#### **2024 TAX ORGANIZER**

T 0

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.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

	<u>Form</u>
Alimony Paid or Received	13
Annuity Payments Received	9A
Application of Refund	20
Business Income and Expenses	6, 6A
Business Use of Home:	
Business	6D
Employee Business Expenses	17B
Farm	12E
Itemized Deductions	16A
Passthrough	11B
Rental	10E
Calendar	33
Casualty or Theft Losses	16
Child and Dependent Care Expenses	18
Consolidated Brokerage Statements:	
Interest Income & Foreign Information	5E
Dividend Income & Foreign Information	5F
Sales of Stocks, Securities, Capital Assets & Mise	c. Income 5G
Contributions	15
Dependent Information	3A
Depreciable Property and Equipment:	
Business	6A
Employee Business Expenses	17A
Farm	12B
Rental and Royalty	10B
Direct Deposit Information	4A
Dividend Income	5B
Education Expenses	18
Educator (Teacher) Expenses	13A
Electronic Filing	4
Employee Business Expenses	17, 17A
Estate Income	11
Farm Income and Expenses	12, 12A, 12B
Federal, State and City Estimated Taxes	20, 20A
Foreign Assets	5C, 5D
Foreign Employment Information	30, 30A, 30B
Foreign Housing Expenses	
Foreign Taxes	32
Foreign Travel and Workdays	
Foreign Wages and Other Income	31, 31A, 31B

	FOITH
Gambling Winnings	21
Gifts	34, 35
Health Savings Accounts	13A
Household Employment Taxes	19
Installment Sale Receipts	7
Interest Income	5A
Interest Paid	14A
Investment Interest Expense	14A
IRA Contributions	9
IRA Distributions	9
Keogh Plan Contributions	9A
Medical and Dental Expenses	14
Ministerial Income	13B
Miscellaneous Income and Adjustments	13
Miscellaneous Itemized Deductions	16
Mortgage Interest Paid	14A
Moving Expenses	
Partnership Income	11
Pension Income	. 9A
Personal Information	3
Railroad Retirement Benefits	40
Real Estate Mortgage Investment Conduit Income (REMI	C) 11
Rental and Royalty Income and Expenses	10, 10A
Roth IRA Contributions/Conversions	_
S Corporation Income	11
Sale of Stock, Securities and Other Capital Assets	7
Sale of Your Home	8
SEP/SIMPLE Plan Contributions	9A
Social Security Benefits	13
State and Local Tax Refunds	13
Student Loan Interest	13A
Taxes Paid	
Trust Income	11
Unemployment Compensation	
Vehicle/Other Listed Property Information:	
Business	
Employee Business Expenses	
Farm Rental and Royalty	
Partnership/S Corporation	
Wages and Salaries	3Δ



## **Personal Information**

Taxpayer:	st Name and Initial		Last Name						<u></u>	Social Security Nur	mber
										colar cocarny ria	
Occ	cupation		Date of Birth	(Mo/Da/Y	r) E	ate of Deat	th (Mo/Da/	Yr)			
Driv	ver's License or State-Issued ID Nu	ımber	Expiration D	ate (Mo/Da	a/Yr) I	ssue Date (I	Mo/Da/Yr)	_ =	State	Does no	ot expire
	Driver's License	State-Issued ID	No Id	entification	n						
Spouse:											
Firs	st Name and Initial		Last Name						S	Social Security Nur	mber
Occ	cupation		Date of Birth	(Mo/Da/Y	<u>r)</u> [	ate of Deat	th (Mo/Da/	Yr)			
Driv	ver's License or State-Issued ID Nu	ımber	Expiration D	ate (Mo/Da	a/Yr) İ	ssue Date (I	Mo/Da/Yr)	— <u></u>	State	Does no	ot expire
	Driver's License	State-Issued ID	No Id	entification	n						
Contact Information:	eet Address									partment Number	
Suc	et Address									partment Number	
City	1			State						IP or Postal Code	,
For	eign Province or County			_							
Ford	eign Country			_							
Tax	payer Daytime/Work Phone	Taxpayer Evening/Hom	ne Phone T	axpayer F	oreign P	hone					
Tax	payer Cell Phone	Taxpayer Fax Number									
Spo	ouse Daytime/Work Phone	Spouse Evening/Home	Phone S	Spouse Fo	reign Ph	one					
Spo	ouse Cell Phone	Spouse Fax Number									
Tax	payer Email Address										
Spo	ouse Email Address										
Pre	ferred Method of Contact										
Move the IDC are other toying a uther	ovitu diaguas tha vature wi	th the property						Yes	No	-	
May the IRS or other taxing authors is the taxpayer claimed as a depe	•									-	
. ,								Tax	payer	Spor	use
								Yes	No	Yes	No
Are you considered legally blind p	per IRS regulations?										
Do you want to contribute to the	Presidential Election Cam	npaign Fund?									
Are you a U.S. citizen or Green C	ard holder?										
Personal Identification Number	s: Code - 1 - Issued by	y IRS 2 - Issued by	/ State or Cit	у					<b>—</b>		
The IRS has recommended that t filing security. If you would like ar have one but do not know the IR	IP PIN for yourself, your	spouse, or your dep	pendents or		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.



#### **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
Α						
В						
С						
D						
Е						
F						
G	·					
н	<u> </u>					

Did dependent have income over \$5,050?

			$\forall$	
	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
Α				
В				
С				
D				
Е				
F				
G				
Н				

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				
13	Employer's Name	Taxable Wages	Federal	FICA/TIER 1	Medicare	State	Local
					-		

## **Electronic Filing**



#### **Electronic Filing:**

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. Electronic filing is the only filing method that provides you with acknowledgment that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 3 weeks.

Note that not all returns qualify for electronic filing under IRS rules.	Yes	No
If you qualify for electronic filing, would you like to file the return electronically with the IRS?		
If you qualify, would you like to file your state returns electronically?		
The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature do electronically filing.	cument	when
Would you like to use a randomly generated PIN?	Yes	No
Taxpayer		
Spouse		
If No, provide 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.

•	owed to you directly deposited			
	•	rn using electronic withdrawal?		
•	uld you like withdrawn, if not the		(A.4 (D A.4.)	
	withdrawal occur, if other than	_	(Mo/Da/Yr)	
	· —	n(s) using electronic withdrawal?		
	uld you like withdrawn, if not the			
	withdrawal occur, if other than	_	(Mo/Da/Yr)	
	• •	•	lue dates of the estimated paymen	
		your f <u>ederal r</u> eturn using electror your s <u>tate r</u> eturn(s) using electro		
Name of bank or financi	al institution			
Routing Transit Number	(RTN)			
Account number				
Type of account:	Checking	Traditional Savings	IRA Savings	
	Archer MSA Savings	Coverdell Ed. Savings	HSA Savings	
s this a business accou	ınt?	Yes	No	
		Tauranuau	Spouse	Joint
\ccount owner		Taxpayer		<del></del>
confirm that the bank		ect deposit/electronic withdrawal	options selected above are correct	Yes N
confirm that the bank and the b	owed to you directly deposited	ect deposit/electronic withdrawal		Yes N
confirm that the bank and the b	owed to you directly deposited amount due on your <u>federal</u> retu uld you like withdrawn, if not the	ect deposit/electronic withdrawal	I options selected above are correct	Yes N
confirm that the bank and the b	owed to you directly deposited amount due on your <u>federal</u> retu uld you like withdrawn, if not the withdrawal occur, if other than	ect deposit/electronic withdrawal  ?  Irn using electronic withdrawal? e entire balance due? the due date of the return?	I options selected above are correct	Yes N
confirm that the bank and the b	owed to you directly deposited amount due on your federal retuuld you like withdrawn, if not the withdrawal occur, if other than amount due on your state return	ect deposit/electronic withdrawal  ?  Irr using electronic withdrawal? e entire balance due? the due date of the return? n(s) using electronic withdrawal?	I options selected above are correct	Yes N
confirm that the bank and the b	owed to you directly deposited amount due on your federal retuuld you like withdrawn, if not the withdrawal occur, if other than amount due on your state returnuld you like withdrawn, if not the	ect deposit/electronic withdrawal  ?  In using electronic withdrawal? e entire balance due? the due date of the return? n(s) using electronic withdrawal? e entire balance due?	I options selected above are correct	Yes N
confirm that the bank and the b	owed to you directly deposited amount due on your federal retuuld you like withdrawn, if not the withdrawal occur, if other than amount due on your state returnuld you like withdrawn, if not the withdrawal occur, if other than	ect deposit/electronic withdrawal  ?  In using electronic withdrawal? e entire balance due? the due date of the return? e entire balance due? the due date of the return? the due date of the return?	I options selected above are correct	Yes N
confirm that the bank and the bank and you like any refunds all you like to pay any a few you li	owed to you directly deposited amount due on your federal retuuld you like withdrawn, if not the withdrawal occur, if other than amount due on your state returnuld you like withdrawn, if not the withdrawal occur, if other than allow estimated payments to be	ect deposit/electronic withdrawal  I?  Irn using electronic withdrawal? e entire balance due? the due date of the return? e entire balance due? the due date of the return? e entire balance due? the due date of the return? electronically withdrawn on the descriptions.	(Mo/Da/Yr)  I options selected above are corrected above above above above above above above are corrected above	Yes N
confirm that the bank and the bank and you like any refunds all you like to pay any and a few you like to pay any and you like to pay and the lRS and some states and yould you like to pay and you like you like to pay and you like to pay and you like to pay and you like you li	owed to you directly deposited amount due on your federal returned you like withdrawn, if not the withdrawal occur, if other than amount due on your state returned you like withdrawn, if not the withdrawal occur, if other than allow estimated payments due for	ect deposit/electronic withdrawal  I?  Im using electronic withdrawal? e entire balance due? the due date of the return? electronic withdrawal? e entire balance due? the due date of the return? electronically withdrawn on the dyour federal return using electronic	(Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  (ue dates of the estimated paymental mic withdrawal?	Yes N
confirm that the bank and the bank and you like any refunds all you like to pay any and a few you like to pay any and you like to pay and the lRS and some states and yould you like to pay and you like you like to pay and you like to pay and you like to pay and you like you li	owed to you directly deposited amount due on your federal returned you like withdrawn, if not the withdrawal occur, if other than amount due on your state returned you like withdrawn, if not the withdrawal occur, if other than allow estimated payments due for	ect deposit/electronic withdrawal  I?  Im using electronic withdrawal? e entire balance due? the due date of the return? electronic withdrawal? e entire balance due? the due date of the return? electronically withdrawn on the dyour federal return using electronic	(Mo/Da/Yr)  I options selected above are corrected above above above above above above above are corrected above	Yes N
confirm that the bank and the bank and you like any refunds ald you like to pay any aff Yes, when should the ald you like to pay any aff Yes, what amount wo ff Yes, what amount wo ff Yes, when should the IRS and some states a Would you like to pay and would you like you you like you you like you you would you like you you would you like you	owed to you directly deposited amount due on your federal returned you like withdrawn, if not the withdrawal occur, if other than amount due on your state returned you like withdrawn, if not the withdrawal occur, if other than allow estimated payments to be any estimated payments due for any estimated payment	ect deposit/electronic withdrawal  I?  Im using electronic withdrawal? e entire balance due? the due date of the return? electronic withdrawal? e entire balance due? the due date of the return? electronically withdrawn on the dyour federal return using electronic	(Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  (ue dates of the estimated paymental mic withdrawal?	Yes N
confirm that the bank and confirm that the bank and confirm that the bank and confirm that the pay and and confirm that the pay and confirm the confirm that the confirmation that the	owed to you directly deposited amount due on your federal returned you like withdrawn, if not the withdrawal occur, if other than amount due on your state returned you like withdrawn, if not the withdrawal occur, if other than allow estimated payments to be any estimated payments due for any estimated payments due for all institution	ect deposit/electronic withdrawal  I?  Irn using electronic withdrawal? e entire balance due? the due date of the return? n(s) using electronic withdrawal? e entire balance due? the due date of the return? electronically withdrawn on the d your federal return using electronyour state return(s) using electronyour state return(s)	(Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  (ue dates of the estimated paymental mic withdrawal?	Yes N
confirm that the bank and the bank and you like any refunds ald you like to pay any and and you like to pay and and you like to pay and yould you like to pay and you would you woul	owed to you directly deposited amount due on your federal returned you like withdrawn, if not the withdrawal occur, if other than amount due on your state returned you like withdrawn, if not the withdrawal occur, if other than allow estimated payments to be only estimated payments due for any estimated payments due for any estimated payments due for a line stitution (RTN)	ect deposit/electronic withdrawal  I?  Im using electronic withdrawal? e entire balance due? the due date of the return? electronic withdrawal? e entire balance due? the due date of the return? electronically withdrawn on the dayour federal return using electronyour state return(s) using electronyour state return(s)	(Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  (ue dates of the estimated paymental mic withdrawal?	Yes N
uld you like any refunds uld you like to pay any a If Yes, what amount wo If Yes, when should the uld you like to pay any a If Yes, what amount wo If Yes, when should the IRS and some states a Would you like to pay and	owed to you directly deposited amount due on your federal returned you like withdrawn, if not the withdrawal occur, if other than amount due on your state returned you like withdrawn, if not the withdrawal occur, if other than allow estimated payments to be any estimated payments due for any estimated payments due for all institution	ect deposit/electronic withdrawal  I?  Im using electronic withdrawal? e entire balance due? the due date of the return? electronic withdrawal? e entire balance due? the due date of the return? electronically withdrawn on the dayour federal return using electronyour state return(s) using electronyour state return(s)	(Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  (ue dates of the estimated paymental mic withdrawal?	Yes N
confirm that the bank and the bank and you like any refunds all you like to pay any at a f Yes, when should the all you like to pay any at a f Yes, when should the IRS and some states a would you like to pay any and you like to pay and you like t	owed to you directly deposited amount due on your federal returned you like withdrawn, if not the withdrawal occur, if other than amount due on your state returned you like withdrawn, if not the withdrawal occur, if other than allow estimated payments to be only estimated payments due for any estimated payments due for all institution	ect deposit/electronic withdrawal  I?  Im using electronic withdrawal? e entire balance due? the due date of the return? n(s) using electronic withdrawal? e entire balance due? the due date of the return? electronically withdrawn on the d your federal return using electronyour state return(s) using electronyour state return(s)	(Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  due dates of the estimated paymentatic withdrawal?  nically withdrawal, if available?	Yes N
confirm that the bank and the same and you like any refunds all you like to pay any at a f Yes, what amount wo f Yes, when should the all you like to pay any at f Yes, what amount wo f Yes, when should the IRS and some states a would you like to pay and yould you like to pay and yould you like to pay and you would	owed to you directly deposited amount due on your federal returned you like withdrawn, if not the withdrawal occur, if other than amount due on your state returned you like withdrawn, if not the withdrawal occur, if other than allow estimated payments to be any estimated payments due for any estimated payments due for the control of t	ect deposit/electronic withdrawal  I?  Irrn using electronic withdrawal? e entire balance due? the due date of the return? e entire balance due? the due date of the return? electronically withdrawn on the dyour federal return using electronyour state return(s) using electronyour state return(s) using electronyour state return(s) using electronyour state return(s)	(Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  (ue dates of the estimated payment in withdrawal?  nically withdrawal, if available?	Yes N
confirm that the bank and confirm that the bank or financial confirmation that the bank and confirmation that the bank	owed to you directly deposited amount due on your federal returned you like withdrawn, if not the withdrawal occur, if other than amount due on your state returned you like withdrawn, if not the withdrawal occur, if other than allow estimated payments to be only estimated payments due for any estimated payments due for all institution	ect deposit/electronic withdrawal  I?  Im using electronic withdrawal? e entire balance due? the due date of the return? n(s) using electronic withdrawal? e entire balance due? the due date of the return? electronically withdrawn on the d your federal return using electronyour state return(s) using electronyour state return(s)	(Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  due dates of the estimated paymentatic withdrawal?  nically withdrawal, if available?	Yes N
confirm that the bank and some states and some states and some states and would you like to pay and and confirm that the bank or financing and some states and some states and would you like to pay and	owed to you directly deposited amount due on your federal returned you like withdrawn, if not the withdrawal occur, if other than amount due on your state returned you like withdrawn, if not the withdrawal occur, if other than allow estimated payments to be any estimated payments due for all institution from the control of the control	ect deposit/electronic withdrawal  ir using electronic withdrawal? e entire balance due? the due date of the return? e entire balance due? the due date of the return? e entire balance due? the due date of the return? electronically withdrawn on the dyour federal return using electronyour state return(s) using electronyour state r	(Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  due dates of the estimated paymennic withdrawal?  nically withdrawal, if available?  IRA Savings  HSA Savings	Yes N
confirm that the bank and confirm that the bank or financial confirmation that the bank and confirmation that the bank	owed to you directly deposited amount due on your federal returned you like withdrawn, if not the withdrawal occur, if other than amount due on your state returned you like withdrawn, if not the withdrawal occur, if other than allow estimated payments to be any estimated payments due for all institution from the control of the control	ect deposit/electronic withdrawal  I?  Irrn using electronic withdrawal? e entire balance due? the due date of the return? e entire balance due? the due date of the return? electronically withdrawn on the dyour federal return using electronyour state return(s) using electronyour state return(s) using electronyour state return(s) using electronyour state return(s)	(Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  (ue dates of the estimated payment in withdrawal?  nically withdrawal, if available?	Yes N
confirm that the bank and confirm that the bank and confirm that the bank and you like any refunds all you like to pay any and and you like to pay any and and you like to pay and and you like to pay and yould you like to pay and you hame of bank or finance. Routing Transit Number Account number	owed to you directly deposited amount due on your federal returned you like withdrawn, if not the withdrawal occur, if other than amount due on your state returned you like withdrawn, if not the withdrawal occur, if other than allow estimated payments to be any estimated payments due for all institution from the control of the control	ect deposit/electronic withdrawal  ir using electronic withdrawal? e entire balance due? the due date of the return? e entire balance due? the due date of the return? e entire balance due? the due date of the return? electronically withdrawn on the dyour federal return using electronyour state return(s) using electronyour state r	(Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  due dates of the estimated paymennic withdrawal?  nically withdrawal, if available?  IRA Savings  HSA Savings	Yes N

### **Interest Income**



#### **Interest Information:**

Include copies of all Forms 1099-INT or other documents for interest received

	Tax-Exempt Interes	st Code: 1 - 1099-II	NT 2 - Private Acti	vity Bond	d 3 - Both	
TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2023 Interest Amount
						_
						_
						-
						-
						-
						-
	Total					
Selle	er-Financed Mortgage Interest Informa	tion:				J

Name of Individual from Whom

Mortgage	Interest Was Received	Number of Individual	Amount	Amount				
	Address of Individual from Whom Mortgage Interest Was Received							

Identification

Enter A	Any Add	itional Iı	nforma <sup>.</sup>	tion:
---------	---------	------------	---------------------	-------

2024 Interest

2023 Interest

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



#### **Dividend Information:**

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

Т	SJ	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
Α						
в						
c _						
D						
E						
F L						
G _						
Н						
'  -						
J						
K –						
M N						
IN		Total				

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

	•		
	Code	Tax-Exempt Interest	2023 Gross Dividends Amount
Α			
В			
С			
D			
Е			
F			
G			
Н			
ı			
J			
K			
L			
М			
Ν			
	Total		

#### **Enter Any Additional Information:**

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



# **Interest Income and Foreign Information**

Cno	cial Interest Cod	40:	2 - Seller	Financed O Farly Withd	Irougal Dona	Itu E Ao	rued Interest			7 - Amortizable E
		onal Series EE Bond		· · · · · · · · · · · · · · · · · · ·		6 - Ori	crued interest ginal Issue Disco	unt Adjustm	ent	Premium Adjusti
									▼	
TSJ		S	ource		Interes	t Income	U.S. Bonds Obligation		ode	Special Interes
				Tax	-Exempt I	nterest Coo	le: 1 - 1099-IN	Γ 2 - Priva	te Acti	ivity Bond 3 - Bo
Soc	ial Security No	· Addro	oo of Indivis	dual from Whom Mortg	ogo Intor	at Was Da	vacivad	Code		Tax-Exempt
of	Home Buyer	Addre	SS OF ITIGIVE		age intere	est was ne	ceiveu	Code		Interest
	Federal Withholding	Sta Withho		Investment Expenses		Exempt Pa SUSIP No.		Interest nount		
	····amoramy			ZAPONOGO			74			
eiar	n Taxes Paid	d or Accrued:		I						
_				Name of Foreign Cou	ntrv	X if Tax	Date Paid	Tax Am	ount	Tax Amou
	S	ource		Imposing Tax	ilu y	Accrued	or Accrued (Mo/Da/Yr)	(in Fore	eign ncy)	(in U.S. Doll
:::: <u>.</u>	mal Ctata Ind	founcetion.								
	nal State In	iormation:								
	Payer ID			New Hampshire or I	Ilinois Re	ason Inter	est is Nontaxal	ole		
.i	Donk Ass	unto and T	ato:							
		ounts and Trus			-					Yes
: any				n or a signature authority ecurities account or othe						



# **Dividend Income and Foreign Information**

				(=:0:0:::::	s sold during the	Form 1099-				$\neg$
SJ		Source		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Amou Percent ii	Interest	Code	Tax-Exempt Interest	
			Form	1099-DIV					7	
	Box 2a tal Capital Gain stribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectible (28%) Gai		dend	2023 Gross Dividend Amount		Tax-Exempt Inte 1 - 1099-DIV 2 - Private Activ 3 - Both	
		Form 10	099-DIV							
	Box 4 Federal ithholding	Box 5 Section 199A Dividends	Box 6 Investment Expenses	State Withholdir	g					
eigr		aid or Accrued:		Name of Foreigr		X if Tax Accrued	or Ac	Paid crued Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amoi (in U.S Dollars
eigr							or Ac			
eigr							or Ac	crued	(in Foreign	(in U.S
eigr							or Ac	crued	(in Foreign	(in U.S
							or Ac	crued	(in Foreign	(in U.S
		Source		Imposing		Accrued	or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S
	nal State	Source		Imposing	Гах	Accrued	or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S
	nal State	Source		Imposing	Гах	Accrued	or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S
	nal State	Source		Imposing	Гах	Accrued	or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S
itio	nal State   Payer ID	Source		Imposing	Гах	Accrued	or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S

**Foreign Assets** 

		Note: If the a	aggregate value of the	accounts do	es not ex	ceed \$10,0	00,	then you do not n	eed to p	rovide	details.			
G	eneral Inf	formation:												
	TSJ													
			have foreign bank acc											
		,	3											
F	oreign Ide	entification:										Y	es	No
	Passport													
	Foreign TIN	١												
			lescription											
	Country of	issue												
In	formatio	n on Foreign F	inancial Account	s:										
						$\neg$								
	lacksquare	1 - Bank Accou	unt 2 - Securities A	Account 3	3 - Other									
	Account Type	If Other Accou	ınt Type, Describe	Maximum Account Value		Account	Nu	mber			Financial tution Na	me		
Α				7 4.13.15										
В														
			Street Address						City					
			oti eet Addi ees						Oity					
A B														
Ь														
			State		ZIP/F	Postal Cod	е	Country			G	IIN		
Α														
В	16	or a financial interes	- 1 to 11 1											
	or account	no financial intere is jointly owned, p	lease complete	Гуре of TIN (	Code: A	- Employer	lder	ntification No. (EIN	l) B-S	SN or I	TIN C-	Foreign		_
	the accoun	nt owner informatio							Middle		Tax	payer	ID	lacksquare
		Last Name or	Organization Name			First	Na	me	Initial	Suffix	<i>r</i>	lumbei		
Α														
В														
	ш об													
	# of Joint		Street Addre	ess						City				
٨	Owners													
A B														
_	1 - No financia	I interest 1B - No fina	ncial interest - US person, offi	cer or employee,	residing outs	side US 2A	\ - Jo	oint - spouse is joint own	er 2B -	Joint - otl	her joint own	er 3 - C	onsolida	ted
										<b>V</b>				
		5	State		ZIP/Pos	tal Code		Country		wner- ship	Fi	ler's Ti	tle	
										Code				
A														
В														
	1	- Deposit 2 - Cu	ıstodial											
	Type Fo	reign Currency	Exchange Rate		,	Source of I	Exc	hange		Acct Open	Acct Closed	Joint	No T Item Repor	าร
Α													repor	ıeu
, , D														



#### **Asset Information:**

	Descri	iption		Identif	ying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	0	' Items			
Value	Foreign C	Currency	Exchange Rate	e Source of Exchange Rate								
If Asset is Stock of a I	Foreign	Entity or	an Interest in a	Foreign	Entity							
					1 - Partnersh	ip 2 - Corporati	on 3 - Tru	st 4 - E	state			
Nar	me of For	eign Entity		Type of Foreign Entity		Mailing Addres	s of Foreign	Entity				
City or Town of Foreign	n Entity		nce, County or of Foreign Entity	1	untry of gn Entity	Postal Code of Foreign Entity		GIIN				
f Asset is NOT Stock	of a Fo	reign Ent	ity or an Interest	t in a For	eign Entity				. person eign persor			
					1 - Issuer	2 - Counterparty						
			Name of Issuer				Issuer Code	Type of Issuer	Residence of Issuer			
			1 - Individual 2 -	Partnership	3 - Corpoi	ration 4 - Trust	5 - Estate					
Ma	ailing Add	ress of Iss	uer			City or Tow	n of Issuer					
	Pro	vince, Cou	nty or State of Issuer	r			ountry Issuer		tal Code Issuer			
Foreign assets were acqu	uired or so	ld during th	e tax year						Yes			
Foreign Bank Accoun	ts and 1	Trusts:										
At any time during 2024, in a foreign country, s	-		-		•							
If Yes, enter name of fore	eign countr	у										
Were you the grantor of, any beneficial interest			eign trust that existed									



# **Brokerage Statement Details**

TS	SJ	Payer Name	Account No.	Information Included (X or 🖊)
Α				
в 💹				
с				
D				
E				
F				
G				
н				
I				
J				
K				
- ├				
М				
N —				
0				
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
Α								
В								
С								
D								
Е								
F								
G								
Н								
1								
J								
K								
L								
М								
N								
0								
P								
Q								
R S								
T								

**A** 

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.



	age Name					TS	J	Acc	ount Nur	nber
3roker	age Address									
		Interes	st Inco	me and F	oreign In	foi	rmation	<u>1</u>		
eres	t Income: (List all	items sold duri	ng the year	on Form 5G.)						
	cial Interest Code: Qualified Educational Series	2 - [	Early Withdra Nominee Inte	wal Penalty 4 - A	Accrued Interest Original Issue Disco	unt A	6 djustment P		able Bond djustment	
					1		II C Dave	4		
		Source			Interest Incor	ne	U.S. Bon Obligat		Code	Special Interest
Tax	Exempt Interest Code:	1 - 1099-INT	2 - Privat	e Activity Bond	3 - Both					
Code	Tax-Exempt									
Out			nent Ises	Federal Withholdi		Sta		Tax Ex Bond CU		2023 Interest Amount
ooue	Interest	Expen		Federal Withholdi			te olding	Tax Ex Bond CU		2023 Interest Amount
ooue										
ooue										
Out										
		Expen								
	Interest	Expen	ses		ng W	ax		Bond CU		Amount  Tax Amount
	Interest	Expen	ses	Withholdi	ng W	ax	Date Paid	Bond CU	Amount Foreign	Amount
	Interest	Expen	ses	Withholdi	ng W	ax	Date Paid	Bond CU	Amount Foreign	Amount  Tax Amount
reign	Interest	Expen	ses	Withholdi	ng W	ax	Date Paid	Bond CU	Amount Foreign	Amount  Tax Amount
	Interest	Expen	ses	Withholdi	ng W	ax	Date Paid	Bond CU	Amount Foreign	Amount  Tax Amount
reign	Taxes Paid or Acc	rued:	ses	Withholdi	ng W	ax	Date Paid	Bond CU	Amount Foreign	Amount  Tax Amount
reign	Interest	rued:	Name	e of Foreign Cou Imposing Tax	ng W	ax ed	Date Paid or Accrued (Mo/Da/Yr	Tax (in ) Cu	Amount Foreign rrency)	Amount  Tax Amount
reign	Taxes Paid or Acc Source	rued:	Name	e of Foreign Cou Imposing Tax	intry X if T	ax ed	Date Paid or Accrued (Mo/Da/Yr	Tax (in ) Cu	Amount Foreign rrency)	Amount  Tax Amount
reign	Taxes Paid or Acc Source	rued:	Name	e of Foreign Cou Imposing Tax	intry X if T	ax ed	Date Paid or Accrued (Mo/Da/Yr	Tax (in ) Cu	Amount Foreign rrency)	Amount  Tax Amount
reign	Taxes Paid or Acc Source	rued:	Name	e of Foreign Cou Imposing Tax	intry X if T	ax ed	Date Paid or Accrued (Mo/Da/Yr	Tax (in ) Cu	Amount Foreign rrency)	Amount  Tax Amount



# Consolidated Brokerage Statement Dividend Income and Foreign Information

List all items sold during the year on Form 5G.

#### **Dividend Income:**

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

		Form 1099-DIV								
	Source	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest				
Α										
В										
С										
D										
Е										

			Form 10	099-DIV		
	Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nondividend Distributions	2023 Gross Dividends Amount
Α						
В						
С						
D						
Е						

	Form 1099-DIV								
	Box 4 Federal Withholding	Box 5 Section 199A Dividends	Box 6 Investment Expenses	State Withholding					
Α									
В									
С									
D									
Е									

### Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
Α						
В						
С						
D						
E						

#### **Additional State Information:**

	Payer ID	New Hampshire Reason Dividend is Nontaxable
Α		
В		
С		
D		
Е		



any beneficial interest in it?

# Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

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

ou have any of the following during the year?						Yes	N
utual fund transactions							
schange of any securities or investments for something other than cash	۱						
ales of inherited property							
ales of any stock or stock options at a loss and purchases of the same	or substantially simi	ilar stock or o	ptions 3	30 days			
before or 30 days after the sale							
ommodity sales, short sales or straddles							
einvestment of the proceeds of the sale of a publicly traded security int							
einvestment of the proceeds of the sale of qualified small business stoc	•						
ecurities which became worthless							
Kind of Property and Description		Quar	itity	Date Acquired (Mo/Da/Yr	/1	Date So Mo/Da	
				(	<u> </u>		
					_		
	Gross Sales Price (Less	Cost or		Federal Tax		tate Ta	
	Commissions)	Other Bas	ils	Withheld	\ \ \	Vithhel	a
A							
В							
C							
D							
er Income:							
Nature and Source			2024	Amount	2023	Amou	nt
er Adjustments to Income:							
Nature and Source			2024	Amount	2023	Amou	nt
estment Interest Expense:		·		-			
terest paid on money you borrowed that is allocable to property held fo	or investment.						
Paid To			2024	Amount	2023	Amou	nt
				<u> </u>			
San Danie Assaumts and Turreter							_
eign Bank Accounts and Trusts: t any time during 2024, did you have an interest in or a signature or oth						Yes	1



# **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?  If Yes, what was the disposition date?  Was there a change in determining quantities, costs or valuations between opening and closing invent Were you involved in the operations of this business on a regular, continuous and substantial basis?  Have you prepared or will you prepare all required Forms 1099?	(Mo/Da/Yr) tory?	
Health insurance premiums paid for yourself and your dependents		
Income: Include all Forms 1099-K		
Payment card and third party transactions:  Description	2024 Amount	2023 Amount
·		
		_
Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC		
Other Income:		
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		
Materials and supplies  Other costs of goods sold:	ı	1
Description	2024 Amount	2023 Amount



rincipal Busine	ess or Profession:				
xpenses:				2024 Amount	2023 Amount
Advertising					
•	penses				
Parking fees and t					
Commissions and					
0					
•	programs and health insurance (other than programs)				
Insurance (other t		•	- · · · -		
·	han health) e (paid to banks, etc.)				
Interest - other	c (paid to barins, etc.)				
Interest - Other .					
	ional fees				
Pension and profi					
	ner business property				
	tenance				
Supplies (not inclu	uded in Cost of Goods Sold)				
Taxes and license	es				
Travel					
Meals					
	ductible only on some state returns)				
Entertainment (de					
Entertainment (de Utilities	eductible only on some state returns)				
Entertainment (de Utilities	eductible only on some state returns)				
Entertainment (de Utilities	eductible only on some state returns)				
Entertainment (de Utilities	eductible only on some state returns)			2024 Amount	2023 Amount
Entertainment (de Utilities	eductible only on some state returns)			2024 Amount	2023 Amount
Entertainment (de Utilities	eductible only on some state returns)			2024 Amount	2023 Amount
Entertainment (de Utilities	eductible only on some state returns)			2024 Amount	2023 Amount
Entertainment (de Utilities	eductible only on some state returns)			2024 Amount	2023 Amount
Entertainment (de Utilities	eductible only on some state returns)			2024 Amount	2023 Amount
Entertainment (de Utilities	eductible only on some state returns)			2024 Amount	2023 Amount
Entertainment (de Utilities	eductible only on some state returns)			2024 Amount	2023 Amount
Entertainment (de Utilities	eductible only on some state returns)			2024 Amount	2023 Amount
Entertainment (de Utilities	eductible only on some state returns)			2024 Amount	2023 Amount
Entertainment (de Utilities	ductible only on some state returns)			2024 Amount	2023 Amount
Entertainment (de Utilities	ductible only on some state returns)			2024 Amount	2023 Amount
Entertainment (de Utilities Wages Dependent care b her Expenses  operty and Eq	ductible only on some state returns)	space is neede		Date Acquired	2023 Amount
Entertainment (de Utilities Wages Dependent care b her Expenses  operty and Eq	ductible only on some state returns)  benefits  Description  Juipment: Include a list if more	space is neede			
Entertainment (de Utilities Wages Dependent care b her Expenses  operty and Eq	ductible only on some state returns)  benefits  Description  Juipment: Include a list if more	space is neede		Date Acquired	
Entertainment (de Utilities Wages Dependent care be ther Expenses	ductible only on some state returns)  benefits  Description  Juipment: Include a list if more	space is neede		Date Acquired	
Entertainment (de Utilities Wages Dependent care be ther Expenses  operty and Eq X if not new	ductible only on some state returns)  Description  Juipment: Include a list if more  Acquisitions - Des	space is neede	ed	Date Acquired (Mo/Da/Yr)	Cost
Entertainment (de Utilities Wages Dependent care b her Expenses  operty and Eq  X if not new	ductible only on some state returns)  benefits  Description  Juipment: Include a list if more	space is neede		Date Acquired (Mo/Da/Yr)	





# Business Expenses - Vehicle and Other Listed Property

Name of Business:					
Principal Business or Profession:					
Listed Property Questions for 2024:				Yes	No
Do you have evidence to support your deduc	tion?				
Do you have evidence to support the busines				·	
If Yes, is the evidence written?					
If you are an employer who provides vehicl	es for use by employee	s:		Yes	No
Do you maintain a written policy statemen	t that prohibits all persor	nal use of vehicles, includ	ding commuting, by your employees	<del></del>	140
Do you maintain a written policy statemen	t that prohibits personal	use of vehicles, except o	commuting, by your employees?		
Do you treat all use of vehicles by employe	ees as personal use?				
Do you provide more than five vehicles to	your employees, obtain i	nformation from your em	nployees about the use of the		
vehicles and retain the information rec	eived?				
Vehicle:	Vehi	cle 1	Vehicle 2		
vernicie.					
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		Yes No		
Was your vehicle available for use during					
off-duty hours?	Yes No		Yes No		
Mileage:	2024 Miles	2023 Miles	2024 Miles 20	)23 Miles	
Total miles					
Total business miles					
Total commuting miles for the year					
Actual Expenses:	2024 Amount	2023 Amount	2024 Amount 202	23 Amount	
Gasoline, oil, repairs, insurance, etc					
Interest					
Taxes					
Vehicle rentals/leases					
	L				

# **Business Expenses**



usiness Expenses:	Enter all expenses at 100 percent		
If not 100%, please ent	ter the percentage to apply to this business		
		2024 Amount	2023 Amount
Parking fees and tolls			
Local transportation			
Travel expenses			
Meals			
Entertainment (deducti Other Business Expens	ible only on some state returns)ses:		
	Description	2024 Amount	2023 Amount
eimbursements:	List only reimbursements NOT reported in Box 1 of your Form W-2	2024 Amount	2023 Amount
Amount received for ot	ther expenses		
Amount received for m	eals		
Amount received for er			
	mployee, does your employer's reimbursement plan for meals		
and entertainment a <b>ehicle:</b>	allow for offset of other reimbursements?	Yes No	0
If not 100%, please ent Description of vehicle	ter the percentage to apply to this business		
Date vehicle was place	ed in service (Mo/Da/Yr		
Do you (or your spouse	e) have another vehicle available for personal purposes?	. Yes N	
Do you (or your spouse	ed in service (Mo/Da/Yr	. Yes N	
Do you (or your spouse Was your vehicle availa	e) have another vehicle available for personal purposes?	Yes No. No. 2024	0
Do you (or your spouse Was your vehicle availa	ed in service (Mo/Da/Yre) have another vehicle available for personal purposes?  able for personal use during off-duty hours?	Yes No No 2024	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yred in service) have another vehicle available for personal purposes?  able for personal use during off-duty hours?	Yes No No 2024	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yre) have another vehicle available for personal purposes?  able for personal use during off-duty hours?	Yes No No 2024	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yr e) have another vehicle available for personal purposes? able for personal use during off-duty hours? ing miles for the year	Yes No No 2024	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yre) have another vehicle available for personal purposes? able for personal use during off-duty hours?	Yes No No 2024	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yre) have another vehicle available for personal purposes? able for personal use during off-duty hours?	Yes No No 2024	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yr e) have another vehicle available for personal purposes? able for personal use during off-duty hours?  ing miles of for the year	Yes No No 2024	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yr e) have another vehicle available for personal purposes? able for personal use during off-duty hours?  ing miles of for the year	Yes No No Yes No	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yr e) have another vehicle available for personal purposes? able for personal use during off-duty hours?  ing miles for the year  vided vehicle tals	Yes No No Yes No	0
Do you (or your spouse Was your vehicle availaded of the work of t	ed in service (Mo/Da/Yr e) have another vehicle available for personal purposes? able for personal use during off-duty hours?  ing miles of for the year  vided vehicle tals	Yes No No Yes No	0
Do you (or your spouse Was your vehicle availaded of the work of t	ed in service (Mo/Da/Yr e) have another vehicle available for personal purposes? able for personal use during off-duty hours?  ing miles for the year  vided vehicle tals ased vehicle	Yes No No Yes No	0

## **Business Use of Home**

**6D** 

Name of Business:				
Principal Business or Profession:				
Partial Use of Your Home for Business:			2024	2023
Square footage of home used exclusively for business	s			
Total square footage of home				
Total hours home was used for day care during the ye	ear			
				Yes
Was your home used for day care purposes for the er				
Were improvements made to the home and/or home	office since the time yo	u began using the home	e for business?	
Expenses: Enter all expenses at 100 perc	oont			
Enter all expenses at 100 per	Jent .			
Direct expenses benefit the business part of your hon Example: Cost of painting or repairs made to the		sed for business.		
Indirect expenses are required for keeping up and rur Example: Real estate taxes.	nning your entire home.			
	Direct E	xpenses	Indirect I	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:				
	Direct E	xpenses	Indirect I	Expenses

Dagarintian	Direct E	xpenses	Indirect E	xpenses
Description	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



Commodity sales short sales or straddles

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

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

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

Did you have any of the following during the year?	Yes	Г	No
Mutual fund transactions			
Exchange of any securities or investments for something other than cash			
Sales of inherited property			
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			

Commodity saids, short saids of straudies	'	$\vdash$
Reinvestment of the proceeds of gains in a qualified opportunity fund		L
Sale of any investments in qualified opportunity funds		L
Debts that became uncollectible		L
Securities that became worthless		L
Sale of any property where you will receive payments in future years		

	TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
Α					
В					
С					
D					
E					
F					
G					
н					

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
Α				
В				
С				
D				
Е				
F				
G				
н				

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:

TSJ       (Mo/Da/Yr)         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?  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?  If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the	Yes N
was acquired or the date the mortgage was most recently renegotiated	
was acquired or the date the mortgage was most recently renegotiated	
oving Expenses:	
TSJ  Were the moving expenses reimbursed by your employer?	
Diving Expenses:  TSJ  Were the moving expenses reimbursed by your employer?  Enter reimbursements not included in wages on your Form W-2	
Diving Expenses:  TSJ  Were the moving expenses reimbursed by your employer?  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 N
TSJ	Yes N
Diving Expenses:  TSJ  Were the moving expenses reimbursed by your employer?  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?  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)	Yes N



Individual Retireme	nt Account (IRA):	Include all copies of	of Forms 10	99-R and 549	<b>18.</b>			
TS		· · · · · · · · · · · · · · · · · · ·						
IRA Questions for 20	24:						Yes	No
Are you covered by	y an employer's retireme	nt plan?						
If no, is your sp	ouse covered by an emp	oloyer's retirement plan?						
Do you want to lim	it your IRA contribution t	o the maximum amount de	ductible on yo	ur tax return? .				
If no, do you wa	ant to contribute the max	kimum allowable amount to	your IRA even	though you may	not qualify			
for an IRA d								
	A as security for a loan t							
		during the year?						
If Yes, explain.								
1041/1 0 11								
IRA Values, Rollovers	s, and Distributions:							
Total value of all tr	aditional IRAs on Decem	ber 31, 2024						
Note: This infor	mation or Form 5498 is r	equired if you received a di	stribution durir	ng the year.				
ŭ	ers on December 31, 202	24						
	converted to Roth IRAs							
Total retirement pla	ans converted to Roth IR	As						
Contributions:								
IRA:								
Contributions in	n 2024 for the 2024 tax r	eturn						
Contributions in	n 2025 for the 2024 tax r	eturn						
Amount for 202	24 you choose to be treat	ted as nondeductible						
Roth IRA:								
Contributions n	nade for the 2024 tax yea	ar						
Distributions:	Include all	Forms 1099-R and a	ny nontaxa	able distributi	on details			
N	lame of Payer	2024 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a	2023 G Distribu	





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

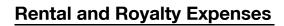
TSJ	Name of Payer	2024 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2023 Gross Distributions

Self-Employed Retirement Plan:	Include copies of all Form	ms 1099-R	Spouse
		Taxpayor	
Have you established a self-employed ref deductible contributions?	tirement or SIMPLE plan with	Yes No	Yes No
Do you want to contribute the maximum	amount allowed?		
Contributions to:		2024 Amount	2024 Amount
Simplified employee pension plan			
Defined benefit plan			
Defined contribution plan			
SIMPLE plan			



# **Rental and Royalty Income**

ocation of Property:		
TSJ		
Type of property		
		Yes No
Have you prepared or will you prepare all required Forms 1099?		162 140
Have you prepared or will you prepare all required Forms 1099?		
	2024	2023
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)?		
ncome:	2024 Amount	2023 Amount
Rents received  Royalties received		
Troyantoo received		
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





Location of Property:		
Expenses:	2024 Amount	2023 Amount
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Dependent care benefits		
Employee benefits		
Other Expenses:		
Description	2024 Amount	2023 Amount
		_
		_
		_
		_
		_
		_





### **Rental and Royalty Property and Equipment & Depletion**

operty and E	Equipment:	Include a list i	f more space is neede	d		
Acquisitions	s:					
X if not new		De	escription		Date Acquired (Mo/Da/Yr)	Cost
Dispositions	s:					
	Descrip	otion	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price
rcentage De	epletion Info	rmation:				
			_		Royalty I	ncome
		Production	Гуре		2024 Amount	2023 Amoun





# Rental and Royalty Vehicle and Other Listed Property

Location of Property:				
Listed Property Questions for 2024:				Yes No
Do you have evidence to support the busines	ss use percentage claimed	on listed property?		
If you are an employer who provides vehic	les for use by employees	s:		Yes No
Do you maintain a written policy statemer	nt that prohibits all person	al use of vehicles, includ	ding commuting, by your employees?	
Do you maintain a written policy statemer	nt that prohibits personal u	use of vehicles, except o	commuting, by your employees?	
Do you treat all use of vehicles by employ	ees as personal use?			
Do you provide more than five vehicles to vehicles and retain the information reco		•	nployees about the use of the	
Do you meet the requirements for qualifie use by individuals other than full-time possessions in the vehicle and limits the	vehicle salespersons, use	for personal vacation tr	ips, storage of personal	. 🗆 🗆
Vehicle:	Vehic	cle 1	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?  Was your vehicle available for use during  off-duty hours?			Yes No	
Mileage:	2024 Miles	2023 Miles	2024 Miles 20	23 Miles
Total miles  Total business miles  Total commuting miles for the year				
Actual Expenses:	2024 Amount	2023 Amount	2024 Amount 202	3 Amount
Gasoline, oil, repairs, insurance, etc Interest Taxes Fair market value of leased vehicle Vehicle rentals/leases				



10D



	Futor all average at 400		
siness Expenses:	Enter all expenses at 100 percent		
If not 100%, enter the p	percentage to apply to this business		
		2024 Amount	2023 Amount
Parking fees and tolls			
Entertainment (deductil	ble only on some state returns)		
Other Business Expens	ses:		
	Description	2024 Amount	2023 Amount
eimbursements:	List only reimbursements NOT reported in Box 1 of your Form W-2	2024 Amount	2023 Amount
Amount received for ot	her expenses		
	eals		
Amount received for en	ntertainment		
hicle:			
If not 100%, enter the p	percentage to apply to this business		
Description of vehicle			
Date vehicle was place	d in service (Mo/Da		
	d in service (Mo/Da	a/Yr)	
Do you (or your spouse	d in service (Mo/Date) have another vehicle available for personal purposes?	a/Yr) Yes No	
Do you (or your spouse	d in service (Mo/Da	a/Yr) Yes No	
Do you (or your spouse	d in service (Mo/Date) have another vehicle available for personal purposes?	a/Yr) Yes No	2023
Do you (or your spouse Was your vehicle availa	d in service (Mo/Date in service) have another vehicle available for personal purposes?	a/Yr) Yes No No No	2023
Do you (or your spouse Was your vehicle availa	d in service (Mo/Date) have another vehicle available for personal purposes?	a/Yr) Yes No No No 2024	2023
Do you (or your spouse Was your vehicle availa  Total miles  Total business miles	d in service (Mo/Da	a/Yr) Yes No No No	2023
Do you (or your spouse Was your vehicle availa Total miles Total business miles Average daily commuting	d in service (Mo/Date in service) have another vehicle available for personal purposes?	a/Yr) Yes No	2023
Do you (or your spouse Was your vehicle availa  Total miles  Total business miles  Average daily commuting miles	d in service (Mo/Date in service) have another vehicle available for personal purposes?	a/Yr) Yes No	2023
Do you (or your spouse Was your vehicle availa  Total miles  Total business miles  Average daily commutin  Total commuting miles  Gasoline and oil	d in service (Mo/Date) have another vehicle available for personal purposes?  able for personal use during off-duty hours?  ng miles for the year	a/Yr) Yes No	2023
Do you (or your spouse Was your vehicle availa  Total miles  Total business miles  Average daily commutin  Total commuting miles  Gasoline and oil	d in service (Mo/Date of the year (Mo/Date of the y	a/Yr) Yes No	2023
Do you (or your spouse Was your vehicle availad Total miles Total business miles Average daily commuting Total commuting miles Gasoline and oil Repairs	d in service (Mo/Date of the year (Mo/Date of the y	a/Yr) Yes No	2023
Do you (or your spouse Was your vehicle availad Total miles	d in service (Mo/Date) have another vehicle available for personal purposes?  able for personal use during off-duty hours?  Ing miles for the year	a/Yr) Yes No	2023
Do you (or your spouse Was your vehicle availad Total miles	d in service (Mo/Date) have another vehicle available for personal purposes?  able for personal use during off-duty hours?  Ing miles for the year	a/Yr) Yes No No No 2024	2023
Do you (or your spouse Was your vehicle availad Total miles	d in service (Mo/Date) have another vehicle available for personal purposes?  able for personal use during off-duty hours?  ang miles for the year  ided vehicle als	a/Yr) Yes No	2023
Do you (or your spouse Was your vehicle availad Total miles	d in service (Mo/Date) have another vehicle available for personal purposes?  able for personal use during off-duty hours?  ang miles for the year  ided vehicle als	a/Yr) Yes No	2023
Do you (or your spouse Was your vehicle availad Total miles	d in service (Mo/Date) have another vehicle available for personal purposes?  able for personal use during off-duty hours?  ang miles for the year  dided vehicle als	a/Yr) Yes No	2023
Do you (or your spouse Was your vehicle availad Total miles	d in service (Mo/Date) have another vehicle available for personal purposes?  able for personal use during off-duty hours?  Ing miles for the year  ided vehicle als ised vehicle	a/Yr) Yes No	2023
Do you (or your spouse Was your vehicle availad Total miles	d in service (Mo/Date) have another vehicle available for personal purposes?  able for personal use during off-duty hours?  Ing miles for the year  ided vehicle als ised vehicle	a/Yr) Yes No	2023 2023 Amount



Location of Property:				
Partial Use of Your Home for Business:				2024
Square footage of home used exclusively for busines Total square footage of home	ss			
Were improvements made to the home and/or home	office since the time you	u began using the home	for business?	Yes No
Expenses: Enter all expenses at 100 per	rcent			
Direct expenses benefit the business part of your ho Example: Cost of painting or repairs made to the		ed for business.		
Indirect expenses are required for keeping up and ru Example: Real estate taxes.	nning your entire home.			
	Direct E	xpenses	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 E	xpenses	Indirect	Expenses
Description	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



# Partnership, S Corporation, Estate, Trust and REMIC Income

artnership Incom	ne: Include all Schedules K-1		
TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity
Corporation Inc	ome: Include all Schedules K-1		
гѕЈ	Entity Name	Employer ID Number	Health Insurance Paid by Entity
state and Trust I	ncome: Include all Schedules K-1		
rsj	Entity Name		Employer ID Number
eal Estate Mortg	age Investment Conduit (REMIC) Income: Include all	Schedules Q	
•			



11A



usiness Expenses	Enter all expenses at 100 percent		
If not 100%, enter the	percentage to apply to this business		
·			
		2024 Amount	2023 Amount
Parking fees and tolls			_
Local transportation			-
			-
	tible only on some state returns)	• •	1
Other Business Exper			
	Description	2024 Amount	2023 Amount
eimbursements:	List only reimbursements NOT reported in Box 1 of your Form W-2	2024 Amount	2023 Amount
Amount received for o	other expenses		
	meals		
Amount received for e	entertainment		
ehicle:			
	percentage to apply to this business		
Description of vehicle			
Date vehicle was place	ed in service (Mo/Da/	Yr)	
Do you (or your spous	e) have another vehicle available for personal purposes?	Yes No	
	able for personal use during off-duty hours?		
•		Yes No	
		2024	2023
Total miles		2024	2023
Total business miles		2024	2023
Total business miles  Average daily commut	ting miles	2024	2023
Total business miles Average daily commut Total commuting miles		2024	2023
Total business miles Average daily commut Total commuting miles Gasoline and oil	ting miles	2024	2023
Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs	ting miles	2024	2023
Total business miles Average daily commut Total commuting miles Gasoline and oil	ting miles	2024	2023
Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance Interest	ting miles s for the year	2024	2023
Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance Interest	ting miles s for the year	2024	2023
Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes	ting miles s for the year vided vehicle	2024	2023
Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer pro-	ting miles s for the year  vided vehicle tals	2024	2023
Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer pro Temporary vehicle ren Fair market value of le	vided vehicle	2024	2023
Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer pro Temporary vehicle ren Fair market value of le	vided vehicle tals ased vehicle	2024	2023
Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer pro Temporary vehicle ren Fair market value of le Vehicle leases	vided vehicle tals ased vehicle	2024	2023 2023 Amount



11B



Activity Name:				
Partial Use of Your Home for Busi	ness:			2024
Square footage of home used exclusively Total square footage of home				
Were improvements made to the home an	nd/or home office since the	e time you began using the h	ome for business?	Yes No
Expenses: Enter all expenses a	t 100 percent			
Direct expenses benefit the business part Example: Cost of painting or repairs m Indirect expenses are required for keeping	nade to the specific area or			
Example: Real estate taxes.				
		Direct Expenses		Expenses
	2024 Am	ount 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:				
		Direct Expenses	Indirect	Expenses
Description	2024 Am	ount 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



Proprietor's Name:

# Farm Income (Page 1 of 2)

ncipal Crop or Activity:				
SJ				
Employer identification number				
Method of accounting				
rm Questions for 2024:				Yes No
Did you dispose of this farm?				
If Yes, what was the disposition date?		(Mo/Da/	Yr)	
Have you prepared or will you prepare all required Fo	orms 1099?			
			2024 Amount	2023 Amount
Health insurance premiums paid for yourself and you	ur dependents			
les of Livestock and Other Items Bough	nt for Resale (Cash	Method Only):		
Description	20	)24	20	023
Description	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Bas
come (Accrual Method):				
come (Accrual Method):  Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventor
,	Beginning Inventory		Sales	Ending Inventor
,	Beginning Inventory		Sales	Ending Inventor
,	Beginning Inventory		Sales	Ending Inventor
,	Beginning Inventory		Sales	Ending Inventor
Description	Beginning Inventory		Sales	Ending Inventor
	Beginning Inventory		Sales  2024 Amount	
Description  come:	Beginning Inventory	Purchased		
Description  Come:  Sales of livestock, produce, grains, etc. you raised		Purchased		
Description  Come:  Sales of livestock, produce, grains, etc. you raised Total cooperative distributions (Forms 1099-PATR)		Purchased		Ending Inventor
Description  Come:  Sales of livestock, produce, grains, etc. you raised Total cooperative distributions (Forms 1099-PATR)  Taxable cooperative distributions		Purchased		
Description  Come:  Sales of livestock, produce, grains, etc. you raised Total cooperative distributions (Forms 1099-PATR)  Taxable cooperative distributions  Total agricultural program payments		Purchased		
Description  Come:  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		Purchased		
Description  Come:  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		Purchased		
Description  Come:  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 proceeds.	payments received in 202	Purchased		
Description  Come:  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 proceeds.	payments received in 202	Purchased		
Description  Come:  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 proceeds and certain disaster proceeds received  Crop insurance proceeds deferred from prior year	payments received in 202	Purchased		
Description  Come:  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 proceeds and certain disaster proceeds received  Crop insurance proceeds deferred from prior year Custom hire (machine work) income	payments received in 202	Purchased		Ending Inventor





# Farm Income (Page 2 of 2)

roprietor's Name:			
rincipal Crop or Activity:			
ncome:			
Payment card and third party transactions:	Include all Forms 1099-K		
I	Description	2024 Amount	2023 Amount
			_
Government payments: Include all Form	ns 1099-G		
ı	Description	2024 Amount	2023 Amount
			-
Miscellaneous income: Include all Forms	s 1099-MISC and 1099-NEC		
1	Description	2024 Amount	2023 Amount
Other income:			
1	Description	2024 Amount	2023 Amount
			1



# **Farm Expenses and Property & Equipment**

oprietor's Name:				
ncipal Crop or Activity:				
penses:			2024 Amount	2023 Amount
Business meals				
Entertainment (deductible only on some state returns)				
Car and truck expenses				
Chemicals				
Conservation expenses				
Custom hire (machine work)				
Employee benefit programs and health insurance (other tha				
Feed purchased				
Fertilizers and lime				
Freight and trucking				
Gasoline, fuel and oil				
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other				
Labor hired				
Pension and profit-sharing plans				
Rent or lease - other (land, animals, etc.)				
Repairs and maintenance				
Seeds and plants purchased				
Storage and warehousing				
Supplies purchased				
Taxes				
Utilities				
Veterinary, breeding and medicine				
One the Period and a second continuous and a second co				
Dependent care benefits her Expenses:				
Description			2024 Amount	2023 Amount
23334				
operty and Equipment: Include a list if mo	ore space is need	led		
X if not new Acquisitions -	Description		Date Acquired (Mo/Da/Yr)	Cost





# Farm Vehicle and Other Listed Property

Proprietor's Name:					
Principal Crop or Activity:					
Listed Property Questions for 2024:				Yes	No
Do you have evidence to support the busines		d on listed property?			
If you are an employer who provides vehic	les for use by employees	<b>:</b>		Yes	No
Do you maintain a written policy statemen	nt that prohibits all person	al use of vehicles, inclu	ding commuting, by your employ		NO
Do you maintain a written policy statemen	nt that prohibits personal ι	use of vehicles, except of	commuting, by your employees?		
Do you treat all use of vehicles by employ	/ees as personal use?				
Do you provide more than five vehicles to vehicles and retain the information rec	. 10	-	nployees about the use of the		
Do you meet the requirements for qualifie use by individuals other than full-time in the vehicle and limits the total miles	vehicle salespersons, use	for personal vacation tr	ips, storage of personal possess		
Vehicle:	Vehic	cle 1	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?  Was your vehicle available for use during  off-duty hours?	Yes No		Yes No		
Mileage:	2024 Miles	2023 Miles	2024 Miles	2023 Miles	
Total miles  Total business miles  Total commuting miles for the year					
Actual Expenses:	2024 Amount	2023 Amount	2024 Amount	2023 Amount	
Gasoline, oil, repairs, insurance, etc Interest					





ringinal Cran or A			
Principal Crop or Ad	ctivity:		
Business Expenses	Enter all expenses at 100 percent		
If not 100%, enter the	percentage to apply to this business		
		2024 Amount	2023 Amount
Parking fees and tolls			
	ible only on some state returns)		
Other Business Expens		0004 4	0000 4
	Description	2024 Amount	2023 Amount
Reimbursements:			
	List only reimbursements NOT reported in Box 1 of your Form W-2	2024 Amount	2023 Amount
Amount received for of	ther expenses		
	eals		
Amount received for er	ntertainment		
If not 100%, enter the	percentage to apply to this business	%	
Description of vehicle			
Date vehicle was place	ed in service (Mo/Da/Yr)		
	e) have another vehicle available for personal purposes?	Yes No	
Was your vehicle availa	able for personal use during off-duty hours?	Yes No	
		2024	2023
Total miles			
Average daily commut			
Total commuting miles	for the year		
<b>-</b> .			
Insurance			
Interest			
Taxes	vided vehicle		
Temporary vehicle rent	tals		
Fair market value of lea	ased vehicle		
Malada Ialaaa			
Malada Ialaaa		2024 Amount	2023 Amount



### **Farm Business Use of Home**

Principal Crop or Activity:				
Partial Use of Your Home for Business:				2024
Square footage of home used exclusively for busines  Total square footage of home				
Were improvements made to the home and/or home	office since the time you	u began using the home	for business?	Yes No
Expenses: Enter all expenses at 100 percentage	cent			
Direct expenses benefit the business part of your hor Example: Cost of painting or repairs made to the		ed for business.		
Indirect expenses are required for keeping up and rur Example: Real estate taxes.	nning your entire home.			
	Direct E	xpenses	Indirect E	xpenses
	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 E	xpenses	Indirect E	xpenses
•	2024 Amount	2023 Amount	2024 Amount	2023 Amount



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:**

тел	Ctata	City	Tax Year	Income Ta	ax Refund
133	State	City		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)	2024 Amount	2023 Amount

# 2024

# **Miscellaneous Adjustments**

Educa	tor Expenses: De	eduction f	or amou	nts paid by educators of kinderga	rten through Grade 12	!		
TS	2024 Amount	2023	Amount					
Health	Savings Account	s (HSAs)	Include	all Forms 1099-SA				
TS			Des	cription	2024 Amount	2023	3 Amou	nt
	Contributions made for	or 2024						
	Distributions received	from all HSA	As in 2024					
,,	ne of coverage applies to the contributions list	, ,		- ,	•		Yes	No
	distributions from your							
	or your spouse enroll in							
,	s, what month did you e						L	ļ
	month did your spouse							
	,							
Other	Adjustments to In	come: Ir	clude all	Forms 1098-E for Student Loan	Interest Paid			
TS	J		Nature	and Source	2024 Amount	2023	3 Amou	nt
						-		
						1		



	cal and Dental Expenses:	TSJ	2024 Amount	2023 Amount
	scription medicines and drugs			
Tota	al medical insurance premiums paid *			
on	g-term care expenses			
Tota	al insurance reimbursement			
Nun	nber of miles traveled for medical care			
Pers	sonal protective equipment			
Lod	ging			
Doc	tors, dentists, etc.			
	pitals			
Lab	fees			
Eye	glasses and contacts			
			2024 Amount	2023 Amount
Taxr	payer long-term care insurance premiums paid			
-	use long-term care insurance premiums paid			1
		–		1
* Do	not include Medicare premiums or premiums deducted in computing taxable wages repo	orted on	a W-2.	
her	Medical Expenses:			
	<b>.</b>		00044	0000 4
TSJ	Description		2024 Amount	2023 Amount
TSJ	Description		2024 Amount	2023 Amount
TSJ	Description		2024 Amount	2023 Amount
TSJ	Description		2024 Amount	2023 Amount
			2024 Amount	2023 Amount
	Description  Paid: Include copies of your tax bills	тет		
xes	Paid: Include copies of your tax bills	TSJ	2024 Amount 2024 Amount	2023 Amount  2023 Amount
xes		TSJ		
<b>xes</b>	Paid: Include copies of your tax bills	TSJ		
<b>xes</b> Pers	s Paid: Include copies of your tax bills  sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items	TSJ		
<b>Xes</b> Pers Gen	s Paid: Include copies of your tax bills sonal property taxes paid (include vehicle taxes)	TSJ		
xes Pers Gen	s Paid: Include copies of your tax bills  sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items	TSJ		
xes Pers Gen	s Paid: Include copies of your tax bills  sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items  size real estate taxes by state.	TSJ	2024 Amount	2023 Amount
xes Pers Gen	s Paid: Include copies of your tax bills  sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items  size real estate taxes by state.	TSJ	2024 Amount	2023 Amount
xes Pers Gen	s Paid: Include copies of your tax bills  sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items  size real estate taxes by state.	TSJ	2024 Amount	2023 Amount
xes Pers Gen	s Paid: Include copies of your tax bills  sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items  size real estate taxes by state.	TSJ	2024 Amount	2023 Amount
xes Pers Gen Ilterm	S Paid: Include copies of your tax bills  Sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items  size real estate taxes by state.  Real Estate Taxes	TSJ	2024 Amount	2023 Amount
xes Pers Gen Item	s Paid: Include copies of your tax bills  sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items  size real estate taxes by state.	TSJ	2024 Amount	2023 Amount
Pers Gen Item TSJ	s Paid: Include copies of your tax bills  sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items  nize real estate taxes by state.  Real Estate Taxes  Taxes Paid:	TSJ	2024 Amount 2024 Amount	2023 Amount 2023 Amount
Pers Gen Item	S Paid: Include copies of your tax bills  Sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items  size real estate taxes by state.  Real Estate Taxes	TSJ	2024 Amount	2023 Amount
xes Pers Gen Ilterm	s Paid: Include copies of your tax bills  sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items  nize real estate taxes by state.  Real Estate Taxes  Taxes Paid:	TSJ	2024 Amount 2024 Amount	2023 Amount 2023 Amount
Pers Gen Item	s Paid: Include copies of your tax bills  sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items  nize real estate taxes by state.  Real Estate Taxes  Taxes Paid:	TSJ	2024 Amount 2024 Amount	2023 Amount 2023 Amount



# **Itemized Deductions - Mortgage Interest and Points**

ortga	age Questions for 2024:					Yes	N
Did y If Did y If	rou refinance your home? (If Yes, en Yes, how many years is your new you purchase a new home or sell you Yes, enclose the closing statement Yes, also, did you (or your spouse		ew and former	homes.	the US		
		narried at the time of purchase) own and rear period during the 8 year period end			•		
гѕј		Paid To	Form	Receive 1098?	2024 Amount	2023 Amount	t
			Yes	No			
ner	Home Mortgage Interest P	aid:					
·SJ		Paid To	ID Nu	mber	2024 Amount	2023 Amount	t
	Name	Address					
duc	tible Points:						
·SJ		Paid To		Receive 1098?	2024 Amount	2023 Amount	
			Yes	No	2021711104111	2020 / 111104111	_
	ment Interest Expense: est paid on money you borrowed th	nat is allocable to property held for inves	tment.				_
rsj		Paid To			2024 Amount	2023 Amount	t —
$\dashv$							
						1	



В

ΓSJ	Fair Market Value (FMV)		ppraisal 3 - Comparab atalog 4 - Other (Des			1	- Gift 3	- Exchanç	
				Other Method	Description	on			
				Other Method	Description	on			
ΓSJ	Fair Market	Method Used to							Method
ΓSJ									
ΓSJ									
ΓSJ						oquii ou	Bondaron		
ca			lore Than \$500:	Include all Forms 1098-0		documentat  Date cquired	Date of	Cos	t or Bas
ca rsJ		ons Totaling \$	500 or Less: In	nclude all documentation.		2024	Amount	2023	Amount
	Number of miles	s traveled performin	ng volunteer work for o	qualified charitable organiz	zations				
ΓSJ	J		Description			202	4 Miles	202	3 Miles
	50% limit								
ΓSJ	100% limit	Со	nservation Real Prop	perty		2024	Amount	2023	Amoun
ΓSJ	T	•	on or Description of 0	. Attach a copy of the app  Contribution	raisal. Inclu	1	Amount		/. S Amount
orth	eled check, a ban nunication from the bution. Clothes a	k copy of a cancele ne charity. The writt .nd household item:	ed check, or a bank st en communication m s donated must be in	int, unless you keep as a r atement containing the na ust include the name of th good, used condition or b	me of the one of the one of the of th	charity, the late of the d ler to be de	date, and the a contribution, are ductible unless	amount) nd amour s the iten	or a writtent of the of donated
ance omr ontr	aannat daduust a a			ocumentation.					



### **Itemized Deductions - Miscellaneous**

\* These expenses are not deductible on the federal return but may be deductible on some state returns.

Miscellaneous Itemized Deductions:		TSJ	2024 Amount	2023 Amount
Union and professional dues *				
Tax preparation fee *				
Professional subscriptions *				
Hobby expense (To extent of income) *				
Safe deposit box *				
Uniforms and protective clothing *				
0 11: 1				
Other Itemized Deductions:				
Examples:				
<ul> <li>Certain legal and accounting fees *</li> <li>Investment expenses *</li> <li>Custodial fees *</li> </ul>			ent-related work expensent of amounts under a	se of a disabled person claim of right
TSJ	Description		2024 Amount	2023 Amount
Casualty or Theft Loss:  TSJ Property description				
Which of the following describes the type of pro-	operty that sustained the casualty or theft loss?			
Personal use Business	use Income producing E	mploye	e Use insolve	al use attributable to nt or bankrupt financial
Was the loss due to a federally declared disast	er? Yes No		institut	on losses on deposits
Date acquired  Date damaged or lost	(M. /D. A/)			
Original cost or other basis				
Fair market value before casualty				
Fair market value after casualty				
Cost of replacement				
Insurance reimbursement				



# Child/Dependent Care Expenses & Education Expenses

### **Child/Dependent Care Expenses:**

TSJ							
Were you or your spouse a full time sto	udent or disabled?					Yes	$\neg$
Did you pay an individual for services p						Yes	$\Box$
	nefits that were forfeited in	2024					
nild/Dependent Care Provider	S:						
Provider 1:							
Name							
Street address							
City, state, ZIP or postal code, ar	nd country						
Social security number OR							
Employer identification number	oer						
Telephone number (California or	ıly)						
Provider was a household emplo	oyee	Yes	No				
		2024 A	mount	2023 A	Amount		
Expenses incurred and paid in 20	024						
Expenses incurred and not paid i	n 2024						
Duratidan O							
Provider 2:							
City, state, ZIP or postal code, ar	· · · · · · · · · · · · · · · · · · ·						
Employer identification number	<del>-</del>						
Telephone number (California or							
Provider was a household emplo	oyee L	Yes	No	0000 4			
		2024 A	mount	2023 A	Amount		
Expenses incurred and paid in 20							
Expenses incurred and not paid in	n 2024						
ualifying Persons for Child/De	pendent Care Expen	ses:					
First Name and Initial	Last Name	So	ocial Security	Dis-	2024	2023	3
First Name and miliar	Last Name		Number	abled	Expenses Incurred	Expenses I	ncu

### Include copies of all Forms 1098-T

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



General Information:						
TSJ						
Employer identification nu	mber					
						Yes No
Did you pay any one hous	ehold employee cash wages of \$2,4	00 or more in 2024?				
Did you withhold any fede	ral income tax from wages paid to a	ny household employee?				
Did you pay total cash wa	ges of \$1,000 or more in any calenda	ar quarter of 2023 or 2024?				
Social Security, Medic	are and Income Taxes:			2024 Amount	t	2023 Amount
Cash wages subject to so	cial security taxes					
Cash wages subject to Me	edicare taxes (if different than cash w	vages subject to social secu	rity)			
Cash wages subject to ad	ditional Medicare tax withholding					
Federal income tax withhe	ld					
State disability plan payme	ents subject to social security taxes					
State disability plan payments subject to so	ents subject to Medicare taxes (if difocial security)	ferent than plan				
Federal Unemploymen	t (FUTA) Tax:					Yes No
Did you pay unemploymer	nt contributions to more than one sta	ate?				
Were all of the wages subj	ect to FUTA tax subject to the state	's unemployment tax?				
			State	Total Cash Wag Subject to FUT		2023 Amount
Complete the following for	all state unemployment contribution	ns made: X if payment to be m	nade after	April 18, 2025 —	1	
	Name of State	Total Taxable Wage		ntribution Paid to employment Fund	x	2023 Amount
			One	anpioyinent runa		

### 20



# **Federal Tax Payments**

If you have an overpayment of 2024 taxes, do you want the excess:				
Refunded Yes No				
Applied to your 2025 estimated tax liability Yes No				
Federal Estimated Tax Payments:	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount P	aid
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)				
2023 overpayment applied to 2024 estimate				
Tax Planning Information for Tax Year 2025:				
Tax Planning Information for Tax Year 2025:  Do you expect any of the following to occur in 2025?			Yes	No
			Yes	No
Do you expect any of the following to occur in 2025?				No
Do you expect any of the following to occur in 2025?  A change in your marital status				No
Do you expect any of the following to occur in 2025?  A change in your marital status  A change in the number of your dependents				No
Do you expect any of the following to occur in 2025?  A change in your marital status  A change in the number of your dependents  A substantial change in your income				No
Do you expect any of the following to occur in 2025?  A change in your marital status  A change in the number of your dependents  A substantial change in your income  A substantial change in your withholding				No
Do you expect any of the following to occur in 2025?  A change in your marital status  A change in the number of your dependents  A substantial change in your income  A substantial change in your withholding  A substantial change in deductions				No





State and City Estimated Tax Payments:	TSJ State/City		
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2024 1st Quarter Estimate 2024 2nd Quarter Estimate 2024 3rd Quarter Estimate 2024 4th Quarter Estimate			
If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax liability?			Yes No
2023 overpayment applied to 2024 estimate Balance of prior year(s)' tax paid in 2024 plus amount paid with 2023 extensions Estimated tax payments for 2023 paid in 2024			
State and City Estimated Tax Payments:	TSJ State/City		
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2024 1st Quarter Estimate 2024 2nd Quarter Estimate 2024 3rd Quarter Estimate			
2024 4th Quarter Estimate  If you have an overpayment of 2024 taxes, do you  want the excess applied to your 2025 estimated tax liability?			Yes No
2023 overpayment applied to 2024 estimate  Balance of prior year(s)' tax paid in 2024 plus amount paid with 2023 extensions		_	
Estimated tax payments for 2023 paid in 2024			
State and City Estimated Tax Payments:	TSJ State/City		
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2024 1st Quarter Estimate			
2024 2nd Quarter Estimate			
2024 3rd Quarter Estimate 2024 4th Quarter Estimate			
If you have an overpayment of 2024 taxes, do you			Yes No
2023 overpayment applied to 2024 estimate		Г	
Balance of prior year(s)' tax paid in 2024 plus		Г	
amount paid with 2023 extensions			



Include all of your current year Forms W-2G

то.	Name of Payer	Name of Payer Gross Winnings	Tax W	ithheld
TS	Name of Payer		Federal	State
_				



TS	Cal	ıntry Name	Income (Divide Rents,	Type Is Tax	Date Paid or Accrued	Tax Amount	Tax Amou
	Cot	anu y Name	Rents,	Etc.) Accrued?	(Mo/Da/Yr)	(In Foreign Currency)	(In U.S. Dol
r Year	Foreign Taxe	s Paid in the C	urrent Year:				
Year	Pate Paid (Mo/Da/Yr)	es Paid in the C	urrent Year:				
	Date Paid		urrent Year:				
	Date Paid		urrent Year:				
	Date Paid		urrent Year:				
Year	Date Paid (Mo/Da/Yr)	Amount					
Year	Date Paid (Mo/Da/Yr)						
Year	Date Paid (Mo/Da/Yr)	Amount					
Year	Date Paid (Mo/Da/Yr)	Amount					



### 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:

Taxpayer	Spouse	Joint	
Taxpayer	Spouse	Joint	
	_		
	_		
	Taxpayer		



### **Gifts Made in Trust**

NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, provide the following information:

Name of trust receiving the gift
Name of the trustee
Address of the trustee
Address of the trustee
Trust identification number
Name of the beneficiary of the trust
Your relationship to the beneficiary
(e.g., son, granddaughter or friend)
Age of the beneficiary
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
Value of assets gifted if other than cash
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.
determined.

### Include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.



# **Additional Information**