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Marr and Company, PC  
1401 East 104th Street, Ste 100  
Kansas City, MO 64131

## **2024 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2024 tax return.**

**To save you time, selected information from your 2023 tax return has been entered in this organizer. Please line through any information that does not apply to your 2024 tax return.**

**In some cases, 2023 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

PHONE: 816-363-8700

FAX: 816-363-7117

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## IMPORTANT QUESTIONS REGARDING YOUR TAX RETURN

- Please carefully review and answer the questions on pages in the front of the organizer.
- Would you like a paper copy of your tax return? YES NO  
If no, you will receive an electronic copy via our client portal.
- Please provide your current email address: \_\_\_\_\_
- If you already have a portal, you may upload your tax documents to us by going to <http://www.clientaccess.com/#/login>. Your username will be your email address. If you have forgotten your password, there is a link on the login screen to reset it.
- Do you have an IRS PIN number? If so, you will receive a letter from the IRS indicating your PIN. Please provide us with a copy of the letter with the PIN. It will be a different number than years prior. \_\_\_\_\_
- At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset), such as BITCOIN, ETHERIUM, NFTs, etc? If so, please provide a Gain/Loss report, preferably in Excel format. YES NO
- Did you make estimated tax payments? YES NO  
If yes, please complete the section in the organizer indicating which payments were made.
- If you would like direct deposit of your refund, or ach payment of your balance due(s) estimates, please verify the banking information in the organizer for accuracy.
- Did you have health insurance at any time during 2024 from the marketplace? If yes, we need a copy of your form 1095-A. You can obtain a copy by logging into your HealthCare.Gov account.
- If you were considered a beneficial owner in an entity that is registered with any secretary of state office, was the beneficial owner information (BOI) report filed with FinCen.gov?
- Did you make any online sales or accept payments through online apps (Venmo, CashApp, PayPal, Etsy, eBay, Amazon, etc)? If yes, please provide us with the 1099-K form that should be available for download within your account on the app or website.

*(More Information on Reverse Side)*

## **IMPORTANT INFORMATION**

As we approach the filing season for 2024 tax returns, we wanted to communicate a couple of important items regarding our services.

### **PERSONNEL UPDATE**

As some of you may already be aware, the principle of our firm, Rick Marr, is retiring in June. Therefore, this is his last tax season! We have been working to make his transition seamless for quite some time. In most cases, the preparer of your return will not change – you will be working with the same person you have been. However, the reviewer of your return will most likely be either Jason Louk, Austin Hill, Jennifer Stafford, or Anne Pittman. Regardless of who your preparer and reviewer are, we are all here to help you with your tax needs, just as Rick has done for years.

### **APPOINTMENTS**

Rick will not be taking tax appointments this season because of his retirement. However, we have several staff that would be happy to sit down and review your tax information should you choose to make an appointment. In most cases, we will schedule your appointment with your preparer which will help make the process as efficient as possible.

Also, as a result of Rick's transition, Jason will be taking fewer interview appointments. If you would like to make an appointment with Jason, please do so as early as possible.

We encourage everyone to schedule your appointment or send us your tax documents as early as possible. This helps everyone in the process and gives you more time to review the return, prepare for tax payments to be made or receive your refund faster.

### **EXTENSIONS**

Our objective has always been to complete all tax returns by Tax Day, provided of course that we have all the necessary information. Extending returns is not something we prefer to do but all the recent changes in the tax code have significantly increased the time it takes to prepare each tax return. Because of the complexities, we extended more returns last year than we ever had before.

For this tax season, we are going to set a firm cutoff of March 21, 2025 for tax returns that will automatically go on extension. If you do not want to go on extension but are worried that you may not have all of your information by March 21<sup>st</sup>, simply provide as much as you can by that date. If we can enter a majority of the information well before the cutoff date, then it should be a simple process to add the rest of the information; depending on the nature of the missing information.

## IMPORTANT INFORMATION REGARDING YOUR 2024 TAX FILING

Dear Client:

We would like to take this opportunity to provide you with some important information you need regarding the preparation of your tax return.

Enclosed in this packet are some very important documents. They include:

- A notice regarding our portal system
- Our privacy policy
- Our Engagement letter (*To be signed by both Taxpayer and Spouse and returned to us*)
- The Tax Organizer

Please review the enclosed information and let us know if you have questions.

We also want to take this opportunity to provide you with a list of our staff members that may be involved with the preparation, review and delivery of your tax return:

Rick Marr	Tax Preparation	Anne Pittman	Tax Preparation
Jason D. Louk	Tax Preparation	Nathan Hurd	Tax Preparation
Austin Hill	Tax Preparation	Alex White	Tax Preparation
Jennifer M. Stafford	Tax Preparation	Judy Haag	Tax Assembly
Matthew K. Drevets	Tax Preparation	Cindy Palmer	Office Manager
James C. Shull	Tax Preparation	Susie Chapple	Receptionist
Ryan Tierney	Tax Preparation		

To assist in the efficiency of preparing your tax return and reduce the time required to complete your return, please schedule your tax interview or send your information to us as early as possible.

Contact information for our firm is as follows:

Address:	Marr and Company, PC 1401 E 104 <sup>th</sup> Street, Ste 100 Kansas City, MO 64131
Phone:	816-363-8700
Fax:	816-363-7117

Thank you for choosing Marr and Company to handle your tax preparation needs!

Sincerely,



## PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

### PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

### PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

\*\*\*\*\*

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

# **MARR AND COMPANY, P.C.**

**CERTIFIED PUBLIC ACCOUNTANTS**

1401 East 104th Street, Suite 100, Kansas City, MO 64131-1170  
Voice (816) 363-8700 Fax (816) 363-7117

## **ENGAGEMENT LETTER**

Dear Client:

Marr and Company, PC is pleased to provide you with the professional services described below. This letter confirms our understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide. The engagement between you and our firm will be governed by the terms of this Agreement.

### **Engagement Objective and Scope**

We will prepare your federal and state tax returns for the year ended December 31, 2024. We will not prepare any tax returns other than those identified above, without your written request, and our written consent to do so. We will rely upon the completeness and accuracy of the information and representations you provide to us to prepare your tax returns. We will not prepare financial statements or perform valuations of any kind. We will not audit or otherwise verify the data you submit to us, although we may ask you to clarify certain information.

We will prepare the above-referenced tax returns solely to assist you with your tax filing obligations with the Internal Revenue Service (“IRS”) and applicable state and local tax authorities. Our work is not intended to benefit or influence any third party, including any entity or investment which may seek to evaluate your creditworthiness or financial strength. You agree to indemnify and hold us harmless from any and all claims arising from the use of the tax returns for any purpose other than complying with your tax filing obligations regardless of the nature of the claim, excepting claims arising from our gross negligence or intentional wrongful acts.

Our engagement does not include any procedures designed to detect errors, fraud, theft, or other wrongdoing. Therefore, our engagement cannot be relied upon to disclose such matters. In addition, we are not responsible for identifying or communicating deficiencies in your internal controls. You are responsible for developing and implementing internal controls applicable to your operations.

Assisting you with your compliance with the Corporate Transparency Act (“CTA”), including beneficial ownership information (“BOI”) reporting, is not within the scope of this engagement. You have sole responsibility for your compliance with the CTA, including its BOI reporting requirements and the collection of relevant ownership information. We shall have no liability resulting from your failure to comply with CTA. Information regarding the BOI reporting requirements can be found at <https://www.fincen.gov/boi>. Consider consulting with legal counsel if you have questions regarding the applicability of the CTA’s reporting requirements and issues surrounding the collection of relevant ownership information.

You may request that we perform additional services not contemplated in this engagement letter. If this occurs, we will communicate with you regarding the scope and estimated cost of these additional services. Engagements for additional services may necessitate that we amend the Agreement or issue a separate agreement to reflect the obligations of all parties. In the absence of any other written communications from us documenting additional services, our services will be limited to and governed by the terms of this Agreement.

### **CPA Firm Responsibilities**

It is our duty to prepare your returns based on the same standard of care that a reasonable tax return preparer would exercise in this type of engagement. Unless otherwise noted, the applicable standard of care for a “reasonable tax return preparer” shall be based upon the following pronouncements: the Statements on Standards for Tax Services (“SSTS”) issued by the American Institute of Certified Public Accountants (“AICPA”); U.S. Treasury Department Circular 230 (“Circular 230”); and the Internal Revenue Code, Treasury Regulations, and any applicable state/local corollaries (collectively, “the Code”).

As tax return preparers, these pronouncements also prohibit us from signing a tax return unless we have a reasonable belief that there is substantial authority for tax positions taken on the tax return, or we have a reasonable basis for tax return positions taken on the return which are disclosed as required by the Code. If you request that we report a tax position on your return which we feel is contrary to published guidance, frivolous, or a willful attempt to evade tax, we will be unable to proceed. If you are unwilling to disclose a position where required or we conclude that your failure to disclose does not permit us to sign your tax return, we will be unable to proceed.

It is your responsibility to safeguard your assets and maintain accurate records pertaining to transactions. We will not hold your property in trust for you, or otherwise accept fiduciary duties in the performance of the engagement.

We will prepare your tax returns based upon your filing status (single, married filing jointly, married filing separately, head of household or qualifying widow[er] with dependent child) as reflected in your income tax returns for last year. ***If your filing status has changed, you wish to change your filing status, or you have questions about your filing status, please contact us immediately.***

Marr and Company, PC will not make any management decisions or perform management functions on your behalf.

#### **Arguable positions**

If there are conflicting interpretations of tax law, or if tax law is unclear, we will explain the possible positions that may be taken in order for us to sign your return. We will follow the position you request, provided it is consistent with our understanding of tax reference materials and our professional standards. Tax reference materials include, but are not limited to, the Code, Revenue Rulings, Revenue Procedures, court cases, and similar state and local guidance. If the IRS, state or local tax authorities later contest the position you select, additional tax, penalties, and interest may be assessed. You will be responsible for these amounts, as well as any related professional fees you may incur, to respond to the tax authority.

#### **Confidentiality for filers of joint tax returns**

If the tax returns prepared in connection with this engagement are filed using the married filing jointly filing status, both spouses are deemed to be clients of the firm under the terms of this Agreement. Both spouses acknowledge that any tax return information, including supporting documents provided to us, used in the preparation of your joint return, and any communications made to us by either of you in connection with the preparation of your joint return, may ultimately be shared with either spouse, without prior consent of the other.

#### **Bookkeeping assistance**

We may deem it necessary to provide you with accounting and bookkeeping assistance solely for the purpose of preparing the tax returns. These services will be performed solely in accordance with the AICPA Code of Professional Conduct. In the event we conclude that such services are necessary to prepare your tax returns, we will advise you in writing before services are performed and bill you for the required services. These services will be billed at our standard hourly rates and will be subject to the terms of this Agreement.

#### **Tax planning services**

Our engagement does not include tax advice which would impact future tax years. However, we may communicate potential tax strategies to you, and you may ask high-level questions of us. It is your responsibility to communicate to us, in writing, any interest in pursuing a tax strategy identified, or if you require more than a cursory response to your question. If we determine that assisting you with the implementation of any proposed tax strategy, or responding to your question requires additional research, analysis, discussion, or documentation, we will confirm our understanding with you in writing prior to proceeding.

We shall not be liable for any forgone tax or other benefits if you fail to advise us of your desire to investigate or pursue any tax strategy communicated to or by us. Any tax advice described in this paragraph and provided to you shall be governed by this Agreement and billed at our standard hourly rates.

#### **Government inquiries**

This engagement does not include responding to inquiries by any governmental agency or tax authority. If you are contacted by a tax authority, either for an examination or other inquiry, you may request our assistance in responding.

### **Third party requests**

We will not respond to any request from banks, mortgage brokers or others for verification of any information reported on these tax returns. We do not communicate with third parties or provide them with copies of tax returns.

### **Reliance on others**

There may be times when you engage another advisor to assist you. If you wish to take a tax position based upon the advice of another advisor, before we are able to sign your tax return, we must comply with the applicable provisions of the Code and the SSTS.

We will review the other advisor's work, including a written statement from the advisor describing the statutory basis for the position and the suggested disclosure standard to appropriately report the position. If additional research or disclosure is required, you agree to pay for the additional charges necessary to complete the disclosure or research.

Moreover, you understand that the IRS, state or local tax authority may disagree with the position taken on the return. If this occurs, you will be responsible for any additional tax, penalties and interest, as well as any related professional fees, you may incur.

If, after review of the work prepared by your other advisor, we determine that we are unable to sign the tax return, we will be unable to proceed.

### **Aggressive tax strategies**

Certain tax positions or strategies, while not currently identified as a reportable transaction by the IRS, may ultimately be determined to be so in the future. Consequently, you agree to advise us of any transaction you enter into that entitles you to disproportionate tax benefits (deductions, credits, or refunds), that generates significant income deferral or non-recognition, or that generates significant tax losses without corresponding cash impacts ("aggressive tax strategy"). If you fail to timely notify us, in writing, of any aggressive tax strategy you have entered into, you will be responsible for any liability, including but not limited to, additional tax, penalties, interest and related professional fees.

### **Client Responsibilities**

You acknowledge and agree that your failure to comply with the responsibilities enumerated in this section may result in economic or other loss to you, such as disallowance of tax deductions or credits claimed, additional tax, penalties or interest assessed against you, or loss of administrative rights. You agree to accept responsibility for any consequences of your failure to fulfill your responsibilities.

We will provide you with an income tax organizer to help you compile and document the information necessary to prepare your income tax returns. You are responsible for fully and accurately completing the income tax organizer, including any activities in which you engage outside of the U.S. or your home state.

### **Documentation**

You are responsible for maintaining adequate documentation to substantiate the accuracy and completeness of your tax returns. Our records are not a substitute for yours. You should retain all documents that provide evidence and support for reported income, credits, deductions, and other information on your returns, as required under applicable tax laws and regulations. You represent that you have such documentation and can produce it, if necessary, to respond to any examination or inquiry by tax authorities. You will be responsible for any liability, including but not limited to, additional tax, penalties, interest and related professional fees, resulting from the disallowance of tax deductions due to inadequate documentation.

### **Gift tax returns**

The preparation of gift tax returns is not within the scope of this engagement. The IRS considers a gift to be any transfer to an individual, either directly or indirectly, where full consideration (measured in money or money's worth) is not received in return. Under federal tax law, certain gifts are taxable and subject to an annual gift tax exclusion amount, which for 2024, was \$18,000 per taxpayer. You are responsible for informing us if you have made any transfer of value for which you did not receive full consideration, such as, but not limited to, those made in trust, forgiveness of debt, or the use of property for which no or below-market rent was charged.

### **Gifts received from foreign persons**

The preparation of IRS Form 3520 is not within the scope of this engagement. If you transferred property to or received property from a foreign person or trust, or are a U.S. person who “owns” assets in a foreign trust, you may be required to file a separate IRS Form 3520, *Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts* or Form 3520-A, *Annual Information Return of Foreign Trust with a U.S. Owner*. You are responsible for providing us with details of any cash, property, or value exchanged with foreign persons or trusts, or of ownership of foreign assets, including access to foreign bank or investment accounts.

### **Personal expenses**

You are responsible for ensuring that personal expenses, if any, are segregated from business expenses and that expenses such as meals, travel, vehicle use, gifts, and related expenses are supported by documentation and records required by the IRS and other tax authorities.

### **State and local filing obligations**

You are responsible for fulfilling your filing obligations with any state or local tax authorities, including but not limited to, income, franchise, sales, use, and property taxes or abandoned and unclaimed property. The preparation of any state or local tax return not listed above is not within the scope of our engagement. If upon review of the information you have provided to us, including information that comes to our attention, we believe that you may have additional filing obligations, we will notify you. You will be responsible for tax due and penalties associated with the failure to file or untimely filing of any form for which we were not engaged to prepare.

### **U.S. filing obligations related to foreign investments and activities**

U.S. citizens and residents generally must report income and activities related to both domestic and foreign assets (worldwide income). You are responsible for fulfilling your filing obligations related to foreign activity where required. U.S. reporting requirements related to foreign activity are very complex. **Contact us immediately** if you have:

- Ownership of, investment in, or officer responsibilities for a corporation, partnership, or other business entity formed under the laws of another country;
- Fiduciary, grantor, or beneficiary relationships in connection with an entity formed under the laws of another country;
- Ownership of, signature authority over, or control over any financial account held in a financial institution located in another country;
- Citizenship or government-approved employment/visa status with a country other than the U.S. (including anyone in your immediate household, or your parents who live outside the U.S.);
- Transferred property, including cash, offshore either directly or through the purchase of or investment in an entity formed under the laws of another country;
- Received or have legally-recognizable rights to receive property, including cash, from a trust, business, or investment formed under the laws of another country or individual residing in another country;
- Conducted business with any entity or person physically located in another country, regardless of whether such business is for-profit, not for-profit, or informal/irregular;
- Received property, including cash, or income from a source outside of the U.S. which is not reported on a brokerage statement (such as a 1099-B or similar report); or
- Any other activity or economic arrangement which takes place outside of the U.S.

Based upon the information you provide, we will use this data to inform you of any additional filing requirements, which may include FinCEN Form 114, *Report of Foreign Bank and Financial Accounts* (“FBAR”). The FBAR is not a tax return and its preparation is not within the scope of this engagement.

Failure to timely file the required forms may result in substantial civil and/or criminal penalties. By your signature below, you agree to provide us with complete and accurate information regarding any foreign investments in which you have a direct or indirect interest, or over which you have signature authority, during the above referenced tax year.

If you have any questions regarding the application of the reporting requirements for your foreign interests or activities, please ask us and we will respond in writing. You will be responsible for tax due, penalties, and interest associated with the failure to file or untimely filing of any of these forms.

### **Foreign filing obligations**

You are responsible for complying with the tax filing requirements of any other country. You acknowledge and agree that we have no responsibility to raise these issues with you and that foreign filing obligations are not within the scope of this engagement.

### **Digital assets**

There are specific tax implications of investing in digital assets (e.g., virtual currencies such as Bitcoin, non-fungible tokens, virtual real estate and similar assets). The IRS considers these to be property for U.S. federal income tax purposes. As such, any transactions in, or transactions that use, digital assets are subject to the same general tax principles that apply to other property transactions.

If you transacted in digital assets during the tax year, you may have tax consequences and/or additional reporting obligations associated with such transactions. Depending on the nature or volume of those transactions, a change to the scope of our services may be required. You are responsible for providing us with complete and accurate information, including basis, regarding any transactions in, or transactions that have used, digital assets during the applicable tax year.

### **Ultimate responsibility**

You have final responsibility for the accuracy of your tax returns. We will provide you with a copy of your electronic tax returns and accompanying schedules and statements for review prior to filing with the IRS, state and local tax authorities, as applicable. You agree to review and examine them carefully for accuracy and completeness.

You will be required to review and sign a completed Form 8879, *IRS e-file Signature Authorization*, and any similar state and local equivalent authorization forms before your returns can be filed electronically. For joint returns, both spouses must sign the e-file authorization in order to ensure its validity. We shall not be liable for any penalties or interest resulting from your failure to timely sign and return Form 8879 or state equivalents. **We will not file an extension on your behalf if you fail to timely sign and return Form 8879 or state equivalents.**

If we are unable to file your return(s) electronically, we will deliver to you a paper copy suitable for mailing to the taxing authorities. Once delivered to you, you bear full responsibility for reviewing the paper returns for accuracy, and either signing and timely filing them, along with any payments due, or notifying us of any issue which may need to be addressed prior to filing.

You have final responsibility for the payment of your taxes in whatever amount ultimately determined. If you choose, you may opt to have funds automatically withdrawn from a designated account and transmitted when your tax return is electronically filed. We will not transmit partial payments. It is your responsibility to provide us with correct account and routing numbers, to review this information for accuracy prior to submission of your return, and to ensure that sufficient funds are available at the time of payment. We shall have no liability for any tax due, penalties, interest, or overdraft charges which may result from your failure to ensure sufficient funds are available at the time of payment.

Once your return is complete (e-file acceptance or provision of a paper copy to you), we shall have no obligation to update your returns for subsequent legislative or administrative changes or future judicial interpretations under this Agreement.

### **Timing of the Engagement**

We expect to begin our services upon receipt of this executed Agreement, the completed 2024 income tax organizer and all documents requested either in the organizer or by our office.

Our services will conclude:

- on the later of:
  - the latest date of electronic acceptance of your 2024 tax returns by the relevant tax authority;
  - the date we deliver the paper copy of your returns to you; or
  - December 31, 2025 if, and only if, the actual method is used to calculate estimated tax vouchers for tax year ended December 31, 2024 as noted in the *Engagement Objective and Scope* section of this Agreement
- upon written notification by either party that the Agreement is terminated; or
- one (1) year from the execution date of this Agreement, whichever comes first.

**Extensions of Time to File Tax Returns**

The original filing due dates for your tax returns are April 15, 2025. **Due to the high volume of tax returns prepared by our firm, you must provide the information needed to prepare the tax returns no later than Friday March 21, 2025. Failure to do so may result in the inability to complete your returns by the original filing due dates.**

It may become necessary to apply for an extension of the filing due dates if there are unresolved issues or delays in processing, or if we do not receive all of the necessary information from you on a timely basis. Applying for an extension of time to file may limit your ability to make certain elections, extend the time available for a government agency to undertake an examination of your return and/or extend the statute of limitations to file a legal action. If we apply for an extension of time to file because you have not provided us all of the information needed to prepare the tax returns by the original due date, you agree to hold our firm harmless from any consequences arising from any election waived. All taxes owed are due by the original filing due date. Additionally, extensions may affect your liability for penalties and interest or compliance with governmental or other deadlines.

**If you wish to engage our firm to apply for extensions of time to file tax returns on your behalf, we will not file these applications unless and until we receive both an executed copy of this Agreement and your express written authorization to file for an extension. In some cases, your signature may be required on such applications prior to filing. Failure to timely request an extension of time to file can result in penalties for failure to file tax returns, which accrue from the original due date of the returns, and can be substantial.**

**Penalties and Interest Charges**

Federal, state, and local tax authorities impose various penalties and interest charges for non-compliance with tax laws and regulations, including failure to file or late filing of returns, and underpayment of taxes. You will be responsible for the payment of any additional tax, penalties, and interest charges imposed by tax authorities.

**Professional Fees**

Our professional fee for the services outlined above is based upon the complexity of the work to be performed, and our professional time, as well as out-of-pocket expenses. In addition, this fee depends upon the timely delivery, availability, quality, and completeness of the information you provide to us. You agree that you will deliver all records requested and respond to all inquiries made by our staff to complete this engagement on a timely basis. You agree to pay all fees and expenses incurred whether or not we prepare the income tax returns.

\* \* \* \* \*

We appreciate the opportunity to be of service to you. Please date and execute the enclosed copy of this Agreement and return it to us to acknowledge your acceptance. We will not initiate services until we receive the executed Agreement.

Sincerely,

Marr and Company, PC

**Approved:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Questions (Page 1 of 5)

The following questions pertain to the 2024 tax year. For any question answered Yes, include supporting detail or documents.

### Personal Information:

**Yes    No**

- |   |       |       |
|---|-------|-------|
| Did your marital status change?   | _____ | _____ |
| Are you married?  | _____ | _____ |
| If Yes, do you and your spouse want to file separate returns?                               | _____ | _____ |
| If No, are you in a domestic partnership, civil union, or other state-defined relationship? | _____ | _____ |
| Can you or your spouse be claimed as a dependent by another taxpayer?                       | _____ | _____ |
| Did you or your spouse serve in the military or were you or your spouse on active duty?     | _____ | _____ |

### Dependents:

- |  |       |       |
|--|-------|-------|
| Were there any changes in dependents from the prior year?<br>Note: Include non-child dependents for whom you provided more than half the support.  | _____ | _____ |
| Did you or your spouse pay for child care while you or your spouse worked or looked for work?  | _____ | _____ |
| Do you have any children under age 18 with unearned income more than \$1,300?  | _____ | _____ |
| Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,300? | _____ | _____ |
| Did you adopt a child or begin adoption proceedings?   | _____ | _____ |
| Are any of your dependents non-U.S. citizens or non-U.S. residents?  | _____ | _____ |

### Healthcare:

- |  |       |       |
|--|-------|-------|
| Did you obtain healthcare coverage through the Marketplace?  | _____ | _____ |
| If Yes, include all Forms 1095-A.  |       |       |
| If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?                | _____ | _____ |
| Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?   | _____ | _____ |
| Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed on another taxpayer's return? | _____ | _____ |
| Are any of your dependents required to file a tax return?  | _____ | _____ |

## Questions (Page 2 of 5)

### Healthcare (continued):

**Yes    No**

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? \_\_\_\_\_
- Were you eligible for employer-sponsored healthcare coverage? \_\_\_\_\_
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)?  
If you received a distribution from an HSA, include all Forms 1099-SA. \_\_\_\_\_
- Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?  
If you received a distribution from an MSA, include all Forms 1099-SA. \_\_\_\_\_
- Did you or your spouse receive any distributions from long-term care insurance contracts?  
If Yes, include Forms 1099-LTC. \_\_\_\_\_
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? \_\_\_\_\_
- If Yes, how many months were you covered? \_\_\_\_\_
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? \_\_\_\_\_
- If Yes, how many months were you covered? \_\_\_\_\_

### Education:

- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? \_\_\_\_\_
- Did you or your spouse pay any student loan interest? \_\_\_\_\_
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? \_\_\_\_\_
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan? \_\_\_\_\_
- If Yes, include all Forms 1099-Q.  
If Yes, were the amounts withdrawn used for qualified tuition expenses? \_\_\_\_\_

### Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?  
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less. \_\_\_\_\_
- Did you or your spouse incur any casualty or theft losses? \_\_\_\_\_
- Did you or your spouse make any large purchases, such as motor vehicles and boats? \_\_\_\_\_
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? \_\_\_\_\_
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? \_\_\_\_\_
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? \_\_\_\_\_
- If Yes, provide the number of gallons or special fuels used for off-highway business purposes.  
\_\_\_\_\_ Gallons    \_\_\_\_\_ Type
- Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? \_\_\_\_\_
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? \_\_\_\_\_

## Questions (Page 3 of 5)

### Investments:

**Yes    No**

Did you or your spouse have any debts canceled, forgiven or refinanced? \_\_\_\_\_

Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? \_\_\_\_\_

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? \_\_\_\_\_

Did you or your spouse sell, exchange, or purchase any real estate? \_\_\_\_\_

    If Yes, include closing statements.

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? \_\_\_\_\_

Did you or your spouse engage in any put or call transactions? \_\_\_\_\_

    If Yes, provide the transaction details.

Did you or your spouse close any open short sales? \_\_\_\_\_

Did you or your spouse sell any securities not reported on Form 1099-B? \_\_\_\_\_

### Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? \_\_\_\_\_

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? \_\_\_\_\_

Did you or your spouse turn age 73 and have money in an IRA or other retirement account without taking any distribution? \_\_\_\_\_

Did you or your spouse make a qualified charitable distribution directly from an IRA? \_\_\_\_\_

Did you or your spouse retire or change jobs? \_\_\_\_\_

Did you or your spouse receive deferred, retirement or severance compensation? \_\_\_\_\_

    If Yes, enter the date received (Mo/Da/Yr). \_\_\_\_\_

### Personal Residence:

Did your address change? \_\_\_\_\_

    If Yes, provide the new address.

    If Yes, did you move to a different home because of a change in the location of your job? \_\_\_\_\_

Did you or your spouse claim a homebuyer credit for a home purchased in 2008? \_\_\_\_\_

Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? \_\_\_\_\_

Are your total mortgages on your first and/or second residence greater than \$750,000? \_\_\_\_\_

    If Yes, provide the principal balance and interest rate at the beginning and end of the year. \_\_\_\_\_

Did you or your spouse take out a home equity loan? \_\_\_\_\_

Did you or your spouse have an outstanding home equity loan at the end of the year? \_\_\_\_\_

    If Yes, provide the principal balance and interest rate at the beginning and end of the year. \_\_\_\_\_

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? \_\_\_\_\_

Did you or your mortgagee receive mortgage assistance payments? \_\_\_\_\_

    If Yes, include all Forms 1098-MA.

## Questions (Page 4 of 5)

### Sale of Your Home:

**Yes    No**

Did you sell your home? \_\_\_\_\_

Did you receive Form 1099-S? \_\_\_\_\_

If Yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? \_\_\_\_\_

Did you or your spouse ever rent out the property? \_\_\_\_\_

Did you or your spouse ever use any portion of the home for business purposes? \_\_\_\_\_

Have you or your spouse sold a principal residence within the last two years? \_\_\_\_\_

At the time of the sale, the residence was owned by the: \_\_\_\_\_ Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_ Both

### Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$18,000 to any individual? \_\_\_\_\_

Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? \_\_\_\_\_

Did you or your spouse make any gifts to a trust for any amount? \_\_\_\_\_

Did you or your spouse have a life insurance trust? \_\_\_\_\_

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? \_\_\_\_\_

Did you or your spouse forgive any indebtedness to any individual, trust or entity? \_\_\_\_\_

### Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? \_\_\_\_\_

Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? \_\_\_\_\_

Did you or your spouse create or transfer money or property to a foreign trust? \_\_\_\_\_

Did you or your spouse own any foreign financial assets? \_\_\_\_\_

Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments? \_\_\_\_\_

Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax? \_\_\_\_\_

If Yes, did the corporation cease to be an S corporation? \_\_\_\_\_

If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? \_\_\_\_\_

If Yes, did you or your spouse transfer any share of stock in the corporation? \_\_\_\_\_

## Questions (Page 5 of 5)

**Miscellaneous:**

**Yes    No**

- |  |       |       |
|--|-------|-------|
| Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,700 during the year for domestic services performed in or around your home to individuals who could be considered household employees? | _____ | _____ |
| Did you or your spouse receive unreported tip income of \$20 or more in any month?   | _____ | _____ |
| Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness?  | _____ | _____ |
| Did you or your spouse engage in any bartering transactions?   | _____ | _____ |
| Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?  | _____ | _____ |
| For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?  | _____ | _____ |
| In 2024, did you or your spouse: (a) receive (as a reward, award, or compensation); (b) sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)?           | _____ | _____ |
| In 2024, did you or your spouse receive Payroll Protection Program loan forgiveness or are you or your spouse seeking forgiveness?   | _____ | _____ |
| If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness.<br>Date (Mo/Da/Yr) _____   |       |       |
| If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness.<br>Amount _____                                 |       |       |
| Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act?   | _____ | _____ |

**Additional state pages have been included at the back of the organizer and should be reviewed.**



2024

# Personal Information

### Taxpayer:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification  Choose not to provide

### Spouse:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification  Choose not to provide

### Contact Information:

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Yes  No

Are you a U.S. citizen or Green Card holder?  Yes  No

**Personal Identification Numbers:** Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

TS	State	City	Code	PIN

### Tax Organizer Legend:

**Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.**



2024

# Dependents and Wages

3A

## Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$5,050?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

## Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



2024

# Electronic Filing

## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

## Opt-Out Statement:

\_\_\_\_\_ has informed me (us) that my (our) 2024 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) understand that electronic filing may provide a number of benefits to taxpayers, including an acknowledgment that the IRS received the return, a reduced chance of errors in processing, and faster refunds. I (we) do not want to file my (our) return electronically and will personally file the paper return. My (our) preparer will not file or otherwise mail or submit my (our) paper return to the IRS.

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.**

Would you like to use a randomly generated PIN?		<b>Yes</b>	<b>No</b>
Taxpayer .....		<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....		<input type="checkbox"/>	<input type="checkbox"/>

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2023, your account information is already included below.

Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.				
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>		

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.   

Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.				
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>		

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.





# Dividend Income

5B

### Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2023 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
<b>Total</b>		

### Enter Any Additional Information:


Note: List all items sold during the year on Form 7.



2024

# Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

## General Information:

TSJ ..... \_\_\_\_\_  
 Title of filer ..... \_\_\_\_\_  
 Enter all countries where you have foreign bank accounts ..... \_\_\_\_\_

## Foreign Identification:

	Yes	No
Passport .....	<input type="checkbox"/>	<input type="checkbox"/>
Foreign TIN .....	<input type="checkbox"/>	<input type="checkbox"/>

If not passport or TIN, enter description .....

Number .....

Country of issue .....

## Information on Foreign Financial Accounts:

1 - Bank Account    2 - Securities Account    3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country	GIIN
A			
B			

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN)    B - SSN or ITIN    C - Foreign

Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number
A				
B				

# of Joint Owners	Street Address	City
A		
B		

1 - No financial interest    1B - No financial interest - US person, officer or employee, residing outside US    2A - Joint - spouse is joint owner    2B - Joint - other joint owner    3 - Consolidated

State	ZIP/Postal Code	Country	Ownership Code	Filer's Title
A				
B				

1 - Deposit    2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							



2024

# Foreign Assets

5D

### Asset Information:

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

  

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

### If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership 2 - Corporation 3 - Trust 4 - Estate

Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity		

  

City or Town of Foreign Entity	Province, County or State of Foreign Entity	Country of Foreign Entity	Postal Code of Foreign Entity	GIIN

### If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Issuer 2 - Counterparty

1 - U.S. person  
2 - Foreign person

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

Mailing Address of Issuer	City or Town of Issuer

Province, County or State of Issuer	Country of Issuer	Postal Code of Issuer

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Foreign assets were acquired or sold during the tax year .....

### Foreign Bank Accounts and Trusts:

At any time during 2024, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2024, whether or not you had any beneficial interest in it?



2024

# Brokerage Statement Details

5EA

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								
O								
P								
Q								
R								
S								
T								

▲

Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



2024

# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, ZIP or postal code, and country \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2024:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

2024 Amount	2023 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

### Income:

Payment card and third party transactions:  Include all Forms 1099-K

Description	2024 Amount	2023 Amount

Miscellaneous income:  Include all Forms 1099-MISC and 1099-NEC

Description	2024 Amount	2023 Amount

### Other Income:

Description	2024 Amount	2023 Amount

Other gross receipts or sales \_\_\_\_\_  
 Less returns and allowances \_\_\_\_\_

### Cost of Goods Sold:

	2024 Amount	2023 Amount
Beginning inventory _____		
Purchases less cost of items withdrawn for personal use _____		
Cost of labor (do not include amounts paid to yourself) _____		
Materials and supplies _____		

Other costs of goods sold:

Description	2024 Amount	2023 Amount

Ending inventory \_\_\_\_\_





# Business Expenses - Vehicle and Other Listed Property

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2024:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service . . . . . (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?  Yes  No

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
Description of vehicle .....	
Date placed in service . . . . . (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
2024 Miles	2023 Miles
2024 Amount	2023 Amount

Vehicle 2	
Description of vehicle .....	
Date placed in service . . . . . (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
2024 Miles	2023 Miles
2024 Amount	2023 Amount

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year ..

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc . .

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



# Business Use of Home

6D

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2024	2023

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2024 Amount	2023 Amount	2024 Amount	2023 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2024 Amount	2023 Amount	2024 Amount	2023 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Sales of Stocks, Securities, Capital Assets & Installment Sales

**Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:**

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions .....	<input type="checkbox"/>	<input type="checkbox"/>
Exchange of any securities or investments for something other than cash .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of inherited property .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....	<input type="checkbox"/>	<input type="checkbox"/>
Commodity sales, short sales or straddles .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of gains in a qualified opportunity fund .....	<input type="checkbox"/>	<input type="checkbox"/>
Sale of any investments in qualified opportunity funds .....	<input type="checkbox"/>	<input type="checkbox"/>
Debts that became uncollectible .....	<input type="checkbox"/>	<input type="checkbox"/>
Securities that became worthless .....	<input type="checkbox"/>	<input type="checkbox"/>
Sale of any property where you will receive payments in future years .....	<input type="checkbox"/>	<input type="checkbox"/>

TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				
E				
F				
G				
H				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				
E				
F				
G				
H				

**Installment Sales:** Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2024 Principal Received	2023 Principal Received



### Sale or Exchange of Your Home:

**Include the closing statements from the purchase and sale of your former and new homes**

#### Former Home Information:

TSJ ..... \_\_\_\_\_

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date sold ..... (Mo/Da/Yr) \_\_\_\_\_

Selling price .....

#### Original Cost and Cost of Improvements:

Description	Amount

#### Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

### Moving Expenses:

TSJ ..... \_\_\_\_\_

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2

Was the move due to a permanent change of station pursuant to a military order?  Yes  No

#### Mileage:

Number of miles from old home to new workplace (applicable only on some state returns) .....

Number of miles from old home to old workplace (applicable only on some state returns) .....

Number of automobile miles .....

Miles

#### Transportation Expenses:

Costs of transportation of household goods and personal effects .....

Costs of travel and lodging (do not include meals or automobile expenses) .....

Automobile expenses (gasoline, oil, etc.) .....

Meals (Pennsylvania only) .....

Amount





# Pension, Annuity and Retirement Plan Information

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2024 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2023 Gross Distributions

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

Taxpayer		Spouse	
Yes	No	Yes	No

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

2024 Amount	2024 Amount



# Rental and Royalty Income

### Location of Property:

TSJ .....  
Type of property .....

Have you prepared or will you prepare all required Forms 1099? 

Yes	No
-----	----

Ownership percentage if not 100% .....  
How many days was this property rented at fair market value? .....  
How many days was this property used personally (including use by family members)? .....

2024	2023
%	

### Income:

Rents received .....  
Royalties received .....

2024 Amount	2023 Amount

Payment card and third party transactions:  Include all Forms 1099-K

Description	2024 Amount	2023 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2024 Amount	2023 Amount

Other income:

Description	2024 Amount	2023 Amount







# Farm Income (Page 1 of 2)

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
Method of accounting \_\_\_\_\_

**Farm Questions for 2024:**

Did you dispose of this farm?  Yes  No  
If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)  
Have you prepared or will you prepare all required Forms 1099?

2024 Amount	2023 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

**Sales of Livestock and Other Items Bought for Resale (Cash Method Only):**

Description	2024		2023	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

**Income (Accrual Method):**

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

**Income:**

	2024 Amount	2023 Amount
Sales of livestock, produce, grains, etc. you raised		
Total cooperative distributions (Forms 1099-PATR)		
Taxable cooperative distributions		
Total agricultural program payments		
Taxable agriculture program payments		
Total Commodity Credit Corporation (CCC) loans		
Total crop insurance proceeds and certain disaster payments received in 2024		
Taxable crop insurance proceeds received		
Crop insurance proceeds deferred from prior year		
Custom hire (machine work) income		
Federal gasoline tax or fuel tax credit or refund		
State gasoline tax or fuel tax credit or refund		



# Farm Income (Page 2 of 2)

12A

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: .. \_\_\_\_\_

**Income:**

Payment card and third party transactions:  Include all Forms 1099-K

Description	2024 Amount	2023 Amount

Government payments:  Include all Forms 1099-G

Description	2024 Amount	2023 Amount

Miscellaneous income:  Include all Forms 1099-MISC and 1099-NEC

Description	2024 Amount	2023 Amount

Other income:

Description	2024 Amount	2023 Amount





2024

# Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

### Miscellaneous Income and Adjustments:

	TSJ _____		TSJ _____	
	2024 Amount	2023 Amount	2024 Amount	2023 Amount
Unemployment compensation received				
Unemployment compensation repaid in 2024				
Social security benefits received				
Social security benefits repaid in 2024				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2024				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

### State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

### Other Income:

TSJ	Nature and Source	2024 Amount	2023 Amount

### Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security Number	Date of Original Divorce or Separation (Mo/Da/Yr)	Date Divorce or Separation Agreement Modified (Mo/Da/Yr)	Alimony Received?	2024 Amount	2023 Amount



# Miscellaneous Adjustments

## Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2024 Amount	2023 Amount

## Health Savings Accounts (HSAs) Include all Forms 1099-SA

TS	Description	2024 Amount	2023 Amount
	Contributions made for 2024		
	Distributions received from all HSAs in 2024		

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2? ..... 

Yes	No

Were all distributions from your HSA for unreimbursed medical expenses? ..... 

Yes	No

Did you or your spouse enroll in Medicare? ..... 

Yes	No

If Yes, what month did you enroll? .....

What month did your spouse enroll? .....

## Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2024 Amount	2023 Amount



2024

# Ministerial Income

13B

TS .....

Do you have any expenses associated with a business as a minister? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the name of the business: \_\_\_\_\_

Do you have any expenses associated with your wages received as a minister? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, enter the occupation: \_\_\_\_\_

### Parsonage:

Fair rental value of parsonage provided by church .....

Utility allowance of parsonage .....

Actual expenses for utilities of parsonage .....

2024 Amount	2023 Amount

### Rental or Parsonage Allowance:

Parsonage or rental allowance .....

Utility allowance .....

Actual expenses for parsonage .....

Actual expenses for utilities .....

Fair rental value of home, plus the cost of utilities .....

2024 Amount	2023 Amount



# Itemized Deductions - Medical and Taxes

### Medical and Dental Expenses:

Prescription medicines and drugs .....  
 Total medical insurance premiums paid \* .....  
 Long-term care expenses .....  
 Total insurance reimbursement .....  
 Number of miles traveled for medical care .....  
 Personal protective equipment .....  
 Lodging .....  
 Doctors, dentists, etc. ....  
 Hospitals .....  
 Lab fees .....  
 Eyeglasses and contacts .....

TSJ	2024 Amount	2023 Amount

2024 Amount	2023 Amount

Taxpayer long-term care insurance premiums paid .....  
 Spouse long-term care insurance premiums paid .....

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

### Other Medical Expenses:

TSJ	Description	2024 Amount	2023 Amount

### Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....  
 General sales taxes paid on specified items .....

TSJ	2024 Amount	2023 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2024 Amount	2023 Amount

### Other Taxes Paid:

TSJ	Description	2024 Amount	2023 Amount

If you purchased or sold your home in 2024, did you include any taxes from your closing statement in the amounts above?  Yes  No



2024

# Itemized Deductions - Mortgage Interest and Points

14A

## Mortgage Questions for 2024:

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . .	<input type="checkbox"/>	<input type="checkbox"/>

## Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2024 Amount	2023 Amount
		Yes	No		

## Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2024 Amount	2023 Amount
	Name	Address			

## Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2024 Amount	2023 Amount
		Yes	No		

## Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2024 Amount	2023 Amount



# Itemized Deductions - Contributions

**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2024 Amount	2023 Amount

TSJ	Conservation Real Property	2024 Amount	2023 Amount
	100% limit		
	50% limit		

TSJ	Description	2024 Miles	2023 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

TSJ	Description of Donated Property	2024 Amount	2023 Amount

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

	Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A				
B				
C				

- 1 - Appraisal    3 - Comparable Sale    5 - Thrift Shop Value
- 2 - Catalog    4 - Other (Describe)

- 1 - Gift    3 - Exchange
- 2 - Inheritance    4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2023 but paid in 2024 .....  
Employer-provided dependent care benefits that were forfeited in 2024 .....  
2023 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....  
Street address .....  
City, state, ZIP or postal code, and country .....  
Social security number OR .....  
Employer identification number .....

Telephone number (California only) .....

Provider was a household employee  Yes  No

	2024 Amount	2023 Amount
Expenses incurred and paid in 2024 .....		
Expenses incurred and not paid in 2024 .....		

**Provider 2:**

Name .....  
Street address .....  
City, state, ZIP or postal code, and country .....  
Social security number OR .....  
Employer identification number .....

Telephone number (California only) .....

Provider was a household employee  Yes  No

	2024 Amount	2023 Amount
Expenses incurred and paid in 2024 .....		
Expenses incurred and not paid in 2024 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	Dis-abled	2024 Expenses Incurred	2023 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2024 Qualified Expenses



# Household Employment Taxes

### General Information:

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$2,400 or more in 2024?  Yes  No

Did you withhold any federal income tax from wages paid to any household employee?  Yes  No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024?  Yes  No

### Social Security, Medicare and Income Taxes:

	2024 Amount	2023 Amount
Cash wages subject to social security taxes .....		
Cash wages subject to Medicare taxes (if different than cash wages subject to social security)		
Cash wages subject to additional Medicare tax withholding .....		
Federal income tax withheld .....		
State disability plan payments subject to social security taxes .....		
State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....		

### Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state?  Yes  No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?  Yes  No

State	Total Cash Wages Subject to FUTA	2023 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2025

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2023 Amount





2024

# Federal, State, and City Tax Payments

## Refund Application:

If you have an overpayment of taxes, do you want the excess:

Refunded .....  Yes  No  
 Applied to next year's estimated tax liability  Yes  No

## Federal Estimated Tax Payments:

2024 1st Quarter Estimate ..... (Due 04-15-2024)  
 2024 2nd Quarter Estimate ..... (Due 06-17-2024)  
 2024 3rd Quarter Estimate ..... (Due 09-16-2024)  
 2024 4th Quarter Estimate ..... (Due 01-15-2025)

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

## State and City Estimated Tax Payments:

2024 1st Quarter Estimate .....  
 2024 2nd Quarter Estimate .....  
 2024 3rd Quarter Estimate .....  
 2024 4th Quarter Estimate .....

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2024 1st Quarter Estimate .....  
 2024 2nd Quarter Estimate .....  
 2024 3rd Quarter Estimate .....  
 2024 4th Quarter Estimate .....

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2024 1st Quarter Estimate .....  
 2024 2nd Quarter Estimate .....  
 2024 3rd Quarter Estimate .....  
 2024 4th Quarter Estimate .....

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2024 1st Quarter Estimate .....  
 2024 2nd Quarter Estimate .....  
 2024 3rd Quarter Estimate .....  
 2024 4th Quarter Estimate .....

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid



2024

General Information:

County .....

School district number .....

Enter the amount of Internet or out of state purchases for which you did not pay sales tax .....

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Kansas for all of 2024, enter the dates you did live in Kansas .....

Enter the state names other than Kansas where you had income .....

Education Savings:

Did you or your spouse make any contributions to a Learning Quest or other state's qualified tuition (Section 529) plan account? Yes No

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2024 Amount Contributed

ABLE Savings Account:

Did you or your spouse make any contributions to an ABLE savings account? Yes No

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2024 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2024 tax return to:

- Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff)
Senior Citizens Meals on Wheels Contribution Program
Breast Cancer Research Fund
Military Emergency Relief Fund
Kansas Hometown Heroes Fund
Kansas Creative Arts Industry Fund
Local School District Contribution Fund
School district number (if different from above)
Kansas Historic Site Contribution Fund
Historic Site Number

Intangibles Tax Information:

City .....

Township .....

Do you qualify as being disabled or blind? Yes No

County .....



2024

Homestead and Food Sales Tax Claim Information:

Was any part of your homestead rented or used for business? .....

Do you want to send your 2025 homestead advancement to the county treasurer? .....

Is your property tax delinquent? .....

Are you filing as surviving spouse of a disabled veteran or an active duty service member who died in the line of duty? .....

Yes	No

If you qualify as disabled and are not over 55, enter the date of your disability (Mo/Da/Yr):

Taxpayer .....

Spouse .....

If you qualify as a disabled veteran, enter the date of your disability (Mo/Da/Yr): .....

Household Income:

2024 Amount

Social security death benefits .....

SSI and SS disability income .....

Other veteran's pensions benefits .....

TAF payments, general assistance, worker's compensation, grants and scholarships .....

Other Household Income:

Recipient	Source	2024 Amount

Other Exempt Income:

Description	2024 Amount

Please list any other members of the household that lived with you for an extended period during the tax year. Do not include your dependents.

Name	Date of Birth (Mo/Da/Yr)	Relationship	Number of Months in Household	Social Security Number

Enter Any Additional Kansas Information:




2024

General Information:

County of residence .....

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you qualify as disabled? .....

Do you or your spouse qualify as a 100 percent disabled veteran? .....

Are you 60 years of age or older and did you receive surviving spouse social security benefits? .....

Did you make contributions to a health care sharing ministry? .....

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Residency Information:

Taxpayer		Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in Missouri for all of 2024:

Enter the dates you did live in Missouri .....

Enter the dates you lived in the other state .....

Enter the state names other than Missouri where you had income ..

Education Savings:

Did you or your spouse make any contributions to a Missouri Savings for Tuition Program (MOST) account? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2024 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2024 tax return to:

- Children's Trust Fund .....
- Veteran's Trust Fund .....
- Elderly Home Delivered Meals Trust Fund .....
- Missouri National Guard Trust Fund .....
- Workers' Memorial Fund .....
- Childhood Lead Testing Fund .....
- Kansas City Regional Law Enforcement Memorial Foundation Fund .....

- Soldiers Memorial Military Museum in St. Louis Fund .....
- Missouri Military Family Relief Fund .....
- General Revenue Fund .....
- Donate Life Organ Donor Program Fund .....
- Missouri Medal of Honor Recipients Fund .....







# Gifts Made Outright to an Individual

**NOTE: Only complete Forms 34 and/or 35 if in 2024:**

- You made gifts of cash or marketable securities to an individual that exceeded \$18,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

### Gift 1:

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$18,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....	<input style="width: 100%;" type="text"/>		
Value of assets gifted if other than cash .....	<input style="width: 100%;" type="text"/>		

### Gift 2:

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$18,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....	<input style="width: 100%;" type="text"/>		
Value of assets gifted if other than cash .....	<input style="width: 100%;" type="text"/>		

