

01/13/2025

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

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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.

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [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]

NOTES/QUESTIONS:

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 Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____ [1]

Primary account:

Financial institution routing transit number _____ [5]

Name of financial institution _____ [6]

Your account number _____ [7]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [8]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [11]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [12]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Secondary account #1:

Financial institution routing transit number _____ [23]

Name of financial institution _____ [24]

Your account number _____ [25]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [26]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [29]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [30]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [15] or Percent (xxx.xx) _____ [16]

Secondary account #2:

Financial institution routing transit number _____ [31]

Name of financial institution _____ [32]

Your account number _____ [33]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [34]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [37]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [38]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [17] or Percent (xxx.xx) _____ [18]

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

NOTES/QUESTIONS:

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

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

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

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

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

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

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

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

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

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued 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 issued 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]

NOTES/QUESTIONS:

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

Refunded _____ [52]

Applied to 2025 estimated tax liability _____ [53]

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

If yes, please explain any differences: _____ [55]

_____ [56]

_____ [57]

_____ [58]

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

If yes, please explain any differences: _____ [60]

_____ [61]

_____ [62]

_____ [63]

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

If yes, please explain any differences: _____ [65]

_____ [66]

_____ [67]

_____ [68]

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

If yes, please explain any differences: _____ [70]

_____ [71]

_____ [72]

_____ [73]

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

2024 Federal Estimated Tax Payments

2023 overpayment applied to 2024 estimates + _____ [1]

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

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

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

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

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J)
State postal code

[1]
[2]

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

Table with 3 columns: Date Paid, Amount Paid, Calculated Amount. Rows include 1st, 2nd, 3rd, 4th quarter payments and Additional payment.

2024 City Estimated Tax Payments

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

Table with 4 columns: Date Paid, Amount Paid, Date Paid, Amount Paid. Rows include 1st, 2nd, 3rd, 4th quarter payments for both City #1 and City #2.

Calculated Amount table for City #1 with rows for 1st, 2nd, 3rd, and 4th quarter payments.

Calculated Amount table for City #2 with rows for 1st, 2nd, 3rd, and 4th quarter payments.

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

Table with 4 columns: Date Paid, Amount Paid, Date Paid, Amount Paid. Rows include 1st, 2nd, 3rd, 4th quarter payments for both City #3 and City #4.

Calculated Amount table for City #3 with rows for 1st, 2nd, 3rd, and 4th quarter payments.

Calculated Amount table for City #4 with rows for 1st, 2nd, 3rd, and 4th quarter payments.

Interest Income

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.

T/S/J Code (**See codes below)	Type	Payer	Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		Payer							
		Amounts	+						
		Payer							
		Amounts	+						
		Payer							
		Amounts	+						
		Payer							
		Amounts	+						
		Payer							
		Amounts	+						
		Payer							
		Amounts	+						
		Payer							
		Amounts	+						
		Payer							
		Amounts	+						
		Payer							
		Amounts	+						
		Payer							
		Amounts	+						

**Interest Codes
 Blank = Regular Interest
 3 = Nominee Distribution
 4 = Accrued Interest
 5 = OID Adjustment
 6 = ABP Adjustment
 7 = Series EE & I Bond

Dividend Income

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

T S J	Type Code	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer										
		Amounts	+									
	2	Payer										
		Amounts	+									
	3	Payer										
		Amounts	+									
	4	Payer										
		Amounts	+									
	5	Payer										
		Amounts	+									
	6	Payer										
		Amounts	+									
	7	Payer										
		Amounts	+									
	8	Payer										
		Amounts	+									
	9	Payer										
		Amounts	+									
	10	Payer										
		Amounts	+									

****Dividend Codes**
Blank = Other 3 = Nominee

	2024 Information	Prior Year Information
State and local income tax refunds	+ _____ [5]	

	T/S	Agreement Date		2024 Information	Prior Year Information
Alimony received	—	_____	+	_____ [3]	
	—	_____	+	_____ [3]	

**Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.

	Taxpayer		Spouse	Prior Year Information
Unemployment compensation**	+ _____ [9]	+	_____ [10]	
Unemployment compensation federal withholding	+ _____ [9]	+	_____ [10]	
Unemployment compensation state withholding	+ _____ [9]	+	_____ [10]	
Unemployment compensation repaid	+ _____ [12]	+	_____ [13]	
Alaska Permanent Fund dividends	+ _____ [18]	+	_____ [19]	

	T/S/J	Self-Employment Income ? (Y, N)		2024 Information	Prior Year Information	
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [15]		
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____

NOTES/QUESTIONS:

Gambling Winnings #1

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]	_____

	Control Totals +	
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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]	_____

	Control Totals +	
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NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2024 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	
Name of payer			[1]
State postal code			[3]
Gross distributions received (Box 1)	+	__	[6]
Taxable amount received (Box 2a)	+	__	[8]
Federal withholding (Box 4)	+	__	[10]
Distribution code (Box 7)			[12]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan			[15]
State withholding (Box 14)	+	__	[17]
Local withholding (Box 17)	+	__	[18]
Amount of rollover	+	__	[20]
Mark if distribution was due to a pre-retirement age disability			[22]
			[24]

	Control Totals +	
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Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2024 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	
Name of payer			[1]
State postal code			[3]
Gross distributions received (Box 1)	+	__	[6]
Taxable amount received (Box 2a)	+	__	[8]
Federal withholding (Box 4)	+	__	[10]
Distribution code (Box 7)			[12]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan			[15]
State withholding (Box 14)	+	__	[17]
Local withholding (Box 17)	+	__	[18]
Amount of rollover	+	__	[20]
Mark if distribution was due to a pre-retirement age disability			[22]
			[24]

	Control Totals +	
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Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2024 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	
Name of payer			[1]
State postal code			[3]
Gross distributions received (Box 1)	+	__	[6]
Taxable amount received (Box 2a)	+	__	[8]
Federal withholding (Box 4)	+	__	[10]
Distribution code (Box 7)			[12]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan			[15]
State withholding (Box 14)	+	__	[17]
Local withholding (Box 17)	+	__	[18]
Amount of rollover	+	__	[20]
Mark if distribution was due to a pre-retirement age disability			[22]
			[24]

	Control Totals +	
--	-------------------------	--

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S)
State postal code

__ [1]
____ [3]

Social Security Benefits

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

Tier 1 Railroad Benefits

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

Additional Information About Benefits Received

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

- _____ [40]
- _____ [41]
- _____ [42]
- _____ [43]
- _____ [44]

NOTES/QUESTIONS:

Preparer use only

Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code _____ [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2024 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2024 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2024 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2024 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2024 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2024 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2024 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2024 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2024 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2024 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2024 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2024 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2024 + _____ [20]

NOTES/QUESTIONS:

T/S/J	2024 Interest Paid ²⁾	2024 Points Paid	Type*	Prior Year Information
	Home mortgage interest: From Form 1098			
[1]	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2024 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			+	[5]
	Address			
	City, state and zip code			
			+	
	Address			
	City, state and zip code			

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

— Payer's/Borrower's name _____ [7]
 — Street Address _____
 — City/State/Zip code _____

Refinancing Points paid in 2024 -

— Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 — Recipient/Lender name _____
 — Total points paid at time of refinance _____
 — Points deemed as paid in 2024 (Preparer use only) + _____ [12]
 — Date of refinance _____
 — Term of new loan (in months) _____
 — Reported on Form 1098 in 2024 _____

— Taxpayer/Spouse/Joint (T, S, J) _____
 — Recipient/Lender name _____
 — Total points paid at time of refinance _____
 — Points deemed as paid in 2024 (Preparer use only) + _____
 — Date of refinance _____
 — Term of new loan (in months) _____
 — Reported on Form 1098 in 2024 _____

T/S/J	2024 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:	
[15]	+	[16]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

T/S/J

2024 Information

Prior Year Information

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 contribution in order to claim the contribution on your return.

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

__ [2]	<hr/>	+	____ [3]	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
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—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
__ [5]	Volunteer miles driven		_____ [6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
__ [8]	<hr/>	+	_____ [9]	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	

Miscellaneous Deductions

T/S/J

2024 Information

Prior Year Information

Other expenses

__ [12]	<hr/>	+	____ [13]	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
	Gambling losses: (Enter only if you have gambling income)			
__ [15]	<hr/>	+	_____ [16]	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	
—	<hr/>	+	<hr/>	

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

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]
 Name of donee organization _____ [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 = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

	Control Totals +		
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Noncash Contributions Exceeding \$500

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]
 Name of donee organization _____ [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 = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

	Control Totals +		
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Noncash Contributions Exceeding \$500

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]
 Name of donee organization _____ [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 = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

	Control Totals +		
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Preparer use only

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

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

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

Business Income

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

Cost of Goods Sold

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

Control Totals +

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

Preparer use only

Description of business or profession _____ [3]

Vehicles

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

Vehicle Questions

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

Vehicle Expenses

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

Control Totals +

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

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

Vacation Home Information

Preparer - Enter on Screen Rent-3

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

Passive and Other Information

Preparer - Enter on Screen Rent-2

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

NOTES/QUESTIONS:

Please provide all Forms 1099-K

Preparer use only

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

Schedule F Income

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

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

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

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

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

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

Preparer use only

Description

2024 Information

Prior Year Information

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

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

2024 Information

Prior Year Information

Taxpayer

Spouse

Self-employed health insurance premiums: (Not entered elsewhere)

_____ + _____ [2] + _____ [3]
_____ + _____ + _____

Self-employed long-term care premiums: (Not entered elsewhere)

_____ + _____ [5] + _____ [6]
_____ + _____ + _____

NOTES/QUESTIONS:

Please provide all Forms 1095-A

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

Part III Household Information -

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

	Control Totals +		
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ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

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

Part III Household Information -

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

	Control Totals +		
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NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

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

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

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

Complete this section if your account is an HSA

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

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

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

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

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

NOTES/QUESTIONS:

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
2023 employer-provided dependent care benefits used during 2024 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2024	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2024		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

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 Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2024 + _____ [7]

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 Provider, 3 = Provider moved and unable to get TIN, 4 = Provider 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 Provider, 3 = Provider moved and unable to get TIN, 4 = Provider 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 Provider, 3 = Provider moved and unable to get TIN, 4 = Provider 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 Provider, 3 = Provider moved and unable to get TIN, 4 = Provider 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 _____

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

TS	Qualified loan interest recipient/lender	2024 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="border: 1px solid black; padding: 2px;"> _____ _____ _____ </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

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

Preparer - Enter on Screen Educate2

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

Institution Information

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

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

Tuition Paid and Related Information

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

	2024 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Educational institution changed its reporting method for 2024 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2025 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
<small>1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2024</small>		

NOTES/QUESTIONS:

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]

NOTES/QUESTIONS:

Ohio General Information

Enter your current Ohio county of residence _____ [1]
 School district number _____ [2]

Use Tax

Purchases subject to use tax _____ [3]

Contributions**Amount of charitable contributions you wish to make 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

	Taxpayer	Spouse
Displaced worker training expenses for 12-month period since loss of job	_____ [10]	_____ [11]

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [12]	_____ [14]
To	_____ [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]

NOTES/QUESTIONS: