RLB CPA's, Inc. 1600 Lexington Ave Mansfield, OH 44907-2907 RLB CPA's, Inc. 1600 Lexington Ave Mansfield, OH 44907-2907

2024 Client Organizer

RLB CPA's, Inc. 1600 Lexington Ave Mansfield, OH 44907-2907 419-756-3400

Dear :

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

Enter 2024 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, payment card or third party network transactions, etc.
- Brokerage statements showing investment transactions for stocks, bonds, digital assets, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements and receipts supporting qualified educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- Statements from U.S. Department of Education supporting federal student loan forgiveness.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit
- All Forms 1099-QA and/or 5498-QA related to ABLE (Achieving a Better Life Experience) account.
- All Forms 1099-H related to Health Coverage Tax Credit (HCTC) advance payments.
- Statements supporting deductions for mortgage interest (Forms 1098), taxes, and charitable contributions (including any Form 1098-C).
- Statements supporting the receipt, exchange, sale, use, or any other disposition of a digital asset
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Six-digit Identity Protection PIN for use during calendar year 2025, if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this

requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper. Thank you for the opportunity to serve you. Sincerely, RLB CPA's, Inc.

Form ID: 1040	Person	al Information			1
Filing (Marital) status code (1 = Single, 2 = Married filin		eparate, 4 = Head of household, 5	s = Qualifying surviving spo	ouse)	[1]
Mark if you were married but living apart all year			. ([2]
Mark if your nonresident alien spouse does not	have an Individual	Taxpayer Identification Nu	ımber (ITIN)		(3)
		Taxpayer		Spouse	
Social security number	·	[4]	-		[5]
First name		[6]			[7]
Last name		[8]		***************************************	
Occupation		[10]			[11]
Designate \$3.00 to the presidential election car	npaign tund? (1 = Yes,				[14]
Mark if dependent of another taxpayer		[15]			[16]
Taxpayer with income less than 1/2 support ag	e 18 or 19 - 23 full-ti				
Mark if legally blind		[20]			[21]
Date of birth	Promo	[22]			[24]
Date of death	Western	[26]			[27]
Work/daytime telephone number/ext number	W-12-2-11-2-11-2-11-2-11-2-11-2-11-2-11			[30]	[31]
Home/evening telephone number		[32]			[33]
Do you authorize us to discuss your return with		[34]			
	Present	Mailing Address			
Address					[40]
Apartment number				-	[41]
City, state postal code, zip code			[42]	[43]	[44]
Foreign country name					[46]
Foreign phone number					[49]
In care of addressee					[51]
	Denend	lent Information			
/*n			h = h = tt = == \		Care
(*Pi	ease refer to Depe	ndent Codes located at t	ne bottom)	Months**Dep	expenses
First Name(52) Last Name	Date of Birth	Social Security No.	Relationship	in Codes home * **	paid for dependent
riist ivaine	Date of Birth	Social Security 140.	Relationship	nome	черениен
		·			
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ANATONIA ANA		-			
And the state of t	Andrews and the second				
	*				

		· · · · · · · · · · · · · · · · · · ·			
Name of child who lived with you but is not yo	ur denendent				[53]
Social security number of qualifying person	ar acpenaent				[53 [54
Social security maniber of qualitying person					
	De	pendent Codes			
*Basic 1 = Child who lived with you			ent (Age 19 - 23)		
2 = Child who did not live wit	h you due to divord		oled dependent		
3 = Other dependent			endent who is both	a student and disa	abled
4 = Other dependents, but do			s (ODC)		
5 = Qualifying child for Earne					
6 = Children who lived with y		-	edit		
7 = Children who lived with y	•	· ·			
8 = Children who lived with y	ou, but do not qual	ify for Child Tax Credit/C	redit for Other De	endents/Earned I	ncome Cred
***Months 77 = Reported on odd year re	eturn				
88 = Reported on even year i	eturn				
99 = Not reported on return					
					1

Form ID: 1040

Form	ID.	Info

Client Contact Information

2

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Taxpayer email address	Blank = Both, T = Taxpayer, S = Spouse)	[8] [9]
Spouse email address		[10]
	Taxpayer	Spouse
Fax telephone number	[11]	[20]
Mobile telephone number	[12]	[21]
Mobile telephone #2 number	[13]	[22]
Pager number	[14]	[23]
Other:	[15]	[24]
Telephone number	[16]	[25]
Extension	[17]	[26]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[27]

Form	ın.	Ran	ı

Direct Deposit/Electronic Funds Withdrawal Information

3

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

[1]
[6] [7] _[8] _[11] _[12]
[7] [8] [11] [12]
[8] [11] [12]
[11] [12]
[11] [12]
[12]
[23]
[24]
[25]
[26]
[29]
[30]
Percent (xxx.xx)[16]
[31]
[32]
[33]
[34]
[37]
[38]
Percent (xxx.xx) [18]
_

Form ID: ELF	Electronic Filing	6
	who expect to prepare a certain amount of federal individual tax returns to file in will be electronically filed this year if it qualifies for electronic filing under IR in instead of filing electronically.	
Mark if you want to file a paper return even it	f you qualify for electronic filing	[1]
Receive email notification(s) when your elect If 1 or 2, please provide email address on	ronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) Organizer Form ID: Info	[2]
Mark if you are filing a balance due return ele	ectronically and you want to pay the amount due by debiting your	
financial institution account		[9]
The IRS requires a Personal Identification Nur	mber (PIN) be used in signing returns that are electronically filed.	
Each taxpayer and spouse, if applicable, must	t provide a 5 digit self-selected PIN of your choice other than all zeroes.	
Taxpayer self-selected Personal Identification	on Number (PIN)	[7]
Spouse self-selected Personal Identification	n Number (PIN)	[8]

Form ID: IDAuth	Identity Authentication	7
Taxpayer -		
Form of identification (1 = Driver's license, 2 = State issue	d identification card, 3 = No applicable identification, 4 = Identification not provided)	[1]
Identification number		[3]
Issue date		[4]
Expiration date (mm/dd/yyyy)		[5]
Location of issuance (State issued only)		[6]
Document number (New York only)		[7]
Spouse -		
Form of identification (1 = Driver's license, 2 = State issue	ed identification card, 3 = No applicable identification, 4 = Identification not provided)	[10]
Identification number		[12]
Issue date		[13]
Expiration date (mm/dd/yyyy)		[14]
Location of issuance (State issued only)		[15]
Document number (New York only)		[16]

Form ID: Est	Est	imated Taxes		8
If you have an overpay	ent of 2024 taxes, do you want the excess	s:		
Refunded	· •			[52]
	timated tax liability			[53]
	rable change in your 2025 income? (Y, N)			[54]
If yes, please explain ar	differences:			
				(55)
		- 12 ULANUARIA		[56]
				[57] [58]
Do you expect a consid	rable change in your deductions for 2025	12 (V N)		[59]
If yes, please explain ar				
11) 00) produce on product an				[60]
				[61]
				[62]
				[63]
•	rable change in the amount of your 2025	i withholding? (Y, N)		[64]
If yes, please explain a	differences:			
		W. 1910-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		[65]
				[66]
		- LIDVANISATANIR-ANTONIA		[67] [68]
Do you expect a chang	in the number of dependents claimed for	r 2025? (y. N)		[69]
If yes, please explain a		1 20201 (1,11)		(55)
/ 00/ [[70]
				[71]
			CONTRACTOR OF THE CONTRACTOR O	[72]
			(5-7-0)	[73]
Payment method used	to pay your estimated taxes (1=Electronic	: Federal Tax Payment Syste	em (EFTPS); 2=Direct Pay)	[74]
	2024 Federa	l Estimated Tax Payn	nents	
2023 overpayment ap	lied to 2024 estimates		+	[1]
	culated amounts on the dates due indica	ted below. Skip the remain	ning fields.	[5]
If your estimated payr	ents were not made on the date due or w	vere for an amount other th	nan the calculated amount below, p	lease enter
the actual date and ar	ount paid.			
	Date Due Date Paid if After Date Du		Calculated Amount	Method*
1st quarter payment	04/15/24[6]	+	_[7]	
2nd quarter payment 3rd quarter payment	06/17/24[8] 09/16/24[10]	+	_[9]	
4th quarter payment	09/16/24[10] 01/15/25[12]	+	[13]	1
Additional payment	[14]	+	[15]	
riaditional payment				
	*Method of p	ayment indicated in prior	year	
	EFW = Electronic funds withdrawal	EFTPS = Electronic Fe	deral Tax Payment System	
Į	Voucher = Form 1040-ES estimated tax	payment voucher		
	10.			
NOTES/QUESTIO	15:			

Control Totals +

Form ID: Est

Form ID: St Pmt	2024 State Estima	ated Tax Payments	9
Taxpayer/Spouse/Joint (τ, s, J) State postal code			[1] [2]
Amount paid with 2023 return 2023 overpayment applied to '24 estimates Treat calculated amounts as paid		+ -	[3] [4] [8]
Date Paid		Amount Paid	Calculated Amount
1st quarter payment[9]		+[10]	
2nd quarter payment[11]		+[12]	
3rd quarter payment[13]		+[14]	
4th quarter payment[15] Additional payment[17]		+[16] +[18]	
	2024 City Estima	ited Tax Payments	
City #1		City #2	
City name	[28]	City name	[50]
_	[31]		[53]
2023 overpayment applied to '24 estimates +		2023 overpayment applied to '24 estimates + Treat calculated amounts as paid	
Treat calculated amounts as paid	(36)	Treat calculated amounts as paid	(58)
Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment[37] +_			[60]
2nd quarter payment[39] + _		2nd quarter payment[61] +	
3rd quarter payment[41] + _		3rd quarter payment	
4th quarter payment[43] + _	[44]	4th quarter payment[65] +	[66]
Calculated Amount		Calculated Amount	
1st quarter payment			
2nd quarter payment		2nd quarter payment	
3rd quarter payment		3rd quarter payment	
4th quarter payment		4th quarter payment	
City #3		City #4	
City name	[72]	City name	[94]
•	[75]	Amount paid with 2023 return +	[97]
2023 overpayment applied to '24 estimates +		2023 overpayment applied to '24 estimates + Treat calculated amounts as paid	
Treat calculated amounts as paid	[80]	Treat calculated amounts as paid	[102]
Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment[81] +	[82]	1st quarter payment[103] -	[104
2nd quarter payment[83] +	[84]	2nd quarter payment[105]	[106
3rd quarter payment[85] +	[86]	3rd quarter payment[107]	
4th quarter payment[87] +	[88]	4th quarter payment[109]	[110
Calculated Amount		Calculated Amount	
1st quarter payment		1st quarter payment	
and supplied not mont		2nd quarter payment	
2-1		3rd quarter payment	
4th quarter payment	_	4th quarter payment	

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Form ID: St Pm1

Local wages (Box 18)

Local tax withheld (Box 19)

Name of locality (Box 20)

* * * * C	ges and Salaries #1	12
Please pro	vide all copies of Form W-2.	
·	2024 Information	Prior Year Information
Taxpayer/Spouse (τ, s)	[1]	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 =	Farming / Fishing, 4 = National Guard, 5 = Diff of Care)[5]	
Mark if this is your current employer	[6]	
Mark if this is the last year for this employer	[9]	
Federal wages and salaries (Box 1)	+[10]	
Federal tax withheld (Box 2)	+[12]	
Social security wages (Box 3) (If different than federal wages)	+[14]	
Social security tax withheld (Box 4)	+[16]	
Medicare wages (Box 5) (If different than federal wages)	+[18]	
Medicare tax withheld (Box 6)	+[21]	
SS tips (Box 7)	+[23]	
Allocated tips (Box 8)	+[25]	
Dependent care benefits (Box 10)	+[27]	
Box 13 -		
Statutory employee	[29]	
Retirement plan	[30]	
Third-party sick pay	[31]	
State postal code (Box 15)	[32]	
State wages (Box 16) (If different than federal wages)	+[34]	
State tax withheld (Box 17)	+[36]	
Local wages (Box 18)	+[38]	
Local tax withheld (Box 19)	+[40]	
Name of locality (Box 20)	[43]	
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Wa	ges and Salaries #2	
	ges and Salaries #2 ovide all copies of Form W-2.	Prior Year Information
Please pr	ges and Salaries #2 ovide all copies of Form W-2. 2024 Information	Prior Year Information
Please pr Taxpayer/Spouse (τ, s)	ges and Salaries #2 ovide all copies of Form W-2.	Prior Year Information
Please pro Taxpayer/Spouse (T, S) Employer name	ges and Salaries #2 ovide all copies of Form W-2. 2024 Information [1] [3]	Prior Year Information
Please process of the second s	ges and Salaries #2 ovide all copies of Form W-2. 2024 Information [1][3] = Farming / Fishing, 4 = National Guard, 5 = Diff of Care)[5]	Prior Year Information
Please process of the second s	ges and Salaries #2 ovide all copies of Form W-2. 2024 Information [1] [3] = Farming / Fishing, 4 = National Guard, 5 = Diff of Care) [5] [6]	Prior Year Information
Please process Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer	ges and Salaries #2 ovide all copies of Form W-2. 2024 Information [1] [3] Farming / Fishing, 4 = National Guard, 5 = Diff of Care) [5] [6] [9]	Prior Year Information
Please process Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1)	ges and Salaries #2 ovide all copies of Form W-2. 2024 Information [1] [3] Farming / Fishing, 4 = National Guard, 5 = Diff of Care)[5] _[6] _[9] +[10]	Prior Year Information
Please process Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2)	ges and Salaries #2 ovide all copies of Form W-2. 2024 Information [1] [3] Farming / Fishing, 4 = National Guard, 5 = Diff of Care) [5] [6] [9] [10]	Prior Year Information
Please processor Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages)	ges and Salaries #2 ovide all copies of Form W-2.	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4)	ges and Salaries #2 ovide all copies of Form W-2.	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages)	ges and Salaries #2 ovide all copies of Form W-2.	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6)	ges and Salaries #2 ovide all copies of Form W-2.	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7)	ges and Salaries #2 ovide all copies of Form W-2.	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8)	ges and Salaries #2 ovide all copies of Form W-2.	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10)	ges and Salaries #2 ovide all copies of Form W-2.	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 -	ges and Salaries #2 ovide all copies of Form W-2.	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 - Statutory employee	ges and Salaries #2 ovide all copies of Form W-2.	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 - Statutory employee Retirement plan	ges and Salaries #2 ovide all copies of Form W-2.	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 - Statutory employee Retirement plan Third-party sick pay	ges and Salaries #2 ovide all copies of Form W-2.	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 - Statutory employee Retirement plan Third-party sick pay State postal code (Box 15)	ges and Salaries #2 ovide all copies of Form W-2.	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 - Statutory employee Retirement plan Third-party sick pay	ges and Salaries #2 ovide all copies of Form W-2.	Prior Year Information

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[38]

[40]

[43]

Form ID: 8-1

Please provide copies of all Form 1099-INT or other statements reporting interest income. *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

Type T/S/J Code (**See codes below)	odes below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* Tax Exempt* \$ or % \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	Paver			de de la constante de la const				i de la company
	+ Amounts							
2	Payer							
7	+ Amounts +							
6	Payer							
7	4 Amounts		100.00					
	Payer							
†	4 Amounts							
L	Paver							
n	Amounts							
	Paver							
9	Amounts +							
1	Paver							
	Amounts		- Adaptive					
	Paver							
8	Amounts							
C	Payer			and the state of t				
ח	4 Amounts							1000
,	Payer							
	Amounts							

**Interest Codes	sst 4 = Accrued Interest 6 = ABP Adjustment	ibution 7 = Series EE & I Bond	
	Blank = Regular Interest	3 = Nominee Distribution	The state of the s

Control Totals +

Form ID: B-1

Prior Year Information Form ID: B-2 Foreign Taxes Paid *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50. Tax Exempt* \$ or % U.S. Obligations* \$ or % Please provide copies of all Form 1099-DIV or other statements reporting dividend income. Tax Exempt Dividends 28% Capital Gain 3 = Nominee **Dividend Income** **Dividend Codes Control Totals Sec. 199A Total Cap Gain Distributions Section 1250 Blank = Other Qualified Dividends S Type Ordinary [2]
J Code (**See codes below) Dividends Amounts Payer Payer Payer Payer Payer Payer Payer Payer Payer Payer

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Form ID: 8-2

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Form ID: D	Sales of Stocks, Secu	rities, and Other	Investment P	roperty	17
Did you have any Did you have any Did you exchange	Please provide of a securities become worthless during 2024? (Y, Y) debts become uncollectible during 2024? (Y, X) commodity sales, short sales, or straddles? (Y, E any securities or investments for something sell, exchange, or otherwise dispose of any fin	I) , N) other than cash? (Y, N)	N)	[9] [10] [11] [13] [4]
T/S/J	Description of Property [1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
			4	+	+
				+	+
Nation of the Control				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
- COMMISSION				+	+
		•		+	+
				+	+
				+	+
		4		+	+
		-		+	+
			L. L	+	+
NAME OF THE OWNER OWNER OF THE OWNER				+	+
<u></u>				+	+
				+	+
			<u> </u>	+	+
				+	+
				+	+
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				+	+
				+	+
	- 110-110-110-110-110-110-110-110-110-11			+	+
				+	+
**************************************	AND THE RESERVE OF THE PERSON		MANAGEMENT	+	+
	Control Totals +				Form ID: D

Form ID: Income			Other Income		18
State and local ir	ncome tax refunds	,	+.	2024 Information [5]	Prior Year Information
Alimony received	d	T/S	Agreement Date	2024 Information [3]	Prior Year Information
			+.	[3]	
**Unemploymer any amount of	nt benefits are taxable income and s tax withheld. You may need to go to	hould be o your st	e reported on your retur ate's Department of Lab	n. Your 1099-G should sho or website to get your 109	ow both the amount received and 99-G from your account.
			Taxpayer	Spouse	Prior Year Information
Unemployment	-	+	[9] +	[10]	
	compensation federal withholding		[9] +		
	compensation state withholding		[9] +		
	compensation repaid		[12] +		
Alaska Permaner	nt Fund dividends	+	[18] +	[19]	
Self- Employ Incom T/S/J (Y, N)	ment	missions	s, Jury pay, Director fees,	2024 Information . Taxable scholarships	Prior Year Information
				[15]	
				(-1)	
			+		
			•		
			+		
		W. W	+		
			+		***************************************
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	***************************************		+	4	
	**************************************	***************************************	+		
			+		
			+		
			+		
-			+		
_			+.		
			+,		
_			+		
	AND THE RESERVE OF THE PARTY OF				
NOTES/QUES	STIONS:				

Form ID: Income

Control Totals +

Gambling Winnings #1

Ple	ease provide all copies of Form W-2G.	
	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_[1]	
Payer name	[3]	
State postal code	[4]	
Mark if professional gambler	[9]	
Reportable winnings (Box 1)	+[11]	
Date won (Box 2)	[13]	
Type of wager (Box 3)	[15]	
Federal withholding (Box 4)	+[17]	
Transaction (Box 5)	[19]	
Race (Box 6)	[21]	
Identical wager winnings (Box 7)	+[23]	
Cashier (Box 8)	[25]	
Taxpayer identification number (Box 9)	[27]	
Window (Box 10)	[28]	
First ID (Box 11)	[30]	
Second ID (Box 12)	[31]	
Payer's state ID no. (Box 13)	[32]	
State winnings (Box 14)	+[33]	
State withholding (Box 15)	+[35]	
Local winnings (Box 16)	+[37]	
Local withholding (Box 17)	+[39]	
Name of locality (Box 18)	[42]	
,		
	Control Totals +	

Gambling Winnings #2

	Please provide all copies of Form W-2G.	
	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Payer name	[3]	
State postal code	[4]	
Mark if professional gambler	_[9]	
Reportable winnings (Box 1)	+[11]	
Date won (Box 2)	[13]	
Type of wager (Box 3)	[15]	
Federal withholding (Box 4)	+[17]	
Transaction (Box 5)	[19]	
Race (Box 6)	[21]	
Identical wager winnings (Box 7)	+(23)	
Cashier (Box 8)	[25]	
Taxpayer identification number (Box 9)	[27]	
Window (Box 10)	[28]	
First ID (Box 11)	[30]	
Second ID (Box 12)	[31]	
Payer's state ID no. (Box 13)	[32]	
State winnings (Box 14)	+[33]	
State withholding (Box 15)	+[35]	
Local winnings (Box 16)	+[37]	
Local withholding (Box 17)	+[39]	
Name of locality (Box 18)	[42]	
,		

NOTES/QUESTIONS:

		Form ID: W2G
		Form ID: WZG

Control Totals +

Form	ID.	1099R

Pension, Annuity, and IRA Distributions #1

- 7	
_	•

Form ID: 1099R

Please	provide all Forms 1099-R.	
	2024 Information	Prior Year Informa
Taxpayer/Spouse (T, s)	_	_[1]
Name of payer	THE STATE OF THE S	[3]
State postal code	<u></u>	[6]
Gross distributions received (Box 1)	+	[8]
Taxable amount received (Box 2a)	+	
Federal withholding (Box 4)	+	[12]
Distribution code (Box 7)		[15]
Mark if distribution is from an IRA, SEP, SIMPLE retirement		[17]
State withholding (Box 14)	+	
Local withholding (Box 17)	+	
Amount of rollover	+	
Mark if distribution was due to a pre-retirement age disability		[24]
	Control Totals +	
Pension Ann	uity, and IRA Distributions #2	
	provide all Forms 1099-R.	
riease	2024 Information	Prior Year Information
Taxpayer/Spouse (T, s)		_[1]
Name of payer		[3]
State postal code		(6)
Gross distributions received (Box 1)	+	
Taxable amount received (Box 2a)	+	
Federal withholding (Box 4)	+	[12]
Distribution code (Box 7)	-	
Mark if distribution is from an IRA, SEP, SIMPLE retirement	and a second	[15]
State withholding (Box 14)	•	_[17]
Local withholding (Box 17)	+	
Amount of rollover	+	
Mark if distribution was due to a pre-retirement age disability	+	
markin distribution was due to a pre-retirement age disability	-	_[24]
	Control Totals +	
	uity, and IRA Distributions #3	The state of the s
riease	provide all Forms 1099-R. 2024 Information	n Prior Year Informat
Taxpayer/Spouse (T, s)		_[1]
Name of payer		[3]
State postal code		(6) (3)
Gross distributions received (Box 1)	+	
Taxable amount received (Box 2a)	+	
Federal withholding (Box 4)	+	
Distribution code (Box 7)		
Mark if distribution is from an IRA, SEP, SIMPLE retirement	1	_[15]
State withholding (Box 14)	•	_[17]
Local withholding (Box 17)	+	
Amount of rollover	+	
Mark if distribution was due to a pre-retirement age disability	+	
Mark it distribution was due to a pre-retirement age disability	-	[24]
753454	Control Totals +	
		- Inches
NOTES/QUESTIONS:		
•		

Social Security, Her I Kan	road Benefits	25
Please provide a copy of Form(s) SS	A-1099 or RRB-1099	, <u>19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 </u>
Гахраyer/Spouse (т, s)	[1]	
State postal code[3]		
Social Security Be	nefits	
	2024 Information	Prior Year Information
f you received a Form SSA - 1099, please complete the following information:		
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+[7]	
Prescription drug (Part D) premiums	+[9]	-
Net Benefits for 2024 (Box 3 minus Box 4) (Box 5)	+[12]	
Voluntary Federal Income Tax Withheld (Box 6)	+[14]	
Tier 1 Railroad Be	nefits	100000000000000000000000000000000000000
	2024 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2024 (Box 5)	+ [22]	
Federal Income Tax Withheld (Box 10)	+	
Medicare Premium Total (Box 11)	+[27]	
Additional Information About	Benefits Received	
Additional information about the benefits received not reported above. For exa	mple did you repay any benefits i	n 2024 or receive any prior
benefits in 2024. This information will be reported in the SSA-1099 DESCRIPTION		

Form ID: IRA Traditional II	RA	26
	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement		
plan? (Y, N)	_[1]	_[2]
Do you want to contribute the maximum allowable traditional IRA contribution		
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible) Enter the total traditional IRA contributions made for use in 2024	· ·	_[4]
enter the total traditional IRA contributions made for use in 2024	+[5] +	[6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2024	+[5] +	3 pouse [6]
Enter the nondeductible contribution amount made in 2025 for use in 2024	+	[8]
Traditional IRA basis	+[17] +	[18
Value of all your traditional IRA's on December 31, 2024:		,
	+[19] +	[20
	+ +	
	++	
	++	
	++	
	++	
	++	
	++	
	+	
	++	
	entre en	
Roth IRA		
Please provide copies of any 1998 through 2023		
Maryle if you want to contain the the marying was Dath IDA acatain this	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2024	[29]	(30
Enter the amount a 2024 Roth IRA conversion should be adjusted by		[32 [40
Enter the total contribution Roth IRA basis on December 31, 2023	+ [43] +	[40 [44
Enter the total Roth IRA contribution recharacterizations for 2024	+[45] +	144
Enter the Roth conversion IRA basis on December 31, 2023	+ [47] +	[48
Value of all your Roth IRA's on December 31, 2024:	• • • • • • • • • • • • • • • • • • • •	
	+ [49] +	[50
	++	***************************************
	+ +	
	+ +	
	+ +	
	+ +	
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Literature and the second seco	++	
	++	
	+ + .	
Market 1977		
NOTES/QUESTIONS:		

Control Totals +

Form ID: IRA

	27
,	[3]
	[4]
	[5]
IMPLE IRA, 6 = SARSEP)	[6]
	[7]
+	[8]
+	[9]
+	[10]
+	[11]
+	[12]
+	[13]
+	[14]
+	[15]
+	[16]
+	[17]
+	[18]
+	[19]
+	[20]
	#

Form	ın.	۸ 1

Schedule A - Medical and Dental Expenses

Form ID: A-1

'J	2024 Information	Prior Year Informat
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nurs	-	
Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insuranc		
1)		
	· · · · · · · · · · · · · · · · · · ·	

Medical insurance premiums you paid:	+	
Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered	elsewhere, such as amounts paid for your	
self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Forn	n SSA-1099.	
4]		
	+	
	+	
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered	also who so such as a marints maid for your	
self-employed business (Sch C, Sch F, Sch K-1, etc.)	eisewhere, such as amounts paid for your	
7]	+[8]	
Prescription medicines and drugs:		
10]	+[11]	
	_	
[13] Miles driven for medical items (21 cents)	[14]	
/J State/local income taxes paid:	2024 Information	Prior Year Informa
[18]	+[19]	
	+	
-	+	
	+	
2023 state and local income taxes paid in 2024:	+ + + 	
2023 state and local income taxes paid in 2024: [21]	+ + + + + + + + + + + + + + + + + + + +	
2023 state and local income taxes paid in 2024: [21]	+	
2023 state and local income taxes paid in 2024: [21]	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid:	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid: [24]	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid: [24]	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid: [24]	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid: [24] Personal property taxes:	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid: [24] Personal property taxes: [27]	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid: [24] Personal property taxes:	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid: [24] Personal property taxes: [27] Other taxes, such as: foreign taxes and State disability taxes	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid: [24] Personal property taxes: [27] Other taxes, such as: foreign taxes and State disability taxes [30]	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid: [24] Personal property taxes: [27] Other taxes, such as: foreign taxes and State disability taxes	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid: [24] Personal property taxes: [27] Other taxes, such as: foreign taxes and State disability taxes [30]	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid: [24] Personal property taxes: [27] Other taxes, such as: foreign taxes and State disability taxes [30] Sales tax paid on major purchases:	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid: [24] Personal property taxes: [27] Other taxes, such as: foreign taxes and State disability taxes [30] Sales tax paid on major purchases: [36]	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid: [24] Personal property taxes: [27] Other taxes, such as: foreign taxes and State disability taxes [30] Sales tax paid on major purchases: [36]	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid: [24] Personal property taxes: [27] Other taxes, such as: foreign taxes and State disability taxes [30] Sales tax paid on major purchases: [36] Sales tax paid on actual expenses:	+	
2023 state and local income taxes paid in 2024: [21] Real estate taxes paid: Personal property taxes: [27] Other taxes, such as: foreign taxes and State disability taxes [30] Sales tax paid on major purchases: [36]	+	

Control Totals +

Form ID: A-2		Interest Expe	nses		58
/S/J Home mortgage interest: From	m Form 1098		2024 Interest Paid ²]	2024 Points Paid	Type*Prior Year Informa
[1]		. 4	+		
•		- 1	-		
	<u> </u>	. 4	+	-	-
and the second s		. 4	++		
		-		-	
	Mindows assume that the second and t	-	·		
***************************************		_ 1	 		
	With a second control of the second control	-		•	
Blank = Used to buy, build or i	mprove main/qualified	*Mortgage second home		build, improve	home or investment
Г/S/J Paye	ee's Name	SSN	or EIN 2024	Information	Prior Year Informatio
Other, such as: Home mo	ortgage interest paid to i		JI EIN 2024	mormation	Prior fear informatio
[4]				[5]	***************************************
Address					
City, state and zip code	MANAGEMENT METALS.	I	L		
Address			<u> </u> +		
City, state and zip code					J
S/J Name and address of other Payer's/Borrower's name					1
Fayer 3/Borrower 3 Harris				[1/	
City/State/Zip code					
Refinancing Points paid in 2 Taxpayer/Spouse/Joint (2024 -			[1	1]
Recipient/Lender name	_				
Total points paid at time	of refinance				
Points deemed as paid in	າ 2024 (Preparer use on	ly)	+	[1	2)
Date of refinance			_		
Term of new loan (in mo					
Reported on Form 1098	in 2024			_	
Taxpayer/Spouse/Joint (T 2 I)				
Recipient/Lender name	1, 3, 3)			••••	
Total points paid at time	of refinance				
	n 2024 (Preparer use on	ly)	-		
Date of refinance	• •		Τ	-	
Term of new loan (in mo	onths)		<u></u>		
Reported on Form 1098	in 2024				
T/C/I			2024	Informat!	D.:L. M. C.
T/S/J Investment interest expen	ise other than on School	ule(s) K-1·	2024	Information	Prior Year Information
[15]			+	(1	6)
L J					
MARY AND	•				
			•		
_			+		
	Control Totals	+			Form ID: A-2

Charitable Contributions

/រ	2024 Information	Prior Year Informatio
Contributions made by cash or check (including out-of-pocket expenses; Any contribution of cash, a check or other monetary gift requires a written record of the co		
Individual contributions of \$250 or more must be accompanied by a written acknowledgme		
[2]	+[3	
	+	
	+	
	+	
	+	
	+	
	+	
Secretarion (Control of Control o	+	
	+	
	+	
	+	
Control Manual Control	+	
	+	
	+	
	+	
[5] Volunteer miles driven		
Noncash items, such as: Goodwill/Salvation Army/clothing/household	· · · · · · · · · · · · · · · · · · ·	·
[8]	+[9	n
	+	
	+	
	+	
	+	
Appellation of the Appellation o	+	
Colonial Manager S	+	
	+	***************************************
	+	
	+	
Miscellaneous D	eductions	
Other expenses	2024 Information	Prior Year Information
Other expenses [12]	+[131
•	+	•
	+	
	+	***************************************
	+	
	+	
	+	
Gambling losses: (Enter only if you have gambling income)		
[15]	+	16)
	+	
	+	
	+	

Form		

Noncash Contributions Exceeding \$500

_	
_	4
0	ш

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)		[1]
Donated property description		[4]
		[5]
Address of donee organization		[6]
City		[7]
State postal code		[8]
Zip code		[9]
Date contributed		[10]
Date acquired by donor		[11]
How was donated property acquired: (P = Purchase, I = In	heritance, G = Gift, E = Exchange)	[12]
Donor's cost or basis		+[13]
Fair market value		+[14]
	aisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[15]
If other:		[16]
	Control Totals +	
No.	The second section of the sect	
	ncash Contributions Exceeding \$500 Impany name and number of shares in the donated prope	rty description, below
·	mipuny name and number of shares in the donated prope	rty acscription, below
Taxpayer/Spouse/Joint (τ, s, ι)		[1]
		[4]
		[5]
Address of donee organization		[6]
City	MACHINE AND	[7]
State postal code		[8]
Zip code		[9]
Date contributed		[10]
Date acquired by donor		[11]
How was donated property acquired: (P = Purchase, I = Ir	nheritance, G = Gift, E = Exchange)	[12]
Donor's cost or basis		+[13]
Fair market value		+[14]
	raisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[15]
If other:		[16]
	Control Totals +	
		The second secon
<u></u>	ncash Contributions Exceeding \$500	
For donated securities, include the co	ompany name and number of shares in the donated prope	rty description, below
Taxpayer/Spouse/Joint (T, S, J)		[1]
A 1.1		
City		[7]
State postal code		[8]
Zip code		(6) (9)
Date contributed		[10]
Date acquired by donor		
How was donated property acquired: (P = Purchase, I = I	nharitanca G - Gift F - Evchange	[11]
Donor's cost or basis	internance, G - Girl, c - exchange)	_[12]
Fair market value		+[13]
• • • • • • • • • • • • • • • • • • • •	raisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	+[14]
	raisal, C = Catalog, T = Titriit shop value, S = Sales/comparative, O = Other)	[15]
If other:		[16]
	Control Totals +	
		Form ID: 8283

Schedule C - General Information

Preparer use only			
		2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		[2]	
Employer identification number		[3]	
Business name			
Principal business/profession			
Business address if different from home	address on Organizar Form ID: 1040	[12]	
Business address, if different from home a Address	address on Organizer Form ib. 1040	[15]	
-	[16]	[17] [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Ot			
If other:	anely .	[21]	_
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	Control of the Contro	[22]	
If other enter explanation:			_
•		[24]	
Enter an explanation if there was a chang	e in determining your inventory:		
<u> </u>		[25]	
Did you "materially participate" in this bu	ısiness? (Y, N)	[26]	_
If not, number of hours you did signif	icantly participate	[28]	
Mark if you began or acquired this busine	ess in 2024	[30]	
Did you make any payments in 2024 that		[31]	_
If "Yes", did you or will you file all req		[33]	_
Mark if this business is considered related	d to qualified services as a minister or re	eligious worker[35]	
Did you receive wages as a statutory emp	ployee or as a minister? (1 = Statutory employ	yee, 2 = Minister)[37]	
Medical insurance premiums paid by this		+[40]	
Long-term care premiums paid by this ac	tivity	+[44]	
Amount of wages received as a statutory	employee	+[47]	
	Business Incon	ne	
		2024 Information	Prior Year Information
Gross receipts and sales			
		+[52]	
		+	
		+	
		+	
Returns and allowances		+ [55]	
Other income:		-	
		+[57]	
- AWAR ADDITION OF THE STATE OF		+	
		+	
		+	
	Cost of Goods S	Sold	C PUT ASSUMITA
		2024 Information	Prior Year Information
Beginning inventory			rnoi real miormation
Purchases		+[59] +[61]	
Labor:		[01]	
Labor.		+ [63]	
	100000000000000000000000000000000000000	+[63]	
Materials		+ [65]	
Other costs:		[03]	
Other costs.			
		+ 1021	1
		+[67]	
		+	
		•	
Ending inventory		+	

Schedule C - Expenses

Preparer use only		
Principal business or profession		
	2024 Information	Prior Year Information
Advertising	+[6]	
-		
	+[10]	
	+[12]	
	+[14]	
Depreciation	+[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		
	+[18]	
	+	
Insurance (Other than health):		
	+ (20)	
	+[20]	-
	+	
Interest:		
Mortgage (Paid to banks, etc.)		
	+[22]	
	+	
	+	
Other:		
	1241	
	+[24]	
	+	
	+[26]	
Office expense	+[29]	
Pension and profit sharing:		
	+[31]	
	+	
Rent or lease:		
	+[33]	
	+[35]	
Repairs and maintenance	+[37]	
Supplies	+[39]	
Taxes and licenses:		
	+[41]	
	+	
	<u> </u>	
	+	
Laboration 1 and 1	+	
Travel and meals:		
Travel	+[43]	
Meals (Enter 100% subject to 50% limitation)	+ [45]	
Meals (Enter 100% subject to DOT 80% limit)	+[47]	
Meals (Fully deductible)		
	+[49]	
Utilities	+[51]	
Wages (Less employment credit):		
	+[53]	
	+	
Other expenses:		
	+ (55)	
	+[55]	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
Control Totals +		Form ID: C-2

Form ID: Auto			Auto W	orkshe	et						68
	If you used you	r automobile	for business pu	rposes, pl	ease co	mplete the	follow	ing infori	nation.		
	Preparer use	only									
Description of bu	usiness or profession										[3]
			Ve	hicles							
Vehicle 1 - D	ate placed in service										[4]
D	escription		•						• •		[5]
	omments										·
	ate placed in service										[9]
	escription omments										[10
	ate placed in service										[14
	escription										 [1:
	omments										
Vehicle 4 - D	ate placed in service										[19
	escription				Constitutive Const						[20
С	comments						***************************************				
			Vehicle	Questi	ons						
			<u> </u>	Vehicle	Prior	Vehicle	Prior	Vehicle	Prior	Vehicle	e Prior
				1	Year		Year	3	Year	4	Year
Do you have e	ehicle available for per: vidence to support you e written? (ץ, א)			[68] [76] [84]	_ _ _	[70] [78] [86]	_ _ _	^[72] ^[80] ^[88]	_ _ _	[74] [82] [90]	_
			Vehicle	e Expen	ses						
	Vehicle 1	Prior Year Information	Vehicle 2	Prior Yea		ehicle 3		r Year mation	Vehicle (Prior Year nformatio
Total miles for yea	ar (32)		[34]			[36]				[38]	
Commuting miles			[42]			[44]				[46]	
Business miles	[48]		[50]		_ _	[52]				_[54] _	
Parking fees	+ [92]	-	[94]		+	[96]	1	+		[98]	
Tolls	+[100]		[102]	l	t	[104	1	+.		_[106] _	
Gasoline	+[108]]	[110]		†	[117		<u>†</u> :		_[114] _	
Oil Repairs	+[116] +[124]		[118]		-:-	[120				_[122] _[130]	
Maintenance	+[132]		. (134)		- '	[136				_[138] -	
Tires	+ [140]	+	- [142]		- +	[14		+		_[146]	
Car washes	+ [148]	+	. [150]		+	[15]		+		_[154]	
Insurance	+[156]	+	[158]		+_	[160		+		[162]	
Interest	+[164]	+	[166]		+	[16	1	+		[170]	
Registration	+[172]		[174]		+_	[17	5]	+		_[178]	
Licenses	+[180]		[182]		+_	[18	1]	+		_[186]	
Property taxes	+[188]				_ +_	[19		+		_[194]	•
Other vehicle exp					+_	[20				_[202]	**************************************
Vehicle rentals	+[204]		[206]		†	[20	I	+		_[210] -	
Inclusion amt (Pre			[214]		⊢! -	[21	1			_[218]	
Depreciation	+[220]	-	[222]		+	[22	4] [_[226] [_	

Control Totals +

Form ID: Auto

Form ID: Rent	Rent and Royalty Prope	erty - General In	formation	31
Preparer use only		202	24 Information	Prior Year Information
Description			[2]	
Taxpayer/Spouse/Joint (T, S, J)[3]		State post	al code[5]	
Physical address: Street		[6]		
City, state, zip code			[9]	
Foreign country				
Foreign province/count Foreign postal code	У			
Type (1=Single-family, 2=Multi-family, 3=Vacation/sh	art tarm A=Commorcial E=Land S=Pays	***************************************	(13)	
Description of other type (Type code #8)	ort-term, 4-commercial, 5-tand, 6-koyi			
Did you make any payments in 2024 that			[16]	
If "Yes", did you or will you file all requ			(18]	им
Fair rental days (If not full year) (For types 1, 2, 4,			[20]	***************************************
Percentage of ownership if not 100%			[22]	
Business use percentage, if not 100% (No	ot vacation home percentage)		[24]	
	Rent and Ro	yalty Income		
Rents and royalties		2024 Information		Prior Year Information
			[33]	
			•	
	Pont and Po	valty Evnances		
	Rent and Ro	yalty Expenses 2024 Information	Percent if not 100%	Prior Year Information
Advertising	+			
Auto			[38][39]	
Travel			[41][42]	
Cleaning and maintenance			[44] [45]	
Commissions:	_			
	+		[47] [49]	
	+			
Insurance:				
	+		[50][52]	
	+			
Legal and professional fees	+		[54][55]	
Management fees:				
	+		[57][59]	
	+			
Mortgage interest paid to banks, etc (Fo	rm 1098)			
	+		[60][62]	
	+			
Other mortgage interest	<u> </u>		[63] [65]	
Qualified mortgage insurance premiums Other interest:	·		[66] [67]	
Other interest.			[60] [71]	
VAINAGE			[69] [71]	
Repairs				
Supplies	T —		[75] [76]	
Taxes:	т		[10]	
	+		[78] [80]	
TO AND				
Utilities			[81] [82]	
Depreciation			[84] [85]	
Depletion	+		[87] [88]	
Other expenses:				
	+		[90]	
	+			
	+			
	+			
	Control Totals +		·	Form ID: Rent

			Refinancir	ng Points				
		P	reparer - Enter		nt			
			-			ormation	Prior Year Infor	mation
Refinancing po	ints paid -							
Recipient's/Le	ender's name					[92]		
Date of refina					***************************************			
Total # Payme								
Reported on 3								
Total points p	alu d as paid in current yea	r (Prenarer us	e only)			***************************************		
Refinancing po		i (i reparei us	ic only)		***************************************			www.
Recipient's/Le								
Date of refina								
Total # Payme								
Reported on 1								
Total points p		r /Draman	o anlu'					
Points deeme Refinancing po	ed as paid in current yea sints paid -	r (Preparer us	se only)					
Recipient's/Le								
Date of refina								
Total # Payme								
Reported on	1098 in 2024							
Total points p								
Points deeme	ed as paid in current yea	r (Preparer us	se only)					
AND THE STREET STREET			11 11 .					
			acation Hom					
		ŀ	Preparer - Enter	on Screen Re				
Number of day	s hama was usad narsa	nally			2024 Info		Prior Year Infor	mation
	s home was used perso s home was rented	nany				[5] [7]		····
	home owned, if not 36	6				[7]		
	sallowed operating exp		4		+	[21]		
	sallowed depreciation e				+	[22]		
		P	assive and O	ther Inform	nation			
			Preparer - Enter	on Screen Re	nt-2			***************************************
Pre	eparer use only							
	arryovers	Non-Q	BI and Tax	For QE	II & Tax		AMT	
	erating	+	[24]	+	[25]	+	[26]	
	ort-term capital			+	[27]	+	[28]	
	rete capital			+	[29]	+	[30]	
	6 rate capital tion 1231 loss	+	1221	+	[31]	+	[32]	
	dinary business gain/los		[33]	+	[34]	+ +	[35]	
	inially business gangless	۱ ر	[30]			 		
Ord	tion 179	+	[39]	+	[40]	+	[41]	

Form ID: Rent-2

Control Totals +

Farm Income - General Information

Please	provide	all	Forms	1099-K
--------	---------	-----	--------------	--------

	PI	ease provide all Forms 1099-	К	
Prepa	rer use only		2024 Information	Prior Year Information
Taxpayer/Spouse	/loint (T.S. I)			
Employer identifi			[2] [3]	
Description	cation number			
Principal Product			[4]	
State postal code			[5]	
	od (1 = Cash, 2 = Accrual)		[6]	
Agricultural activ			[7]	
_	lly participate" in this business? (Y, N)		[9]	
•	y payments in 2024 that require you to fi	le Form(s) 10992 (v. N)	[12]	-
	u or will you file all required Forms 1099?		_[14]	_
	Finet income or loss should be excluded		[16]	_
		from sen-employment income		_
	e premiums paid by this activity	+	[21]	
Long-term care p	remiums paid by this activity	+	[25]	
		Schedule F Income		
Sales Code**			2024 Information	Prior Year Information
	Income description			
_			(35)	
_		+		
_		+		
_				
_				
		** Sales Codes		
	1 = Cash sales of items bough	· · · · · · · · · · · · · · · · · · ·	ustom hire (machine wor	1/)
	2 = Cash sales of items raised		Other income	K)
	3 = Accrual sales	3 = 0	ther income	
Beginning invent Accrual cost of li Ending Inventory Total cooperativ	sis of livestock and other items you boug cory of livestock and other items (Accrual m vestock, produce, grains, and other prod y of livestock and other items (Accrual metho e distributions you received tive distributions you received	ethod) + ucts purchased +	[37] [38] [41] [42] [43] [45] [47] [47] [47]	
Agricultural prog	gram payments			
Marketing		+ +	[50]	
		+ +	-	
		+ +	-	
			2024 Information	Prior Year Information
CRP payments re	eceived while enrolled to receive social s	ecurity or disability henefits +	- [52	
	lit loans reported under election:	Donointy Delicited	[52]	
commodity cred	including reported ander elections		[54	
			[54]	
Total acress dis-	u cradit loans forfaited			
	y credit loans forfeited	+	[56	
raxable commo	dity credit loans forfeited	3034 T-1-1	[58	
		2024 Total	2024 Taxable	Prior Year Information
Total crop insura	ance proceeds you received in 2024			
,	•	+ +	te.	,
			- 161]]
		+ 4	- -	
Marie Anna Anna Anna Anna Anna Anna Anna Ann		+	[61 -	
Mark if alastina	to defer cron incurance presends to 202	+ +	+	
_	to defer crop insurance proceeds to 2025	+ +		
_	to defer crop insurance proceeds to 2029 proceeds deferred from 2023 Control Totals	+ +	+	

Form ID: F-2

Preparer use only		
Description		
	2024 Information	Prior Year Information
Car and truck expenses +	[5]	Thor rear information
	[7]	
	[9]	
	[11]	
, , , ,	[13]	
·	[15]	
· ·	[17]	
, , , , , , , , , , , , , , , , , , , ,	[19]	***************************************
·	[21]	Marian .
	[23]	· ·
	(25)	Gradelinia
nsurance (Other than health)	(20)	
	[28]	
Mortgage interest (Paid to banks, etc.)		
	[30]	MARK MARK MARK MARK MARK MARK MARK MARK
	<u> </u>	
	+	
	+[34]	
· · · · · · · · · · · · · · · · · · ·	+[36]	
· · · · · · · · · · · · · · · · · · ·		
	+[38]	
	+[40]	
	+[42]	
, ,	+[44]	
	+[46] +[48]	
•••	[40]	
Taxes:	+[50]	
	+	
	+	B-04446
	4	***************************************
	+	<u> </u>
Utilities	+ [52]	
	+ [54]	
Veterinary, breeding, and medicine Other expenses:	[34]	
	+[56]	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
Described paried expanses	+ [58]	
Preproductive period expenses	[58]	L

Control Totals +

Form ID: 4835 Fa	rm Rental - General In	formation	36
Preparer use only		2024 Information	Prior Year Information
Гаxpayer/Spouse/Joint (т, s, J)		_[2]	
Employer identification number		[3] — _[5]	
Description		[4]	
State postal code		[5]	
Did you "actively participate" in the operation of this l	business this year? (Y, N)	[6]	
and the state of t		Merchanian	
	Income Items	2024 Information	Prior Year Information
ncome from production of livestock, produce, grains,	and other crops:	2024 IIIIOIIIIatioii	Phor tear information
	MARKE STATE OF THE	+[15]	:
		+	
Man and a supplementation of the state of th		+	
		+	
Total cooperative distributions you received		+	
Faxable cooperative distributions you received		+[17] +[19]	
axable cooperative distributions you received		T [19]	
	2024 Total	2024 Taxable	Prior Year Information
Agricultural program payments:			
	·		
		2024 Information	Prior Year Information
Commodity credit loans reported under election:			
<u> </u>		+[24]	
		+	
Total commodity credit loans forfeited		+[26]	
Taxable commodity credit loans forfeited		+[28]	
	2024 Total	2024 Taxable	Prior Year Information
Crop insurance proceeds you received in 2024			
	+	[30][31]	
	+	+ 	
The state of the s	·		L
	2025	2024 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2	2025	[33]	
Crop insurance proceeds deferred from 2023		+[35]	
Other income:		tan)	
- And the second	· · · · · · · · · · · · · · · · · · ·	+[38]	
		+	
		+	
		+	***************************************
		+	
- Address of the Control of the Cont		+	
The special control of the second sec	· · · · · · · · · · · · · · · · · · ·	+	
		+	
		+	
		+	
		+	
		+	
	** * * * * * * * * * * * * * * * * * *	+	
		+	
			1
Control To	etais +		Form ID: 4835

Form ID: 4835-2	Farm Re	ntal Expenses		37
Preparer use only				
Description				
		2024 Inform	nation	Prior Year Informatio
Car and truck expenses		+	[6]	
Chemicals		+		
Conservation expenses		+	[10]	
Carryover from prior years		+	[12]	
Custom hire (machine work)		+	[14]	
Depreciation		+	[16]	
Employee benefit programs		+	[18]	
Feed purchased		+	[20]	
Fertilizers and lime		+	[22]	
Freight and trucking		+	[24]	
Gasoline, fuel, and oil		+	[26]	
Insurance (Other than health):				
		. +	[28]	
		+		
EARTHOUGH		. +		
Mortgage interest (Paid to banks, etc	:.):			
		+	[30]	
	w.	+		
		. +		
Other interest		+		
Labor hired (Less employment credit)	+		
Pension and profit sharing		+		
Rent - vehicles, machinery, and equip	oment	+		
Rent - other		+		14112-1
Repairs and maintenance		+		
Seed and plants purchased		+		
Storage and warehousing		+		
Supplies purchased		+		
Taxes:			-	
		. +	[51]	
		+		
		+		
		+		
Material Control of the Control of t		+		
Utilities		+		
Veterinary, breeding, and medicine		+		
Other expenses:				
		. +	[57]	
		+		
		+		
		+		•
		+		
		+		
		+		
		+		
Preproductive period expenses	MANUFACTURE CONTRACTOR	+	[59]	
Preparer use only		WWW.		
Carryovers	Non-QBI & Tax	For QBI & Tax		AMT
Operating	+ [68]			[70]
		1		[, 0]

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

Contro	ol Totals +	Form ID: 4835-2
	01 1 0 ta 15 1	FORM ID: 4835-4

Form ID: Coverage	Health	Care Coverage		69
		2024 Informat	ion	Prior Year Information
		Taxpayer	Spouse	
Self-employed health insurance premiu	MS: (Not entered elsewhere)			
	+	[2] +	[3]	
	+	+		-
Self-employed long-term care premium	S: (Not entered elsewhere)			
	+	[5] +	[6]	
	+	+		

Form ID: 1095A	AC	A - Health Ins	urance Marketplace Stateme	ent #1	70
		Please	e provide all Forms 1095-A		
Taxpayer/Spouse (T,					[1]
Marketplace identifi	·			S	[6]
Policy issuer's name	ed policy number (Box 2)			MANAGEM TO THE TAXABLE PARTY OF T	(7) [2]
Part III Household I			MADE CONTROL OF THE C		[2]
Ture in reducino in		Drior	B. 2024 Monthly	C. 2024 Monthly	Prior
	A. 2024 Monthly Premium Amount	Prior Year Information	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	Advance Payment of Premium Tax Credit	Year Information
January	+[12]		+[25]	+[38]	
February	+[13]		+[26]	+[39]	
March	+[14]		+(27)	+[40]	
April	+[15]		+[28]	+[41]	
Мау	+[16]		+[29]	+[42]	
June	+[17]		+[30]	+[43]	
July	+[18]	i	+[31]	+[44]	
August	+[19]		+[32]	+[45]	
September October	+[20]		+[33] +[34]	+[46] +[47]	
November	+[21] +[22]		+[35]	+[48]	
December	+[23]		+[36]	+[49]	
Annual total	+[24]		+ [37]	+ [50]	
			Control Totals +		
	A	CA - Health Ins	surance Marketplace Statem	ent #2	
		Pleas	e provide all Forms 1095-A		
Taxpayer/Spouse (T	Γ,S)				[1
Marketplace identif					[6
Marketplace-assign	ed policy number (Box 2	2)			[
Policy issuer's name	e (Box 3)				[:
Part III Household	Information -				
	A. 2024 Monthly	Prior	B. 2024 Monthly	C. 2024 Monthly	Prior
	Premium	Year	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	Advance Payment of Premium Tax Credit	Year Information
lanuami	Amount	Information) · · · · · · · · · · · · · · · · · · ·		Information
January February	+[12] +[13]		+[25] +[26]	+[38] +[39]	
Hebruary March	+[13] +[14]		+ [27]	+(40)	
April	+ [15]		+ [28]	+[41]	
May	+ [16]		+[29]	+[42]	
June	+ [17]		+ [30]	+ [43]	

Control Totals +	

_[31]

[32]

_[33]

[35]

_ [36]

__[37]

[34]

_[44] _[45]

_[46]

_[47]

[48]

_[49]

[50]

NOTES/QUESTIONS:

[18]

[19]

[20]

__[21]

[22]

[23]

_[24]

July

August

October

September

November

December Annual total

	Form ID: 1095A

Please provide all Forms 5498-SA.

	2024 Inf	ormation	Prior Year Information
Taxpayer/Spouse (T, s)		_[1]	
Name of Trustee		[4]	
State postal code		[2]	
Indicate type of health or medical savings account:			
HSA		[6]	
Archer MSA		[7]	
MA (Medicare Advantage) MSA		[9]	
Total HSA/MSA contributions made			
for 2024 (Enter all amounts contributed, including through employer cafeteria plans)	+	[10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only,	2 = Family)	[12]	
Number of months in qualified high deductible health plan in 2024		[13]	
Mark if you want to contribute the maximum allowable health or			
medical savings account contribution amount		[14]	
Total HSA/MSA contribution to be made for 2024	+	[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+	[16]	
Excess contributions for 2023 taken as constructive contributions for 2024	+	[19]	
Rollover contribution (Form 5498-SA, Box 4)	+	[21]	
Complete this section if your account is a	n Archer MSA or	MA MSA	
Amount of annual deductible	+	[24]	
Enter compensation from employer maintaining high deductible health plan	+	[27]	
If self-employed, enter earned income from business		(,	
under which plan was established	+	[31]	
		[0.7]	
Complete this section if your ac	count is an HSA		
Was the high deductible health plan in effect for December 2024? (Y, N)		[33]	

099SA

Health, Medical Savings Account Distributions

~	-
•	,

Please provide all Forms		
	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_[1]	
Name of Trustee	[4]	
State postal code	[2]	
Gross distributions received (Box 1)	+[7]	<u></u>
Earnings on excess contributions (Box 2)	+[9]	
Distribution code (Box 3)	[11]	
Fair Market Value on date of death (Box 4)	+ [12]	
Box 5 -		
HSA	[13]	
Archer MSA	[14]	
MA MSA	[15]	
All distributions were used to pay unreimbursed qualified medical expenses	[17]	
If some distributions were used to pay for other than qualified medical expenses,		_
enter the unreimbursed qualified medical expenses for 2024		
Withdrawal of excess contributions by the due date of the return		
Amount of distribution rolled over for 2024		
	+[23]	
If the distribution is due to the death of the account holder,		
enter the qualified decedent medical expenses paid by the taxpayer	+(26)	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/23	+[27]	
For HSA accounts:		1
Was the high deductible health plan coverage started in 2023 and		
in effect for the month of December 2023? (Y, N)	[29]	
Was the high deductible health plan coverage ended before 12/31/24? (Y, N)	[30]	
Long Term Care (LTC) Service	e and Contracts	
Please provide all Forms	1099-LTC.	
	2024 Information	Prior Year Information
Name of the insured chronically ill individual	[39]	
Social security number of insured	[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+[42]	
Accelerated death benefits paid (Box 2)	+[44]	
Check one (Box 3)		
Per diem	[46]	
Reimbursed amount	[47]	
Qualified contract (Box 4)	(48]	
Check, if applicable (Box 5)		
Chronically ill	[49]	
Terminally ill	[50]	
Are there other individuals who received LTC payments during 2024? (Y, N)		
If the insured is terminally ill, were payments received on account of terminal illr	[52]	
Number of days during the long-term care period		
Cost incurred for qualified long-term care services during the	[54]	
•		
long-term care period	+(55)	

Control Totals +	Form ID: 10995A	

Child and Dependent Care Expenses

Please enter all amounts paid in 2024 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

		Taxpayer	Spouse
023 employer-provided dependent care benefits used during 2024 grace p	eriod +	[3] +	[4
mployer-provided dependent care benefits that were forfeited in 2024	+	[5] +	[6
otal qualified expenses incurred in 2024		***************************************	[9
/ere you or your spouse a full time student or disabled? (Yes or No)		[10]	[1
id you provide care expenses for any person(s) who is not listed as a deper	ıdent? (Y, N)		[1
usiness name of provider			
rst and last name of provider			
reet address of provider	**************************************		
ity, State and Zip code			***************************************
ocial security number OR Employer identification number			
ax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Prov	ider 3 = Provider mov	- ed and unable to get TIN 4 = Provid	er refuses to give TIN)
mount paid to care provider in 2024	racijo iroviaci iiot		
oreign province or state of provider		·	
oreign country and Foreign postal code of provider			
oreign country and roreign postar code or provider			
usiness name of provider			
irst and last name of provider			
treet address of provider			
City, State and Zip code			
Social security number OR Employer identification number			
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Prov	vider, 3 = Provider mov	red and unable to get TIN, 4 = Provid	ler refuses to give TIN)
mount paid to care provider in 2024		+	
oreign province or state of provider			
oreign country and Foreign postal code of provider			
Susiness name of provider			
First and last name of provider Street address of provider			
City, State and Zip code			
Social security number OR Employer identification number			
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Pro	vider 3 = Provider mo	ved and unable to get TIN 4 = Provi	der refuses to give TIN)
Amount paid to care provider in 2024			_
Foreign province or state of provider		· ••••	
Foreign country and Foreign postal code of provider			
Business name of provider			
First and last name of provider			
Street address of provider			
City, State and Zip code			
Social security number OR Employer identification number			
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Pro	vider, 3 = Provider mo	ved and unable to get TIN, 4 = Provi	der refuses to give TIN)
Amount paid to care provider in 2024		+_	
Foreign province or state of provider			
Foreign country and Foreign postal code of provider			
Pusiness name of provider			
Business name of provider			
First and last name of provider			
Street address of provider	- 22.0000		
City, State and Zip code	**************************************		
Social security number OR Employer identification number	anddau a Don 11	and and make a was a	donation to the TIM
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Pro	ovider, 3 = Provider mo	eved and unable to get TIN, 4 = Prov	uer retuses to give HN)
Amount paid to care provider in 2024 Foreign province or state of provider		Ť	
Foreign province of state of provider Foreign country and Foreign postal code of provider			
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Form ID: Educate2	Student Loan Interest Paid

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

TS	Qualified loan interest recipient/lender	İr	2024 nterest Paid	Prior Year Information
_		+	[1]	
_		+		
		+		
_		+	***************************************	

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Form	ID:	Fd	ur3
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Education Credits and Tuition and Fees Deduction

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Please provide all copies of Form 1098-T.

university, or vocational school eligible to participate in a student aid program admir		institution is any college, epartment of Education.
Preparer - Enter on Screen Educate2		
Taxpayer/Spouse (T, s)		[8]
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit)		 -
Student's social security number		
Student's first name	•	
Student's last name		
Institution Information		1100 100 100 100 100 100 100 100 100 10
Enter information from each institution on a separate page, including the complete address	s and federal identific	ation number of the insti
Institution's federal identification number		[8]
Institution's name		
Institution's street address		
Institution's city, state, zip code		
Tuition Paid and Related Informatio	on	e y service de la constantión
Amounts reported in Box 1 may not reflect the actual amount paid for the Enter the amount actually paid during 2024	_	24.
	_	24. Prior Year Information
Enter the amount actually paid during 2024 Tuition paid (Enter only the amount actually paid) (Box 1)		
Enter the amount actually paid during 2024 Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3)	2024 Information	
Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4)	2024 Information	
Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5)	2024 Information	
Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6)	2024 Information +[8] 	
Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2025 (Box 7)	2024 Information +[8] 	
Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2025 (Box 7) At least half-time student (Box 8)	2024 Information +[8] 	
Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2025 (Box 7) At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No)	2024 Information +[8] 	
Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2025 (Box 7) At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No) Insurance contract reimbursement/refund (Box 10)	2024 Information +[8] 	
Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2025 (Box 7) At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No) Insurance contract reimbursement/refund (Box 10) Non-Institution expenses (Books and fees not paid directly to the educational institution)	2024 Information +[8] 	
Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2025 (Box 7) At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No) Insurance contract reimbursement/refund (Box 10) Non-Institution expenses (Books and fees not paid directly to the educational institution) American Opportunity Tax Credit (AOTC) disqualifier	2024 Information +[8]	
Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2025 (Box 7) At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No) Insurance contract reimbursement/refund (Box 10) Non-Institution expenses (Books and fees not paid directly to the educational institution)	2024 Information +[8]	
Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2024 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2025 (Box 7) At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No) Insurance contract reimbursement/refund (Box 10) Non-Institution expenses (Books and fees not paid directly to the educational institution) American Opportunity Tax Credit (AOTC) disqualifier	2024 Information +[8]	

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Residential Energy Credit

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The Inflation Reduction Act of 2022 provides credits for clean energy and energy efficient improvements made to personal residences.

Taxpayer/Spouse/Joint (T, S, J)		[1]
Enter the total amount of costs for qualified solar electric property	+	[3]
Enter the total amount of costs for qualified solar water heating property	+	[4]
Enter the total amount of costs for qualified small wind energy property	+	[5]
Enter the total amount of costs for qualified geothermal heat pump property	+	[6]
Enter the total amount of costs for qualified battery technology costs with capacity of at least 3 kilowatt hours	+	[7]
Were the costs incurred made to your main home located in the United States? (Y, N)		[8]
Enter the total amount of costs for qualified fuel cell property	+	[9]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		[10]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		_[16]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	[17]
Enter the total amount of costs for the most expensive exterior door bought		[18]
Enter the total amount of costs for all other exterior doors bought	+	[19]
Enter the total amount of costs for exterior windows and skylights	+	[20]
Enter the total amount of costs for central air conditioner	+	[22]
Enter the total amount of costs for natural gas, propane or oil hot water heaters	+	[23]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	[24]
Enter the total amount of costs for panelboards, subpanelboards, branch circuits or feeders	+	[25]
Enter the total amount of costs for qualified home energy audit costs	+	[26]
Enter the total amount of costs for electric or natural gas heat pumps	+	[27]
Enter the total amount of costs for electric or natural gas heat pump water heaters	+	[28]
Enter the total amount of costs for biomass stoves and biomass boilers	+	[29]

Form ID: OH Ohio General Information			
Enter your current Ohio county of residence School district number			[1] [2]
Use Tax			
Purchases subject to use tax			[3]
Contributions			
Amount of charitable contributions you wish to make	e to:		
Military injury relief fund			[4]
Nature preserves and scenic rivers			[5]
Wildlife species and endangered wildlife			[6]
Ohio History Fund		************	[7]
Breast and cervical cancer project		***************************************	[8]
Wishes for sick children			[9]
Credits			
Тахраус	er	Spouse	
Displaced worker training expenses for 12-month period since loss of job	[10]		[11]
Part-year Resident and Nonresident Inform	ation		
If you were a part-year resident during the tax year, enter the dat		Ohio	***************************************
	Taxpayer	Spc	ouse
Part-year residency dates:			
From		[12]	[14]
То	WARRIED CO.	[13]	[15]
		Taxpayer	Spouse
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)		[16]	[17]
State of residency while not a resident of Ohio		[18]	[19]
If foreign, enter country of residency		[20]	[21]