is services provided for this rental. Forms 1099 for the individuals? |
| Income | | | |
| | 2024 | 5 111 (11 | 2024 |
| Rent income | | Royalties from oil, gas, mineral, copyright or patent | |
| Expenses | | | |
| | Rental Unit Expenses | Rental <u>and</u> Homeowner Expenses | |
| Advertising | | | If this Schedule E is for a |
| Auto & travel | | | a multi-unit dwelling and you lived in one unit and rented |
| Cleaning & maintenance | | | out the other units, use the |
| Commissions | | | "Rental and homeowner expenses" column to show |
| Insurance | | | expenses that apply to the entire |
| Legal & professional fees | | | property. Use the "Rental unit |
| Management fees | | | expenses" column to show expenses that pertain ONLY to |
| Mortgage interest | | | the rental portion of the property. |
| Other interest | | | If the Schedule E is not for a |
| Repairs | | | multi-unit property in which you |
| Supplies | | | lived in one unit, complete just the "Rental unit expenses" |
| Taxes | | | column. |
| Utilities | | | |
| Depletion | | | |
| Other expenses | | | |
| | | | |
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| | | | |

AvantiPRO



110 Crown Oak Centre Dr Longwood, FL 32750 MyCPA@AvantiPRO.com

January 02, 2025

Thank you for choosing AvantiPRO to assist you with your 2024 taxes. This letter summarizes the services that we will provide you, and the responsibilities you have for preparation of your tax return. A detailed **Terms and Conditions Memorandum**, dated December 20, 2024, which fully describes the terms of our agreement with you, has been placed into the AvantiPRO client portal. Those terms and conditions are adopted and incorporated by reference into this engagement letter and govern our agreement. Please read that memorandum before signing this engagement letter.

Tax Return Preparation

- We will prepare your 2024 federal and state tax returns based on information you provide. Services for preparation of your return do not include auditing or verification of information provided by you.
- This engagement does not include any audit or examination of your books or records. In the event your return is audited, you will be responsible for verifying the items reported.
- The tax return preparation fee does not include accounting services.
- Fees charged for tax return preparation include limited assistance and consultation during the year but do not include audit representation or preparing materials to respond to correspondence from taxing authorities.
- The engagement to prepare your 2024 tax returns terminates upon delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on
 your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some
 cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can
 provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid when your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.

Thank you for the opportunity to be of service. We appreciate your confidence in us. Please date and execute this Agreement and return it to us to acknowledge your acceptance. We will not initiate services until we receive the executed Agreement. If you have any questions, contact our office at (407)331-7330.

| Cathie Mannion CPA, MBA, E <i>i</i> AvantiPRO | A | | |
|--|---------------------------------|---------------|--|
| Accepted By: (Both spouses 1 | must sign for preparation of jo | int returns.) | |
| | | | |



AvantiPRO
110 Crown Oak Centre Dr
Longwood, FL 32750
MyCPA@AvantiPRO.com

January 02, 2025

We value you as our client, and our privacy is important to us. CPAs have been and continue to be bound by professional standards of confidentiality that are even more strigent than those required by law. Please 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 (407)331-7330.

Sincerely,

Cathie Mannion CPA, MBA, EA AvantiPRO