

Prepared By:

Sink Gordon Accountants & Advisors, LLP
1960 Kimball Ave # 400
Manhattan, KS 66502

Prepared For:

2024 Client Organizer

From:

To:

Sink Gordon Accountants & Advisors, LLP
1960 Kimball Ave # 400
Manhattan, KS 66502
|||||

2024 Client Organizer

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

Sink Gordon Accountants & Advisors, LLP
1960 Kimball Ave # 400
Manhattan, KS 66502
785-537-0190

TAX RETURN ENGAGEMENT LETTER

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. To ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2024 federal and requested state income tax returns and requested tax consulting and planning from information that you will furnish us. We will not prepare any related payroll tax, sales tax, or other information tax returns unless we are otherwise engaged or requested to do so. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns, consulting and planning. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work, in connection with the preparation of your income tax returns, tax consulting and planning, does not include any procedures designed to discover defalcations and/or irregularities, should any exist.

We will use our judgment to resolve questions in your favor where the tax law is unclear or where there are conflicts between the taxing authorities' interpretation of the law and what seem to be other supportable positions. There may be situations where we are required by law to disclose a position on a tax return. We are not attorneys, therefore we cannot provide you with a legal opinion on various tax positions. We can, however, advise you of the consequences of different positions. We will adopt whatever position you request on your returns so long as it is consistent with our professional standards and ethics. If conflicts arise, we reserve the right to withdraw from an engagement without completing or delivering the tax returns. Such withdrawal would complete our engagement and you agree to pay our fees based on time expended (at our standard rates) plus out-of-pocket expenses through the date of withdrawal.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation. An interest charge will be added to all accounts not paid within thirty (30) days.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. If there are other tax returns or additional services requested, please contact us.

If we do not receive a signed letter, but receive from you a completed copy of the tax organizer, and/or supporting documentation, then such receipt by this office shall be deemed as evidence of your acceptance of all the terms set forth above.

We want to express our appreciation for this opportunity to work with you.

Client Signature: _____

Printed Name: _____ Date: _____

See www.sinkgordon.com for our Privacy Notice and Privacy Policy

Sink Gordon Accountants & Advisors, LLP
1960 Kimball Ave # 400
Manhattan, KS 66502
785-537-0190

Dear Taxpayer:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2024 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2023 personal income tax return.

In your Tax Organizer, personal information such as social security numbers, driver's license, and bank account numbers have been replaced with asterisks (**-**-1234) and (****1234) to protect your privacy. If you need to change or update this specific information, please contact this office. Do not indicate the change on your Tax Organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. New IRS security standards require us to verify the bank account information you provide before filing your tax return.

Enter 2024 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, virtual currency, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.

The IRS **doesn't initiate** contact with taxpayers by email, text messages or social media channels to request personal or financial information. This includes requests for PIN numbers, passwords or similar access information for credit cards, banks or other financial accounts. Phishing is a scam typically carried out through unsolicited email and/or websites that pose as legitimate sites and lure unsuspecting victims to provide personal and financial information. If you receive such an email from the IRS, send a copy of the email to phishing@irs.gov. Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS.

Thank you for the opportunity to serve you.

Sincerely,

Sink Gordon Accountants & Advisors, LLP

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS notice for filing returns in 2025.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires and other disaster situations.	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,600?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS notice for use during the 2025 filing season.	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have ownership interest in any type of business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|--|--------------------------|--------------------------|
| Did you refinance a principal residence or second home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental, or other property this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lend money with the understanding of repayment and this year it became totally uncollectable? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a new or previously owned clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer even if you received the credit when purchased at the dealer. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Form 1099-K for the sale of personal property for a gain or loss? | <input type="checkbox"/> | <input type="checkbox"/> |

Income Information

- | | | |
|---|--------------------------|--------------------------|
| Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income from property sold prior to this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any unemployment benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any disability income during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Medicaid waiver payments as difficulty of care during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive tip income not reported to your employer this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any of your life insurance policies mature, or did you surrender any policies? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any awards, prizes, hobby income, gambling or lottery winnings? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income considered to be nonemployee compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Form 1099-K for a distribution payment from an online crowdfunding solicitation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Form 1099-K that you believe is in error? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you expect a large fluctuation in income, deductions, or withholding next year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services)? | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement Information

- | | | |
|---|--------------------------|--------------------------|
| Are you an active participant in a pension or retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Social Security benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were any withdrawals due to a Federally declared disaster? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2024? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any qualified birth or adoption distributions, emergency personal expense distributions, domestic abuse distributions, or terminal illness distributions in 2024? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you repay any of the distributions in 2024? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any qualified charitable distributions (QCD) during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

Education Information

- | | | |
|--|--------------------------|--------------------------|
| Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did anyone in your family receive a scholarship of any kind during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were any of the scholarship funds used for expenses other than tuition, | | |

- such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?
- If you are a business owner, did you pay health insurance premiums for your employees this year?

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or other monetary charitable contributions?
- Did you make any noncash charitable contributions (clothes, furniture, etc.)?
- If yes to either of the above charitable contribution questions, please provide evidence such as a receipt from the donee organization, canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year?
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan?
- Did you incur interest expenses associated with any investment accounts you held?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$18,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?

- | | | |
|--|--------------------------|--------------------------|
| Did you make energy efficient improvements to your main home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you an owner or do you control 25% of a company's ownership interest for a company registered with a secretary of state or similar office before January 1, 2025? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you file its initial Beneficial Ownership Information Report (BOIR)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you were required to file a Beneficial Ownership Information Report (BOIR) with the Financial Crimes Enforcement Network (FinCEN), has any of the previously reported information changed (for either the reporting company or any of the beneficial owners)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive correspondence from the State or the IRS? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____ | | |
| Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund. | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL INFORMATION

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) 2

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) Y

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2024 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

NOTES/QUESTIONS:

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.
 Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Retirement: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.
 Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T **Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.
 Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.
 Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.
 Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

NOTES/QUESTIONS:

INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME

Income: B1 **Interest Income**

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

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2024 _____ Amount received in 2023 _____

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

State and local income tax refunds			2024 Information	Prior Year Information
_____			_____	_____
Alimony received	T/S	Agreement Date	2024 Information	Prior Year Information
_____	_____	_____	_____	_____
		Taxpayer	Spouse	Prior Year Information
Unemployment compensation		_____	_____	_____
Unemployment compensation repaid		_____	_____	_____
Social security benefits		_____	_____	_____
Medicare premiums to be reported on Schedule A		_____	_____	_____
Railroad retirement benefits		_____	_____	_____
T/S/J			2024 Information	Prior Year Information
Other Income:			_____	_____
_____			_____	_____
_____			_____	_____

1040 Adj: IRA **Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer Spouse

Traditional IRA Contributions for 2024 -

If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2024 _____

Roth IRA Contributions for 2024 -

Mark if you want to contribute the maximum Roth IRA contribution _____

Enter the total Roth IRA contributions made for use in 2024 _____

Educate: Educate2 **Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2024 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2024 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2024. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903 **Job Related Moving Expenses**

Complete this section if you moved to a new home due to service in the armed forces.

Description of move _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Mark if the move was due to service in the armed forces _____
 Number of miles from old home to new workplace _____
 Number of miles from old home to old workplace _____
 Mark if move is outside United States or its possessions _____
 Transportation and storage expenses _____
 Travel and lodging (not including meals) _____
 Total amount reimbursed for moving expenses _____

1040 Adj: OtherAdj **Other Adjustments to Income**

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2024 Information	Prior Year Information
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Street address _____
 City, State and Zip code _____

*Enter the divorce/separation agreement date

	Taxpayer	Spouse	Prior Year Information
Educator expenses:	_____	_____	_____
_____	_____	_____	_____

Other adjustments:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ITEMIZED DEDUCTIONS

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2024 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items (21 cents)	_____	_____

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

T/S/J		2024 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2023 state and local income taxes paid in 2024	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2024 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	Payee's Name	SSN or EIN	2024 Information
—	_____	_____	_____
	Address	City	State Zip Code
—	_____	_____	_____
T/S/J	Investment interest expense, other than on Sch K-1s:	2024 Information	Prior Year Information
—	_____	_____	_____
	Refinancing Information: Refinance #1	Refinance #2	
T/S/J	Recipient/Lender name	_____	_____
—	Total points paid at time of refinance	_____	_____
—	Date of refinance	_____	_____
—	Term of new loan (in months)	_____	_____
—	Reported on Form 1098 in 2024	_____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2024 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-St **Miscellaneous Deductions**

T/S/J		2024 Information	Prior Year Information
—	Other expenses _____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
	***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA		
T/S/J	Unreimbursed expenses***	2024 Information	Prior Year Information
—	Union dues, other than amounts reported on Form W-2***	_____	_____
—	Tax preparation fees***	_____	_____
—	Other expenses, subject to 2% AGI limitation***:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental***	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date _____

Location of issuance _____

Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date _____

Location of issuance _____

Document number (New York only) _____

NOTES/QUESTIONS:

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

NOTES/QUESTIONS:

If you have an overpayment of 2024 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2025 estimated tax liability _____ [53]

Do you expect a considerable change in your 2025 income? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2025? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2025 withholding? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2025? (Y, N) _____ [69]

If yes, please explain any differences:

_____ [70]

_____ [71]

_____ [72]

_____ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) _____ [74]

2024 Federal Estimated Tax Payments

2023 overpayment applied to 2024 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	04/15/24	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	06/17/24	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	09/16/24	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	01/15/25	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]		

***Method of payment indicated in prior year**
EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Form ID: St Pmt	2024 State Estimated Tax Payments	9
-----------------	--	----------

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
State postal code _____ [2]

Amount paid with 2023 return + _____ [3]
 2023 overpayment applied to '24 estimates + _____ [4]
 Treat calculated amounts as paid _____ [8]

	Date Paid	Amount Paid		Calculated Amount
1st quarter payment _____	[9]	+ _____	[10]	_____ _____ _____ _____
2nd quarter payment _____	[11]	+ _____	[12]	
3rd quarter payment _____	[13]	+ _____	[14]	
4th quarter payment _____	[15]	+ _____	[16]	
Additional payment _____	[17]	+ _____	[18]	

2024 City Estimated Tax Payments

City #1	City #2
City name _____ [28]	City name _____ [50]
Amount paid with 2023 return + _____ [31]	Amount paid with 2023 return + _____ [53]
2023 overpayment applied to '24 estimates- _____ [32]	2023 overpayment applied to '24 estimates- _____ [54]
Treat calculated amounts as paid _____ [36]	Treat calculated amounts as paid _____ [58]

	Date Paid	Amount Paid		Date Paid	Amount Paid
1st quarter payment _____	[37]	+ _____		[59]	+ _____
2nd quarter payment _____	[39]	+ _____		[61]	+ _____
3rd quarter payment _____	[41]	+ _____		[63]	+ _____
4th quarter payment _____	[43]	+ _____		[65]	+ _____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3	City #4
City name _____ [72]	City name _____ [94]
Amount paid with 2023 return + _____ [75]	Amount paid with 2023 return + _____ [97]
2023 overpayment applied to '24 estimates- _____ [76]	2023 overpayment applied to '24 estimates- _____ [98]
Treat calculated amounts as paid _____ [80]	Treat calculated amounts as paid _____ [102]

	Date Paid	Amount Paid		Date Paid	Amount Paid
1st quarter payment _____	[81]	+ _____		[103]	+ _____
2nd quarter payment _____	[83]	+ _____		[105]	+ _____
3rd quarter payment _____	[85]	+ _____		[107]	+ _____
4th quarter payment _____	[87]	+ _____		[109]	+ _____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
State postal code _____ [3]

Social Security Benefits

	2024 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information: From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [7]	
Prescription drug (Part D) premiums	+ _____ [9]	
Net Benefits for 2024 (Box 3 minus Box 4) (Box 5)	+ _____ [12]	
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [14]	

Tier 1 Railroad Benefits

	2024 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2024 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2024 or receive any prior year benefits in 2024. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

[40]

[41]

[42]

[43]

[44]

NOTES/QUESTIONS:

Schedule C - General Information

Preparer use only

		2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		___ [2]	
Employer identification number		____ [3]	
Business name		_____ [5]	
Principal business/profession		_____ [6]	
Business code		_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040			
Address		_____ [15]	
City/State/Zip		_____ [16] ___ [17] _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)		___ [19]	
If other:		_____ [21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)		___ [22]	
If other enter explanation:		_____ [24]	

Enter an explanation if there was a change in determining your inventory:		_____ [25]	

Did you "materially participate" in this business? (Y, N)		___ [26]	
If not, number of hours you did significantly participate		_____ [28]	
Mark if you began or acquired this business in 2024		___ [30]	
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y, N)		___ [31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)		___ [33]	
Mark if this business is considered related to qualified services as a minister or religious worker		___ [35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)		___ [37]	
Medical insurance premiums paid by this activity	+	_____ [40]	
Long-term care premiums paid by this activity	+	_____ [44]	
Amount of wages received as a statutory employee	+	_____ [47]	

Business Income

		2024 Information	Prior Year Information
Gross receipts and sales		+ _____ [52]	
		+ _____	
		+ _____	
		+ _____	
Returns and allowances		+ _____ [55]	
Other income:		+ _____ [57]	
		+ _____	
		+ _____	
		+ _____	

Cost of Goods Sold

		2024 Information	Prior Year Information
Beginning inventory		+ _____ [59]	
Purchases		+ _____ [61]	
Labor:		+ _____ [63]	
		+ _____	
Materials		+ _____ [65]	
Other costs:		+ _____ [67]	
		+ _____	
		+ _____	
		+ _____	
Ending inventory		+ _____ [69]	

Preparer use only

	2024 Information	Prior Year Information	
Description _____	[2]	<div style="border: 1px solid black; height: 100%;"></div>	
Taxpayer/Spouse/Joint (T, S, J) __[3]	State postal code _____		[5]
Physical address: Street _____	[6]		
City, state, zip code _____ [7] ____ [8]	[9]		
Foreign country _____	[11]		
Foreign province/county _____	[12]		
Foreign postal code _____	[13]		
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) [14]	[14]		
Description of other type (Type code #8) _____	[15]		
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y,N) _____	[16]		
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]		
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]		
Percentage of ownership if not 100% _____	[22]		
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]		

Rent and Royalty Income

	2024 Information	Prior Year Information
Rents and royalties	+ _____ [33]	<div style="border: 1px solid black; height: 100%;"></div>
_____	+ _____	
_____	+ _____	

Rent and Royalty Expenses

	2024 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [35]	_____ [36]	<div style="border: 1px solid black; height: 100%;"></div>
Auto	+ _____ [38]	_____ [39]	
Travel	+ _____ [41]	_____ [42]	
Cleaning and maintenance	+ _____ [44]	_____ [45]	
Commissions:			
_____	+ _____ [47]	_____ [49]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [50]	_____ [52]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [54]	_____ [55]	
Management fees:			
_____	+ _____ [57]	_____ [59]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)			
_____	+ _____ [60]	_____ [62]	
_____	+ _____	_____	
Other mortgage interest	+ _____ [63]	_____ [65]	
Qualified mortgage insurance premiums	+ _____ [66]	_____ [67]	
Other interest:			
_____	+ _____ [69]	_____ [71]	
_____	+ _____	_____	
Repairs	+ _____ [72]	_____ [73]	
Supplies	+ _____ [75]	_____ [76]	
Taxes:			
_____	+ _____ [78]	_____ [80]	
_____	+ _____	_____	
Utilities	+ _____ [81]	_____ [82]	
Depreciation	+ _____ [84]	_____ [85]	
Depletion	+ _____ [87]	_____ [88]	
Other expenses:			
_____	+ _____ [90]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2024 Information	Prior Year Information	
Refinancing points paid -			
Recipient's/Lender's name _____ [92]			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2024 _____			
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			
Refinancing points paid -			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2024 _____			
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			
Refinancing points paid -			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2024 _____			
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			

Vacation Home Information

Preparer - Enter on Screen Rent-3

	2024 Information	Prior Year Information
Number of days home was used personally _____ [5]		
Number of days home was rented _____ [7]		
Number of day home owned, if not 366 _____ [9]		
Carryover of disallowed operating expenses into 2024 + _____ [21]		
Carryover of disallowed depreciation expenses into 2024 + _____ [22]		

Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	+ [24]	+ [25]	+ [26]
Short-term capital		+ [27]	+ [28]
Long-term capital		+ [29]	+ [30]
28% rate capital		+ [31]	+ [32]
Section 1231 loss	+ [33]	+ [34]	+ [35]
Ordinary business gain/loss +	[36]	+ [37]	+ [38]
Section 179	+ [39]	+ [40]	+ [41]

NOTES/QUESTIONS:

Please provide all Forms 1099-K

Preparer use only

	2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	_____
Agricultural activity code	_____ [9]	_____
Did you "materially participate" in this business? (Y, N)	_____ [12]	_____
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y, N)	_____ [14]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	_____
Mark if Schedule F net income or loss should be excluded from self-employment income	_____ [18]	_____
Medical insurance premiums paid by this activity	+ _____ [21]	_____
Long-term care premiums paid by this activity	+ _____ [25]	_____

Schedule F Income

Sales Code**	Income description	2024 Information	Prior Year Information
—	_____	+ _____ [35]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**** Sales Codes**

1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2024 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [37]	
Beginning inventory of livestock and other items (Accrual method)	+ _____ [39]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [41]	
Ending Inventory of livestock and other items (Accrual method)	+ _____ [43]	
Total cooperative distributions you received	+ _____ [45]	
Taxable cooperative distributions you received	+ _____ [47]	

	2024 Total	2024 Taxable	Prior Year Information
Agricultural program payments			
_____	+ _____	+ _____ [50]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2024 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____ [52]	
Commodity credit loans reported under election:		
_____	_____ [54]	
_____	_____	
Total commodity credit loans forfeited	+ _____ [56]	
Taxable commodity credit loans forfeited	+ _____ [58]	

	2024 Total	2024 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2024			
_____	+ _____	+ _____ [61]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Mark if electing to defer crop insurance proceeds to 2025		_____ [63]	
Crop insurance proceeds deferred from 2023		+ _____ [65]	

Preparer use only

Description _____

	2024 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	
Chemicals	+ _____ [7]	
Conservation expenses	+ _____ [9]	
Carryover from prior years	+ _____ [11]	
Custom hire (machine work)	+ _____ [13]	
Depreciation	+ _____ [15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	
Feed purchased	+ _____ [19]	
Fertilizers and lime	+ _____ [21]	
Freight and trucking	+ _____ [23]	
Gasoline, fuel, and oil	+ _____ [25]	
Insurance (Other than health)	+ _____ [28]	
_____	+	
_____	+	
_____	+	
Mortgage interest (Paid to banks, etc.)	+ _____ [30]	
_____	+	
_____	+	
Other interest	+ _____ [32]	
Labor hired (Less employment credit)	+ _____ [34]	
Pension and profit sharing	+ _____ [36]	
Rent - vehicles, machinery, and equipment	+ _____ [38]	
Rent - other	+ _____ [40]	
Repairs and maintenance	+ _____ [42]	
Seed and plants purchased	+ _____ [44]	
Storage and warehousing	+ _____ [46]	
Supplies purchased	+ _____ [48]	
Taxes:	+ _____ [50]	
_____	+	
_____	+	
_____	+	
_____	+	
Utilities	+ _____ [52]	
Veterinary, breeding, and medicine	+ _____ [54]	
Other expenses:	+ _____ [56]	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
Preproductive period expenses	+ _____ [58]	

Preparer use only

	2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
State postal code	_____ [5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	_____ [6]	

Income Items

	2024 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
_____	+ _____ [15]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Total cooperative distributions you received	+ _____ [17]	
Taxable cooperative distributions you received	+ _____ [19]	

	2024 Total	2024 Taxable	Prior Year Information
Agricultural program payments:			
_____	+ _____ [21]	_____ [22]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2024 Information	Prior Year Information
Commodity credit loans reported under election:		
_____	+ _____ [24]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [26]	
Taxable commodity credit loans forfeited	+ _____ [28]	

	2024 Total	2024 Taxable	Prior Year Information
Crop insurance proceeds you received in 2024			
_____	+ _____ [30]	_____ [31]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2024 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2025	_____ [33]	
Crop insurance proceeds deferred from 2023	+ _____ [35]	
Other income:		
_____	+ _____ [38]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Preparer use only

Description	2024 Information	Prior Year Information
Car and truck expenses	+ _____ [6]	_____
Chemicals	+ _____ [8]	_____
Conservation expenses	+ _____ [10]	_____
Carryover from prior years	+ _____ [12]	_____
Custom hire (machine work)	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs	+ _____ [18]	_____
Feed purchased	+ _____ [20]	_____
Fertilizers and lime	+ _____ [22]	_____
Freight and trucking	+ _____ [24]	_____
Gasoline, fuel, and oil	+ _____ [26]	_____
Insurance (Other than health):		_____
_____	+ _____ [28]	_____
_____	+ _____	_____
_____	+ _____	_____
Mortgage interest (Paid to banks, etc.):		_____
_____	+ _____ [30]	_____
_____	+ _____	_____
_____	+ _____	_____
Other interest	+ _____ [33]	_____
Labor hired (Less employment credit)	+ _____ [35]	_____
Pension and profit sharing	+ _____ [37]	_____
Rent - vehicles, machinery, and equipment	+ _____ [39]	_____
Rent - other	+ _____ [41]	_____
Repairs and maintenance	+ _____ [43]	_____
Seed and plants purchased	+ _____ [45]	_____
Storage and warehousing	+ _____ [47]	_____
Supplies purchased	+ _____ [49]	_____
Taxes:		_____
_____	+ _____ [51]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____ [53]	_____
Veterinary, breeding, and medicine	+ _____ [55]	_____
Other expenses:		_____
_____	+ _____ [57]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Preproductive period expenses	+ _____ [59]	_____

Preparer use only			
Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ _____ [68]	+ _____ [69]	+ _____ [70]
Short-term capital	_____	+ _____ [72]	+ _____ [73]
Long-term capital	_____	+ _____ [74]	+ _____ [75]
28% rate capital	_____	+ _____ [76]	+ _____ [77]
Section 1231 loss	+ _____ [78]	+ _____ [79]	+ _____ [80]
Ordinary business gain/loss	+ _____ [82]	+ _____ [83]	+ _____ [84]
Section 179	+ _____ [87]	+ _____ [88]	+ _____ [89]

Please provide all Forms 5498-SA.

2024 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of Trustee _____ [4]
 State postal code _____ [2]
 Indicate type of health or medical savings account:
 HSA _____ [6]
 Archer MSA _____ [7]
 MA (Medicare Advantage) MSA _____ [9]
 Total HSA/MSA contributions made
 for 2024 (Enter all amounts contributed, including through employer cafeteria plans) + _____ [10]
 Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) _____ [12]
 Number of months in qualified high deductible health plan in 2024 _____ [13]
 Mark if you want to contribute the maximum allowable health or
 medical savings account contribution amount _____ [14]
 Total HSA/MSA contribution to be made for 2024 + _____ [15]
 Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) + _____ [16]
 Excess contributions for 2023 taken as constructive contributions for 2024 + _____ [19]
 Rollover contribution (Form 5498-SA, Box 4) + _____ [21]

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible + _____ [24]
 Enter compensation from employer maintaining high deductible health plan + _____ [27]
 If self-employed, enter earned income from business
 under which plan was established + _____ [31]

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2024? (Y, N) _____ [33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2024 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]
Name of Trustee	_____	[4]
State postal code	_____	[2]
Gross distributions received (Box 1)	+ _____	[7]
Earnings on excess contributions (Box 2)	+ _____	[9]
Distribution code (Box 3)	_____	[11]
Fair Market Value on date of death (Box 4)	+ _____	[12]
Box 5 -		
HSA	_____	[13]
Archer MSA	_____	[14]
MA MSA	_____	[15]
All distributions were used to pay unreimbursed qualified medical expenses	_____	[17]
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2024	+ _____	[19]
Withdrawal of excess contributions by the due date of the return	+ _____	[21]
Amount of distribution rolled over for 2024	+ _____	[23]
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____	[26]
If MA (Medicare Advantage) MSA, enter value of account on 12/31/23	+ _____	[27]
For HSA accounts:		
Was the high deductible health plan coverage started in 2023 and in effect for the month of December 2023? (Y, N)	_____	[29]
Was the high deductible health plan coverage ended before 12/31/24? (Y, N)	_____	[30]

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

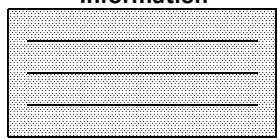
2024 Information

Prior Year Information

Name of the insured chronically ill individual	_____	[39]
Social security number of insured	_____	[40]
Gross long-term care (LTC) benefits paid (Box 1)	+ _____	[42]
Accelerated death benefits paid (Box 2)	+ _____	[44]
Check one (Box 3)		
Per diem	_____	[46]
Reimbursed amount	_____	[47]
Qualified contract (Box 4)	_____	[48]
Check, if applicable (Box 5)		
Chronically ill	_____	[49]
Terminally ill	_____	[50]
Are there other individuals who received LTC payments during 2024? (Y, N)	_____	[52]
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	_____	[53]
Number of days during the long-term care period	_____	[54]
Cost incurred for qualified long-term care services during the long-term care period	+ _____	[55]

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2024 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2024. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2024 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

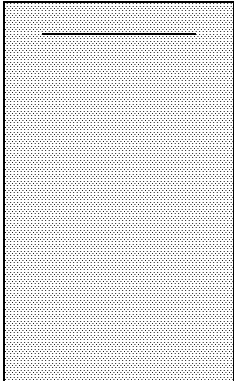
Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2024.
 Enter the amount actually paid during 2024.

	2024 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	
Educational institution changed its reporting method for 2024 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2025 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
<small>1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2024</small>		

NOTES/QUESTIONS:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)
 Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2024 Information				
Amount contributed in current year	+ _____ [14]	<table style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> </table>	_____	_____	_____

Basis of this account at 12/31/23	+ _____ [17]				
Value of this account at 12/31/24	+ _____ [19]				
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]				

Payments from Qualified Education Programs

	2024 Information											
Gross distribution (Box 1)	+ _____ [30]	<table style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Earnings (Box 2)	+ _____ [32]											
Basis (Box 3)	+ _____ [34]											
Trustee-to-trustee rollover (Box 4)	_____ [36]											
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]											
Box 5 -												
Private QTP	_____ [39]											
State QTP	_____ [40]											
Coverdell ESA	_____ [41]											
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]											
Qualified education expenses	+ _____ [43]											
Elementary and secondary education expenses	+ _____ [45]											

NOTES/QUESTIONS:

Preparer use only

Taxpayer/Spouse (T, S) _____ [2]
 Occupation in which expenses were incurred _____ [3]
 State postal code _____ [4]

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	_____ [5]	
Was another vehicle available for personal use? (Y, N)	_____ [7]	
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	_____ [9]	

Vehicle Information

Vehicle 1 -	Date placed in service	_____ [11]
	Description	_____ [12]
	Comments	_____
Vehicle 2 -	Date placed in service	_____ [59]
	Description	_____ [60]
	Comments	_____
Vehicle 3 -	Date placed in service	_____ [107]
	Description	_____ [108]
	Comments	_____
Vehicle 4 -	Date placed in service	_____ [155]
	Description	_____ [156]
	Comments	_____

Vehicles Actual Expenses

Mileage Information	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____ [18]		_____ [66]		_____ [114]		_____ [162]	
Business miles	_____ [20]		_____ [68]		_____ [116]		_____ [164]	
Average daily round trip commuting mileage	_____ [23]		_____ [71]		_____ [119]		_____ [167]	
Total commuting mileage	_____ [25]		_____ [73]		_____ [121]		_____ [169]	
Gasoline	+ _____ [27]		+ _____ [75]		+ _____ [123]		+ _____ [171]	
Oil	+ _____ [29]		+ _____ [77]		+ _____ [125]		+ _____ [173]	
Repairs	+ _____ [31]		+ _____ [79]		+ _____ [127]		+ _____ [175]	
Maintenance	+ _____ [33]		+ _____ [81]		+ _____ [129]		+ _____ [177]	
Tires	+ _____ [35]		+ _____ [83]		+ _____ [131]		+ _____ [179]	
Car washes	+ _____ [37]		+ _____ [85]		+ _____ [133]		+ _____ [181]	
Insurance	+ _____ [39]		+ _____ [87]		+ _____ [135]		+ _____ [183]	
Interest	+ _____ [41]		+ _____ [89]		+ _____ [137]		+ _____ [185]	
Registration	+ _____ [43]		+ _____ [91]		+ _____ [139]		+ _____ [187]	
Licenses	+ _____ [45]		+ _____ [93]		+ _____ [141]		+ _____ [189]	
Property taxes (Plates, tags, etc)	_____ [47]		+ _____ [95]		+ _____ [143]		+ _____ [191]	
Vehicle rentals	+ _____ [49]		+ _____ [97]		+ _____ [145]		+ _____ [193]	
Inclusion amt (Preparer only)	_____ [51]		+ _____ [99]		+ _____ [146]		+ _____ [195]	
Other vehicle expenses	+ _____ [53]		+ _____ [101]		+ _____ [149]		+ _____ [197]	
Value of employer provided vehicle	+ _____ [55]		+ _____ [103]		+ _____ [151]		+ _____ [199]	
Depreciation	+ _____ [57]		+ _____ [105]		+ _____ [153]		+ _____ [201]	

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2024 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8784	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2024 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [48]	+ _____ [50]	_____
Rent	+ _____ [54]	+ _____ [55]	_____
Repairs & maintenance	+ _____ [57]	+ _____ [58]	_____
Utilities	+ _____ [60]	+ _____ [61]	_____
Other expenses, such as: Supplies & Security system	+ _____ [63]	+ _____ [64]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [66]	_____
Carryovers:			
Operating expenses		+ _____ [67]	_____
Casualty losses		+ _____ [68]	_____
Depreciation		+ _____ [70]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [71]	_____
Depreciation		+ _____ [75]	_____

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles

Vehicle 1 -	Date placed in service _____ [4]	
	Description _____ [5]	
	Comments _____	
Vehicle 2 -	Date placed in service _____ [9]	
	Description _____ [10]	
	Comments _____	
Vehicle 3 -	Date placed in service _____ [14]	
	Description _____ [15]	
	Comments _____	
Vehicle 4 -	Date placed in service _____ [19]	
	Description _____ [20]	
	Comments _____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	—	___ [62]	—	___ [64]	—	___ [66]	—
Was another vehicle available for personal use? (Y, N)	___ [68]	—	___ [70]	—	___ [72]	—	___ [74]	—
Do you have evidence to support your deduction? (Y, N)	___ [76]	—	___ [78]	—	___ [80]	—	___ [82]	—
Is this evidence written? (Y, N)	___ [84]	—	___ [86]	—	___ [88]	—	___ [90]	—

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	___ [32]		___ [34]		___ [36]		___ [38]	
Commuting miles	___ [40]		___ [42]		___ [44]		___ [46]	
Business miles	___ [48]		___ [50]		___ [52]		___ [54]	
Parking fees	+ ___ [92]		+ ___ [94]		+ ___ [96]		+ ___ [98]	
Tolls	+ ___ [100]		+ ___ [102]		+ ___ [104]		+ ___ [106]	
Gasoline	+ ___ [108]		+ ___ [110]		+ ___ [112]		+ ___ [114]	
Oil	+ ___ [116]		+ ___ [118]		+ ___ [120]		+ ___ [122]	
Repairs	+ ___ [124]		+ ___ [126]		+ ___ [128]		+ ___ [130]	
Maintenance	+ ___ [132]		+ ___ [134]		+ ___ [136]		+ ___ [138]	
Tires	+ ___ [140]		+ ___ [142]		+ ___ [144]		+ ___ [146]	
Car washes	+ ___ [148]		+ ___ [150]		+ ___ [152]		+ ___ [154]	
Insurance	+ ___ [156]		+ ___ [158]		+ ___ [160]		+ ___ [162]	
Interest	+ ___ [164]		+ ___ [166]		+ ___ [168]		+ ___ [170]	
Registration	+ ___ [172]		+ ___ [174]		+ ___ [176]		+ ___ [178]	
Licenses	+ ___ [180]		+ ___ [182]		+ ___ [184]		+ ___ [186]	
Property taxes	+ ___ [188]		+ ___ [190]		+ ___ [192]		+ ___ [194]	
Other vehicle expenses	+ ___ [196]		+ ___ [198]		+ ___ [200]		+ ___ [202]	
Vehicle rentals	+ ___ [204]		+ ___ [206]		+ ___ [208]		+ ___ [210]	
Inclusion amt (Preparer only)	___ [212]		+ ___ [214]		+ ___ [216]		+ ___ [218]	
Depreciation	+ ___ [220]		+ ___ [222]		+ ___ [224]		+ ___ [226]	

Control Totals +

	2024 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			[Redacted]
_____ + _____ [2]	+ _____ [3]		
_____ + _____	+ _____		
_____ + _____	+ _____		
Self-employed long-term care premiums: (Not entered elsewhere)			[Redacted]
_____ + _____ [5]	+ _____ [6]		
_____ + _____	+ _____		
_____ + _____	+ _____		

NOTES/QUESTIONS:

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. 2024 Monthly Premium Amount	Prior Year Information	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2024 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	[Shaded Box]	+ _____ [25]	+ _____ [38]	[Shaded Box]
February	+ _____ [13]		+ _____ [26]	+ _____ [39]	
March	+ _____ [14]		+ _____ [27]	+ _____ [40]	
April	+ _____ [15]		+ _____ [28]	+ _____ [41]	
May	+ _____ [16]		+ _____ [29]	+ _____ [42]	
June	+ _____ [17]		+ _____ [30]	+ _____ [43]	
July	+ _____ [18]		+ _____ [31]	+ _____ [44]	
August	+ _____ [19]		+ _____ [32]	+ _____ [45]	
September	+ _____ [20]		+ _____ [33]	+ _____ [46]	
October	+ _____ [21]		+ _____ [34]	+ _____ [47]	
November	+ _____ [22]		+ _____ [35]	+ _____ [48]	
December	+ _____ [23]		+ _____ [36]	+ _____ [49]	
Annual total	+ _____ [24]	+ _____ [37]	+ _____ [50]		

Control Totals+ _____

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. 2024 Monthly Premium Amount	Prior Year Information	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2024 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	[Shaded Box]	+ _____ [25]	+ _____ [38]	[Shaded Box]
February	+ _____ [13]		+ _____ [26]	+ _____ [39]	
March	+ _____ [14]		+ _____ [27]	+ _____ [40]	
April	+ _____ [15]		+ _____ [28]	+ _____ [41]	
May	+ _____ [16]		+ _____ [29]	+ _____ [42]	
June	+ _____ [17]		+ _____ [30]	+ _____ [43]	
July	+ _____ [18]		+ _____ [31]	+ _____ [44]	
August	+ _____ [19]		+ _____ [32]	+ _____ [45]	
September	+ _____ [20]		+ _____ [33]	+ _____ [46]	
October	+ _____ [21]		+ _____ [34]	+ _____ [47]	
November	+ _____ [22]		+ _____ [35]	+ _____ [48]	
December	+ _____ [23]		+ _____ [36]	+ _____ [49]	
Annual total	+ _____ [24]	+ _____ [37]	+ _____ [50]		

Control Totals+ _____

NOTES/QUESTIONS:

Form ID: KS **Kansas General Information**

County of residence _____ [1]
School district number _____ [2]
Mark if name or address has changed _____ [3]

Contributions

Enter the amount of charitable contributions you wish to make to:

Chickadee Checkoff _____ [4]
Senior Citizens Meals On Wheels Contribution Program _____ [5]
Breast Cancer Research Fund _____ [6]
Military Emergency Relief Fund _____ [7]
Kansas Hometown Heroes Fund _____ [8]
Kansas Creative Arts Industry Fund _____ [9]
School District Contribution Fund _____ [10]
 School district headquarters county _____ [11]
 School district number _____ [12]
Kansas Historic Site Contribution Fund _____ [13]
 Historic site number _____ [14]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kansas

Part-year residency dates:
From _____ [15]
To _____ [16]

NOTES/QUESTIONS: