

Abbott & Company
55898 29 Palms Hwy Ste A
Yucca Valley, CA 92284
www.AbbottTaxCompany.com
760-365-1040

Dear Client:

Once again, the tax season is here. We hope that you and your family have had a wonderful year.

Enclosed is your 2024 Tax Organizer which will assist you in collecting and reporting information necessary for us to properly prepare your 2024 income tax return. Prior year data is included for your reference. **Please sign the enclosed engagement letter and consent form (pages 3 & 4) then return the completed organizer with supporting documents.**

Be sure to provide us with the following information:

- Form(s) W-2 (wages, etc.)
- Form(s) 1099 (interest, dividends, etc.)
- Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)
- Form(s) 1098 (mortgage interest)
- Property Tax Statements (for all parcels)
- Brokerage statements from stock, bond or other investment transactions
- Closing statements pertaining to real estate transactions
- All other supporting documents (schedules, checkbooks, etc.)
- Any tax notices received from the IRS or other taxing authorities
- A copy of your 2023 tax return, if **not** prepared by this office.

Here are some issues you need to know about.

Tax return due dates:

- Individuals must file returns by April 15, 2025, for the 2024 tax year;
- Partnerships and S corporations must file returns by the 15th day of the third month following the close of the taxable year (March 15 for calendar-year taxpayers);
- C corporation returns are generally due by the 15th day of the fourth month following the close of the taxable year (April 15 for calendar-year taxpayers); and
- W-2s and 1099s must be filed by January 31, 2025, for the 2024 tax year.

Property transactions: Did you sell any real estate this year? Be sure to provide copies of escrow statements, as well as the Loan Estimate form, the Closing Disclosure form, and California Form 593, Real Estate Withholding Tax Statement. We need these documents to properly prepare your return. If you can get them to us as early as possible, we can make sure we have everything we need, and make sure that any state withholding documentation is correct.

1099s and K-1s: If you received 1099s or K-1s from investments in , we may extend your return

in case these documents are corrected after the original filing deadline. We are seeing increasing numbers of corrected information returns, which require taxpayers to amend their original tax returns to reflect the corrected amounts. In some cases, the amounts are vastly different and can create additional costs in amending the tax returns and potential penalty problems.

1099-Ks: Be sure to provide a copy of any 1099-Ks you receive and let's discuss the source of the income. In the case of mobile phone payment apps, if you designated your account as a business account, but receive payments for non-business items, then you may receive a 1099-K for income that should not be taxable to you. Do not ignore the 1099-K. The IRS will expect you to report the income. If the income was not received in exchange for goods and services then we can report the 1099-K in a way that ensures you are not taxed on it.

Foreign accounts: We must report overseas assets owned by businesses as well as individuals. The reporting requirements are increasing and the penalties for failure to report continue to be harsh. Not all foreign holdings must be reported. If, for example, you hold stock in a foreign company through a U.S. broker, those holdings do not have to be separately reported. However, if you hold any other types of foreign assets, including bank accounts and securities accounts, please let us know. If you have any doubt as to whether any of your assets are foreign, please discuss those assets with us. Again, this year we will need information on a business' foreign holdings as well.

Please take extra care in preparing your organizer and documentation so we can do the best possible job to find new tax benefits that are hidden in the law and protect you from more aggressive audit programs and larger penalties.

Thank you for your continued trust and confidence in our professional services. We look forward to working with you.

Sincerely,

Shelly L. Abbott, EA

Enrolled To Practice Before the Internal Revenue Service

Abbott & Company
55898 29 Palms Hwy. Suite A
Yucca Valley, CA 92284-7802

Annual Engagement Letter

Dear Client:

We appreciate the opportunity to work with you. To minimize the possibility of a misunderstanding between us, we are setting forth pertinent information about the services we will perform for you.

We will prepare your 2024 Federal Form 1040 and California Form 540, or any applicable states, including income tax schedules from information you furnish to us. We do not use foreign or third parties for preparation of your tax return. We will not audit or otherwise verify the data you submit, although we may ask you to clarify or document some of the information.

We must receive all information by April 1, 2025 to prepare your return by the April 15, 2025 deadline. If we have not received all of your information by April 1, 2025, and your return is not completed by April 15, 2025, you may be subject to late filing and late payment penalties. We will file tax extensions for clients unless specifically requested not to do so. **The extension is an extension of time to file your tax return, not an extension to pay any tax liability due.** If an extension is filed, provide all of your information by September 15, 2025 to prepare your returns by the October 15, 2025 deadline.

As a taxpayer, it is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including and not limited to auto mileage, travel, investments, depreciation allowances, receipts supporting all cash and non-cash charitable contributions, and other related expenses. The law imposes various penalties when taxpayers understate their tax liabilities. **We are not your record keepers.** If you have any questions as to your record-keeping requirements, please ask us for advice. Further, by signing the declaration below, you are agreeing that you have provided written confirmation and documentation, to the best of your knowledge, and that you maintain adequate record requirements. **Please remember, you have the final responsibility for the information on your income tax returns.**

We need to make you aware that U.S. taxpayers are required to report their worldwide income, that is, income from both U.S. and foreign sources. In addition, taxpayers who own, have an interest in, or signature authority over assets in a foreign country, may be required to report the existence of the asset. Penalties for failure to report these assets may be subject to a civil penalty not to exceed \$10,000 per violation. A person who willfully fails to report an account may be subject to a civil monetary penalty equal to the greater of \$100,000 or 50% of the balance in the account at the time of violation. Your signature below will acknowledge that you have reported any and all foreign assets in which you have either ownership or a signature authority. This includes, but is not limited to, funds in foreign financial institutions, real estate, rights to foreign pension plans, cryptocurrency, rights to distributions from foreign estates and trusts, life insurance with cash surrender values or any other foreign assets. It does not include stocks in foreign countries held by U.S. brokerage companies.

It is also your responsibility to carefully examine and approve your completed tax returns before signing. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, resulting in additional taxes, penalties, and interest. If a joint return is prepared, tax returns and copies of all supporting documentation will be made available to either spouse without the consent or notification of the other spouse.

We are responsible for preparing only the returns listed above. Please inform us if there are additional returns you wish us to prepare, such as sales tax, property tax, inheritance, gift or estate tax, other income tax returns for other entities, or other states or cities tax returns. Our fee does not include responding to inquires or examination by taxing authorities. However, we are available to represent you and this would be covered under a separate engagement letter.

We will use our judgment to resolve questions in your favor where a tax law is unclear if there is reasonable justification for doing so. Whenever we are aware that a possible applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g. tax agencies and courts), we will explain the possible positions that may be taken on your return. We will follow whatever position you request, so long as it is consistent with the codes and regulation and interpretations that have been promulgated. If the IRS should later

contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any additional penalties or assessments.

If we are asked to disclose any privileged communication, we will not provide such disclosure until you have authorized us to do so, unless we are required to disclose the communication by law. You agree to pay any and all reasonable expenses that we incur, including legal fees, that are a result of the attempts to protect any communication as privileged. Our firm maintains and complies with a 3 year records retention policy. We recommend you retain all documents, canceled checks, receipts, and other data that form the basis of income and deductions for at least 3 years after filing your return.

Our fee for these tax services will be based on our standard rates. Invoices are due and payable upon representation. No further work will be performed when an unpaid balance is over 30 days. The suspension or termination of our work may cause you to fail to meet deadlines imposed by creditors, governments or third parties or may result in other adverse consequence of nonpayment of our statements. Our services will conclude upon delivery of the completed tax returns discussed above or upon our resignation from the engagement.

We want to make you aware that effective January 1, 2020, California residents must obtain minimum essential health care coverage to avoid the new California individual health care mandate penalty enacted by SB 78 (Ch. 19-38). Generally speaking, an individual who fails to secure coverage will be subject to an annual **penalty** when they file their CA tax return.

We appreciate the opportunity to serve you. Please sign and date this letter to acknowledge your agreement with and acceptance of your responsibilities and the terms of this engagement. It is our policy to initiate services after we receive the executed engagement letter. If this is a joint return, both spouses must sign.

Sincerely yours,

Shelly L. Abbott, EA
Steven G. Frazer, EA

_____ (Taxpayer) _____ (Date)

_____ (Spouse) _____ (Date)

I have read the above terms of the engagement letter and agree with the terms of this engagement.

Enrolled to Practice Before the Internal Revenue Service

Client Consent To Use Tax Information

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. In

In addition to tax preparation services, this firm is in the business of providing year round financial consultation and tax planning services. These services cannot be provided without your consent.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Consent to Use

I consent to the use of my tax information for purposes other than preparing my tax return. I consent for you to communicate with me via newsletter, e-mail, web site, phone, or other means with information and recommendations that may be of use to me, including but not limited to: **Tax Advice; Tax Planning; Retirement Tax Planning; Other Tax Advice.**

By signing this form you expressly consent to the use of your tax information for the purposes of providing these auxiliary tax services for you. I understand the firm is using tax information furnished by me to provide me with the services listed here.

I also understand that I may terminate this consent at any time by providing a written request for termination.

Privacy Policy: Your non-public personal information is collected from various sources: Information received from you on tax organizers, worksheets, client questionnaires; information you provide via personal interviews, telephone conversations, faxes and emails. Except upon approval by me or as required by law the firm will not disclose my confidential tax information to any other person or for any other purpose.

I also acknowledge that I have read and understand the Firms Privacy Policy provided above.

Duration of this consent: _____
(one year from date of signature if left blank)

_____ (Taxpayer) _____ (Date)

_____ (Spouse) _____ (Date)

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484 or by email at complaints@tigta.treas.gov

Enrolled to Practice Before the Internal Revenue Service

2024	1040	US	Client Information	1
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Abbott & Company
55898 29 Palms Hwy Ste A
Yucca Valley, CA 92284
 Telephone number: **(760) 365-1040**
 Fax number: **(760) 369-7365**
 E-mail address: **Shelly@FrazerTax.com**

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2024 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table).....	1
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying surviving spouse (2022 or 2023)	
Taxpayer	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Spouse	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	CA
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying surviving spouse (QSS)

Please add, change or delete information for 2024.	1
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CLIENT INFORMATION

Taxpayer Contact Information	Home phone Work phone Work extension Daytime phone (table) 1 Mobile phone Fax number E-mail address		Daytime Phone 1 = Work 2 = Home 3 = Mobile
Spouse Contact Information	Home phone Work phone Work extension Daytime phone (table) Mobile phone Fax number E-mail address		RDP Filing Status 1 = Not applicable 2 = Joint 3 = Separate
Taxpayer Authentication	Driver's license no. Driver's license state Issue date (m/d/y) Expiration date (m/d/y) Theft protection PIN		
Spouse Authentication	Driver's license no. Driver's license state Issue date (m/d/y) Expiration date (m/d/y) Theft protection PIN		
CA State Information	Registered domestic partner filing status (see table) 1=PMB no. in address NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information.		

If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION *(If yes, provide details)*

- | Yes | No | |
|--------------------------|--------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2024? |

DEPENDENTS

- | | | |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2024? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2024, with interest and dividend income in excess of \$1,300, or total investment income in excess of \$2,600? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you adopt a child in 2024? |

HEALTH CARE COVERAGE

- | | | |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive IRS document Form 1095-A (Health Insurance Marketplace-Covered California), if so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | California residents: Did you have health insurance coverage for the entire year?
<i>Please attach proof of insurance coverage such as Form 1095-B or 1095-C.</i> |

INCOME

- | | | |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time during the tax year, did you: receive or sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any unemployment income? |

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Miscellaneous Questions

Did you have any gambling winnings and losses to report where you kept a record or diary of your activity?

Did you receive or pay any alimony? What was the amount and date of the agreement?

Have you reported all income you have received from all sources?

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2024?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? (*Provide closing disclosure, formerly known as HUD-1, and term of loan*)

Did you purchase a home in 2024 and you were overseas on official extended duty?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal, fuel cell energy sources, heat pump or heat pump water heater, central air conditioner, water heater, oil furnace, hot water broiler, biomass stove or broiler, exterior doors, windows or skylights, or insulation materials? Include a copy of the receipt and a description of the improvement.

Did you have any debts canceled or forgiven?

Did you purchase any items that are subject to California 'Use' Tax? Please provide amount purchased out of state.

RETIREMENT PLANS

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

2024	1040	US	Miscellaneous Questions
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- Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2024?

EDUCATION

- Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? Please provide **Form 1098-T** from the qualified school.

ITEMIZED DEDUCTIONS

- Did you incur a loss because of damaged or stolen property?
- Did you incur major medical, vision, dental, or prescription drug costs?
- Did you pay real estate taxes? (**Provide property tax statements**)
- Did you pay sales tax on major purchases, such as autos, boats, etc.? (**Provide purchase document**)
- Did you pay registration fees for your car?
- Did you pay mortgage interest? **Provide Form 1098**
- Did you make cash charitable contributions? **Provide copies of any giving statements**
- Did you make non-cash charitable contributions? (**If the total amount donated is greater than \$500, provide the date for each contribution and the fair market value (thrift shop value) for the contributed items, along with copies of thrift store receipts**)

ESTIMATED TAXES

- Did you apply an overpayment of 2023 taxes to your 2024 estimated tax (instead of being refunded)?
- If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax (instead of being refunded)?
- Do you expect your 2025 taxable income and withholdings to be different from 2024?

MISCELLANEOUS

- Do you want to electronically file your tax return?

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Miscellaneous Questions

- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?
- Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
- Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?
- Was your home rented out or used for business?
- Did you pay child and dependent care costs? *(Copy of the year-end statement from the provider)*
- Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
- Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
- Did you engage the services of any household employees?
- Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
- Did you or your spouse make any gifts to an individual that total more than \$18,000, or any gifts to a trust?
- Did your bank account information change within the last twelve months?
- If you have a tax refund, would you like your refund directly deposited to your bank account? *Please provide voided check*
- If you have a tax balance due, would you like your payment to be electronically withdrawn from your bank account? *Please provide voided check*
- Would you prefer to receive your tax organizer via Client Portal next year? Please provide current email address.
- Do you prefer a paper copy of your tax return?
- Do you want a digital copy of your tax return?
- Do you prefer an in-office appointment?

2024	1040	US	Client Information	1
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Abbott & Company
55898 29 Palms Hwy Ste A
Yucca Valley CA 92284
 Telephone number: **(760) 365-1040**
 Fax number: **(760) 369-7365**
 E-mail address: **Shelly@FrazerTax.com**

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2024 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying surviving spouse (2022 or 2023) ...	
Taxpayer	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Spouse	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying surviving spouse (QSS)

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Client Information (continued)

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Please add, change or delete information for 2024.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Spouse Contact Information	Home phone.....		
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Taxpayer Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		
Spouse Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		

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Please add, change or delete information for 2024.

DEPENDENTS

		Dependent	Dependent	
First name.....				<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> School records or statement Landlord or property management statement Health care provider statement Medical records Child care provider records Placement agency statement Social service records or statement Place of worship statement Indian tribe office statement Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> Doctor statement Other health care provider statement Social services agency or program statement
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Date of death.....				
Date of adoption.....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
IRS theft protection PIN.....				
First name.....				
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Date of death.....				
Date of adoption.....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
IRS theft protection PIN.....				
First name.....				
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Date of death.....				
Date of adoption.....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
IRS theft protection PIN.....				

Please enter all pertinent 2024 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2024 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2024 Voucher Amount
Overpayment applied from 2023				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2024 Voucher Amount
Overpayment applied from 2023				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2024 information.

APPLICATION OF 2024 OVERPAYMENT (7.1)

If you have an overpayment of 2024 taxes, do you want the excess refunded? or applied to 2025 estimate?

Other (please explain): _____

2025 ESTIMATED TAX INFORMATION

Do you expect your 2025 taxable income to be different from 2024? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2025 withholding to be different from 2024? Yes No

If "yes" explain any differences: _____

7.1

2024	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2024 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2023 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/24	2023 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 14)		
		1=IRA/SEP/SIMPLE							

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2023 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2024 Amount	TS		2023 Amount
Total gambling losses				
Winnings not reported on Form W-2G				

10, 13.1, 13.2

2024	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2024 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2023 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income					Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2023 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

2024

1040

US

Miscellaneous Income

14.1

Please enter all pertinent 2024 amounts and attach all 1099-MISC, 1099-NEC, 1099-K, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2024 Amount		2023 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins.				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Activity not engaged in for profit income				
Olympic & Paralympic medals & USOC prize money				
Prizes and awards				
Stock Options				
Strike or lockout benefits (other than bona fide gifts)				
Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes				
Wages earned while incarcerated not on W-2				
Income subject to S/E tax: (1099-NEC, box 1)				

Other income (1099-MISC, box 3, 8)				

Form 1099-K

Amount of sale proceeds from Form 1099-K for personal item(s) sold at a loss				
Amount from Form 1099-K that was incorrectly reported				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

14.1

Please add, change or delete 2024 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2024 1099-G Amount

No. <input style="width:40px;" type="text"/>	Name of payer			
	1=spouse			
	Unemployment compensation:			
	Total received (Box 1)			
	2024 Overpayment repaid			
	State and local refunds:			
	State and local income tax refund, credit or offsets (Box 2)			
	1=city or local income tax refund			
	Tax year for box 2 if not 2023 (Box 3)			
	Federal income tax withheld (Box 4)			
	RTAA payments (Box 5)			
	Taxable grants:			
	Federal taxable amount (Box 6)			
	State taxable amount, if different			
	Farm amounts:			
Agriculture payments (Box 7)				
1=agriculture payments are from conservation reserve program				
Market gain (Box 9)				
Number of farm				
1=box 2 is trade or business income (Box 8)				
State income tax withheld (Box 11)				

No. <input style="width:40px;" type="text"/>	Name of payer			
	1=spouse			
	Unemployment compensation:			
	Total received (Box 1)			
	2024 Overpayment repaid			
	State and local refunds:			
	State and local income tax refund, credit or offsets (Box 2)			
	1=city or local income tax refund			
	Tax year for box 2 if not 2023 (Box 3)			
	Federal income tax withheld (Box 4)			
	RTAA payments (Box 5)			
	Taxable grants:			
	Federal taxable amount (Box 6)			
	State taxable amount, if different			
	Farm amounts:			
Agriculture payments (Box 7)				
1=agriculture payments are from conservation reserve program				
Market gain (Box 9)				
Number of farm				
1=box 2 is trade or business income (Box 8)				
State income tax withheld (Box 11)				

2024	1040	US	Business Income (Schedule C)	No. <input style="width:40px;" type="text"/>	16
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, if different from Form 1040	
State, if different from Form 1040	
ZIP code, if different from Form 1040	
Foreign region	
Foreign postal code	
Foreign country	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower cost/market, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=personal services is not a material income producing factor		
1=investment		
1=minister's Schedule C		
1=single member limited liability company		
1=trader in financial instruments or commodities		

INCOME

	2024 Amount	2023 Amount
Gross receipts or sales (Form 1099-NEC)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year		

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2024 Amount	2023 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

<hr/>		
<hr/>		
<hr/>		
<hr/>		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2024

1040

US

Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2024 Amount	2023 Amount
Description of property		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented	34	

Percentage of ownership if not 100% (.xxxx)		1=did not actively participate	
Percentage of tenant occupancy if not 100% (.xxxx)		1=real estate professional	
1=spouse, 2=joint		1=rental other than real estate	
1=qualified joint venture		1=investment	
1=nonpassive activity, 2=passive royalty		1=single member limited liability company	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no			

INCOME

	2024 Amount	2023 Amount
Rents or royalties received		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

	2024 Amount	2023 Amount
Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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2024

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	
Foreign postal code	
Foreign country	

OIL AND GAS

	2024 Amount	2023 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use	
Number of days owned (if optional method elected)	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		

Other:

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2024 Amount	2023 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months of business use if changed from 100% personal use		

AUTOMOBILE MILEAGE

Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

2024

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US

Itemized Deductions

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Please enter all pertinent 2024 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums not entered elsewhere, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Medical miles driven, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2024 estimates are automatic.)

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows include State income taxes (1/24 payment, 2023 return extension, 2023 state return, prior years), and City/local income taxes (1/24 payment, 2023 city/local extension, 2023 city/local return).

SALES AND USE TAXES PAID

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows include State and local sales taxes, Use taxes paid on 2024 purchases, Use taxes paid with 2023 state return, Sales tax on autos, and Sales tax on boats, aircraft, other special items.

OTHER TAXES PAID

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows include Real estate taxes (principal residence, held for investment), Personal property taxes, Foreign income taxes, and Other taxes.

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2024

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US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 5) reported on Form 1098:

2024 Amount

TS

2023 Amount

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Includes lines for reporting mortgage interest and points.

Home mortgage interest not reported on Form 1098:

Form for providing payee information: Payee's name, SSN or FEIN, street address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Row for Amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Row for reporting points.

Investment interest (interest on margin accounts):

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Row for reporting investment interest.

Passive interest:

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Row for reporting passive interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows for reporting cash or check contributions.

Volunteer expenses (out-of-pocket):

Number of charitable miles:

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Row for reporting volunteer expenses and miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Rows for reporting cash or check contributions.

Volunteer expenses (out-of-pocket):

Number of charitable miles:

Table with 3 columns: 2024 Amount, TS, 2023 Amount. Row for reporting volunteer expenses and miles.

25 p2

2024

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2024 Amount

TS

2023 Amount

Table with 3 columns: Description, 2024 Amount, TS, 2023 Amount. Includes 3 rows for 50% limitation.

30% limitation (see above):

Table with 3 columns: Description, 2024 Amount, TS, 2023 Amount. Includes 3 rows for 30% limitation.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Table with 3 columns: Description, 2024 Amount, TS, 2023 Amount. Includes 3 rows for 30% capital gain property.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Table with 3 columns: Description, 2024 Amount, TS, 2023 Amount. Includes 3 rows for 20% capital gain property.

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Table with 3 columns: Description, 2024 Amount, TS, 2023 Amount. Includes 3 rows for other unreimbursed employee expenses.

Investment expense:

Table with 3 columns: Description, 2024 Amount, TS, 2023 Amount. Includes 3 rows for investment expense.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: Description, 2024 Amount, TS, 2023 Amount. Includes 2 rows for tax return preparation fee and safe deposit box rental.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Table with 3 columns: Description, 2024 Amount, TS, 2023 Amount. Includes 3 rows for miscellaneous deductions.

25 p3

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

Estate tax, section 691(c)
Other miscellaneous deductions:

2024 Amount	TS	2023 Amount

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2024 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2024 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2024 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

	2024 Amount	TS	2023 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2024			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2024			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2024			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2024			
Grandfather debt balance - beginning of year			

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

Please enter all pertinent 2024 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3

2024 Amount	TS	2023 Amount
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Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2024			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2024			
Grandfather debt balance - beginning of year			

Loan #4

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2024			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2024			
Grandfather debt balance - beginning of year			

Form

1 = Schedule A (default)
 2 = Business use of home
 3 = Schedule E

2024

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US

Business Use of Home (Form 8829)

No.

29

Please enter 2024 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2024 Amount	2023 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
Area of home included above used exclusively for daycare business, if any (sq ft).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		

2024	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2024 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2024 Amount		2023 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2024				
Employer-provided benefits forfeited in 2024				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2024		2023 amt:
	1=over age 12 & disabled at the time care was provided 1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2024		2023 amt:
	1=over age 12 & disabled at the time care was provided 1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider		
	Street address		
	City		
	State		
	ZIP code		
	Foreign region		
	Foreign postal code		
	Foreign country		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2024		2023 amt:
1=spouse, 2=joint			
1=care provided ind. above was a household employee			