



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2024 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2024 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2023 information is included for your reference. You do not need to make any 2023 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2023 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, Form 1099-NEC or Form 1099-K.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- Copies of invoices regarding residential clean energy improvements.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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Topic Index

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General Questions

ORG3

PERSONAL INFORMATION

| | Yes | No |
|--|-------------------------------------|--------------------------|
| 1 Did your marital status change during 2024? If yes , explain | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Do you want to allow your tax preparer to discuss this year's return with the IRS? If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy. Designee's Name ▶ Phone Number ▶ Personal Identification Number (5 digit PIN)..... ▶ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 Do you or your spouse plan to retire in 2025? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Were you or your spouse permanently and totally disabled in 2024? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Enter date of death for taxpayer or spouse (if during 2024 or 2025): Taxpayer: _____ Spouse: _____ | | |
| 6 Were you or your spouse a member of the U.S. Armed Forces during 2024? | <input type="checkbox"/> | <input type="checkbox"/> |

DEPENDENT INFORMATION

| | Yes | No |
|--|--------------------------|--------------------------|
| 7 a Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want us to prepare the return(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,600? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want to include your child's income on your return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Are any of your dependents not U.S. citizens or residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you provide over half the support for any other person during 2024? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you incur adoption expenses during 2024? | <input type="checkbox"/> | <input type="checkbox"/> |

IRA, PENSION AND EDUCATION SAVINGS PLANS

| | Yes | No |
|--|--------------------------|--------------------------|
| 12 Did you receive payments from a pension or profit-sharing plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 a Did you convert all or part of a regular IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you roll over all or part of a qualified plan into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did you contribute to a Coverdell Education Savings Account? | <input type="checkbox"/> | <input type="checkbox"/> |

ITEMS RELATED TO INCOME/LOSSES

| | Yes | No |
|---|--------------------------|--------------------------|
| 16 Did you receive any disability payments in 2024? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you receive tip income not reported to your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Did you buy, sell, refinance, or abandon a principal residence or other real property in 2024? (Attach copies of any escrow statements or Forms 1099.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 a If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Are you planning to purchase a home soon? | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did you incur any casualty or theft losses during 2024? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Did you incur any non-business bad debts? | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR YEAR TAX RETURNS

| | Yes | No |
|--|--------------------------|--------------------------|
| 21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? | <input type="checkbox"/> | <input type="checkbox"/> |

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

| | Yes | No |
|--|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24a At any time during 2024, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2024 ? Report all interest income on Org 11 | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Did you at any time during 2024, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

| | Yes | No |
|---|--------------------------|--------------------------|
| 27 Did you receive Form 1095-A (Health Coverage)? If so, please attach | <input type="checkbox"/> | <input type="checkbox"/> |
| 28a Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

| | Yes | No |
|--|--------------------------|--------------------------|
| 31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024 ? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you purchase a motor vehicle or boat during 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , attach documentation showing sales tax paid. | | |
| 33 Did you purchase an energy efficient vehicle in 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , enter year, make, model, and date purchased: _____ also provide VIN: _____ | | |
| 34 Did you donate a vehicle in 2024 ? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 What was the sales tax rate in your locality in 2024 ? _____ % State ID _____ | | |
| 36 Did you or your spouse make gifts of over \$18,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach details. | | |
| 39 Did you or your spouse participate in a medical savings account in 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 40 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 Did you pay any individual for domestic services in 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you, your spouse, or your dependents attend post-secondary school in 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did a lender cancel any of your debt in 2024 ? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach information. | | |
| 46 At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47a Do you want to change the language with which the IRS communicates with you? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes, which language? | | |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

| | Yes | No |
|--|-----------------------------------|----------------------------------|
| 48 If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |
| Caution: Review transferred information for accuracy. | | |
| 50 If yes , please provide the following information: | | |
| a Name of your financial institution | | |
| b Routing Transit Number (must begin with 01 through 12 or 21 through 32) | | |
| c Account number | | |
| d What type of account is this? | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Please attach a voided check (not a deposit slip) if your bank account information has changed. | | |

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

| Name of covered individual(s) | SSN or DOB | Covered 12 mos | Exchange Policy | Exemption Received | Indicate which months each person was covered by MEC*: | | | | | | | | | | | | | | |
|-------------------------------|------------|----------------|-----------------|--------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|--|
| | | | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | |
| 1. | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | |

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

Business/Investment Questions

ORG4

| | Yes | No |
|--|--------------------------|--------------------------|
| 1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did you buy or sell any stocks or bonds in 2024 ? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you surrender any U.S. savings bonds during 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Did you sell property or equipment on installment in 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you have any business related educational expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you do a 'like-kind' exchange of property in 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient Do you have records to support expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you purchase special fuels for non-highway use? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please list the type of use and the number of gallons for each fuel. _____ _____ _____ _____ | | |

Additional Information

ORG5

A large rectangular box containing 25 horizontal lines for writing.

PERSONAL INFORMATION

| | TAXPAYER | SPOUSE |
|---|--|--|
| Last name..... | _____ | _____ |
| First name | _____ | _____ |
| Middle initial and suffix | MI _____ Suffix _____ | MI _____ Suffix _____ |
| Social security number | _____ | _____ |
| Occupation..... | _____ | _____ |
| Work phone/extension | _____ | _____ |
| Cell phone | _____ | _____ |
| E-mail address..... | _____ | _____ |
| Driver's License/Id issuing state | _____ | _____ |
| License /Id number..... | _____ | _____ |
| License/Id issue date | _____ | _____ |
| License/Id expiration date..... | _____ | _____ |
| Birthdate | MM/DD/YYYY **/**/1965 | MM/DD/YYYY..... |
| Blind | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Contribute to Presidential Election Campaign Fund..... | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Eligible to be claimed as a dependent on another return | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Street address..... | _____ | Apartment number |
| City..... | _____ State..... | ZIP code..... |
| Home phone..... | _____ Foreign country..... | _____ |
| Fax..... | _____ Foreign phone | _____ |

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year

Check this box if you are eligible to claim spouse's exemption

Check this box if your spouse itemizes deductions.....

4 Head of household

If the qualifying person is a child but not your dependent, enter

Child's name..... Child's social security number.....

5 Qualifying surviving spouse

Check the box for the year the spouse died 2022 2023

DEPENDENT INFORMATION

| Full Name (first name, middle initial, last name, suffix) | Social Security Number | **Code | Not qualified credit Other dep | Date of Birth *Not Citizen | 2024 Child Care Expense |
|--|------------------------|--------|-----------------------------------|-------------------------------|-------------------------|
| | | | | | +Months in U.S. |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

** For the Dependent Code, enter the following: L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

Attach all copies of your W-2 forms here.

| | | | |
|----------|--|--|--------------------------|
| 1 | Employer's name | Check if not applicable for 2024 | <input type="checkbox"/> |
| | Employer's name | Check if for spouse | <input type="checkbox"/> |
| | 1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace | | <input type="checkbox"/> |
| | 2 Enter any amounts forfeited from a flexible spending account | | _____ |
| | 3 Check if the income reported is from a foreign source | | <input type="checkbox"/> |
| | 4 a Clergy: Enter your designated housing or parsonage allowance | | _____ |
| | b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value..... | | _____ |
| | c Check SE tax on: (a) housing or parsonage allowance..... | (b) W-2 wages..... | (c) both..... |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Employer's name | Check if not applicable for 2024 | <input type="checkbox"/> |
| | Employer's name | Check if for spouse | <input type="checkbox"/> |
| | 1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace | | <input type="checkbox"/> |
| | 2 Enter any amounts forfeited from a flexible spending account | | _____ |
| | 3 Check if the income reported is from a foreign source | | <input type="checkbox"/> |
| | 4 a Clergy: Enter your designated housing or parsonage allowance | | _____ |
| | b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value..... | | _____ |
| | c Check SE tax on: (a) housing or parsonage allowance..... | (b) W-2 wages..... | (c) both..... |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

Attach all copies of your 1099-R forms here.

| | | | |
|----------|---|--|--------------------------|
| 1 | Payer's name..... | Check if not applicable for 2024 | <input type="checkbox"/> |
| | Payer's name..... | Check if for spouse | <input type="checkbox"/> |
| | 1 Check if either box applies: Rollover | Conversion to Roth IRA | <input type="checkbox"/> |
| | 2 a If a partial rollover, enter the amount rolled over | | _____ |
| | b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA | | _____ |
| | 3 Health insurance premiums deductible on Schedule A..... | | _____ |
| | 4 a If entire distribution is a Required Minimum Distribution (RMD), check this box | | <input type="checkbox"/> |
| | b If only part of distribution is RMD, enter the part that is RMD..... | | _____ |
| 2 | Payer's name..... | Check if not applicable for 2024 | <input type="checkbox"/> |
| | Payer's name..... | Check if for spouse | <input type="checkbox"/> |
| | 1 Check if either box applies: Rollover | Conversion to Roth IRA | <input type="checkbox"/> |
| | 2 a If a partial rollover, enter the amount rolled over | | _____ |
| | b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA | | _____ |
| | 3 Health insurance premiums deductible on Schedule A..... | | _____ |
| | 4 a If entire distribution is a Required Minimum Distribution (RMD), check this box | | <input type="checkbox"/> |
| | b If only part of distribution is RMD, enter the part that is RMD..... | | _____ |

W-2G – GAMBLING OR LOTTERY WINNINGS

Attach all copies of your W-2G forms here.

| Name of Payer | Check if Spouse | Reportable Winnings (Box 1) | Federal Tax Withheld (Box 4) | State Tax Withheld (Box 15) | State Code (Box 13) |
|---------------|--------------------------|-----------------------------|------------------------------|-----------------------------|---------------------|
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |

W-2 Amounts

ORG7A

| WAGES, SALARIES, TIPS, AND OTHER COMPENSATION | | | |
|---|--|--------------------------|--------------------------|
| Box | Description | 2024 | 2023 |
| c | Employer's name (from ORG7) | | |
| 1 | Wages, tips, etc..... | | |
| 2 | Federal income tax withheld..... | | |
| 3 | Social security wages..... | | |
| 4 | Social security tax..... | | |
| 5 | Medicare wages/tips | | |
| 6 | Medicare tax withheld..... | | |
| 13b | Check if retirement plan participant..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Social security tips | | |
| 8 | Allocated tips..... | | |
| | Unreported tips less than \$20 per month | | |
| | Unreported tips \$20 or more per month | | |
| 9 | (Not used)..... | | |
| 10 | Dependent care | | |
| 11 | Nonqualified plans..... | | |
| 13a | Check if statutory employee | <input type="checkbox"/> | <input type="checkbox"/> |
| 13c | Check if third-party sick pay | <input type="checkbox"/> | <input type="checkbox"/> |

| Box 12 W-2 Code | 2024 Box 12 Amount | 2023 Box 12 Amount | | 2024 | 2023 |
|--------------------|-----------------------|-----------------------|---------------------------------------|--------------------------|--------------------------|
| | | | If Box 12 code is: | | |
| | | | A: Attributable to RR Tier 2 tax..... | | |
| | | | M: Attributable to RR Tier 2 tax..... | | |
| | | | R: Taxpayer MSA | | |
| | | | Spouse MSA | | |
| | | | G: Not government employer | <input type="checkbox"/> | <input type="checkbox"/> |

If Box 12 Code P - Link to Form 3903 in 2020 ProSeries

| 2024 Box 14 Description or Code | 2024 Box 14 Amount | 2023 Box 14 Description or Code | 2023 Box 14 Amount |
|------------------------------------|-----------------------|------------------------------------|-----------------------|
| | | | |
| | | | |
| | | | |

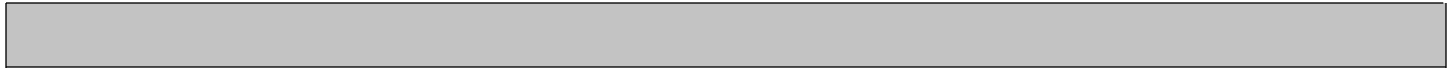
| Box 15 State | 2024 Box 16 Wages, tips, etc | 2024 Box 17 Income tax | 2023 Box 16 Wages, tips, etc | 2023 Box 17 Income tax |
|-----------------|---------------------------------|---------------------------|---------------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |

| Box 20 Locality | 2024 Box 18 Wages, tips, etc | 2024 Box 19 Income tax | 2023 Box 18 Wages, tips, etc | 2023 Box 19 Income tax |
|--------------------|---------------------------------|---------------------------|---------------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |

1099-R Amounts

ORG7B

Source From: 1099-R CSA-1099-R CSF-1099-R RRB-1099-R.....



Payer's name.....

| Box | Description | 2024 | 2023 |
|-----|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | | | |
| | Federal income tax withheld..... | | |
| | | | |
| | | | |
| | ▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| | ▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| | ▶ Check if a qualified Roth IRA distribution, but box 7 code is J or T, not code Q | <input type="checkbox"/> | <input type="checkbox"/> |
| | ▶ If a fully taxable disability pension, check if recipient is under the minimum retirement age | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | |
| | | | |
| | State tax withheld – State 1..... | | |
| | State tax withheld – State 2..... | | |
| | State/Payer's state number – State 1 | | |
| | State/Payer's state number – State 2 | | |
| | State distribution – State 1 | | |
| | State distribution – State 2..... | | |
| | Local tax withheld – Locality 1..... | | |
| | Local tax withheld – Locality 2..... | | |
| | Name of locality – Locality 1 | | |
| | Name of locality – Locality 2..... | | |
| | Local distribution – Locality 1 | | |
| | Local distribution – Locality 2..... | | |
| | Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of | | |
| | ▶ Spouse and treat as recipient's own (treat as rollover)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | ▶ Recipient, but originally was inherited from spouse's (own IRA)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | ▶ Spouse and not treat as recipient's own (taxable amount in box 2a) | <input type="checkbox"/> | <input type="checkbox"/> |
| | ▶ Someone other than a spouse (taxable amount in box 2a) | <input type="checkbox"/> | <input type="checkbox"/> |

1099-MISC Income and 1099-NEC Income

ORG8

MISCELLANEOUS INCOME

Attach all copies of 1099-MISC and 1099-NEC forms here.

| Box | Description | Payer 1 | Payer 2 | Payer 3 |
|-----|---|---------|---------|---------|
| | Check if spouse | | | |
| | Check if you did not receive income from this payer in 2024 | | | |
| | Payer's name | | | |
| | Payer's federal identification number or | | | |
| | Payer's social security number | | | |
| 1 | Nonemployee compensation (Form 1099-NEC) | | | |
| 1 | Rents (Form 1099-MISC) | | | |
| 2 | Royalties | | | |
| 3 | Other income | | | |
| 4 | Federal income tax withheld | | | |
| 5 | Fishing boat proceeds | | | |
| 6 | Medical/health care payments | | | |
| 8 | Substitute payments | | | |
| 9 | Crop insurance proceeds | | | |
| 10 | Gross proceeds paid to an attorney | | | |
| 11 | Fish purchased for resale | | | |
| 12 | Section 409A deferrals | | | |
| 13 | Excess golden parachute payments | | | |
| 14 | Nonqualified deferred compensation | | | |
| 15 | State tax withheld – 1st state | | | |
| 16 | State name – two letters – 1st state | | | |
| | Payer's state number – 1st state | | | |
| 17 | State income – 1st state | | | |
| 18 | State tax withheld – 2nd state | | | |
| 19 | State name – two letters – 2nd state | | | |
| | Payer's state number – 2nd state | | | |
| 20 | State income – 2nd state | | | |
| | FATCA filing requirement | | | |

ORG8

Social Security Benefits/Form 1099-G/Other Income

ORG10

| SOCIAL SECURITY BENEFITS | | |
|--|-----------------|---------------|
| <input checked="" type="checkbox"/> Attach all copies of SSA and RRB forms. | Taxpayer | Spouse |
| 1 Social Security Benefits from Form SSA-1099..... | | |
| 2 Federal income tax withheld from Form SSA-1099 | | |
| 3 Medicare B premiums withheld from Form SSA-1099 | | |
| 4 Medicare C premiums withheld from Form SSA-1099 | | |
| 5 Medicare D premiums withheld from Form SSA-1099 | | |
| 6 Railroad Retirement Benefits from Form RRB-1099 | | |
| 7 Federal income tax withheld from Form RRB-1099 | | |
| 8 Medicare premiums withheld from Form RRB-1099..... | | |

FORM 1099-G

| <input checked="" type="checkbox"/> Attach all copies of 1099-G forms. | | | | |
|---|---|--------------------------|--------------------------|--------------------------|
| Box | Description | Payer 1 | Payer 2 | Payer 3 |
| | Check if Spouse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Check if Joint..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Payer's name..... | | | |
| 1 | Unemployment compensation..... | | | |
| a | Unemployment benefits you repaid in 2024 | | | |
| 2 | State and local income tax refunds | | | |
| 3 | Enter the tax year from 1099-G box 3 | | | |
| a | If tax year is 2023 or prior, enter the taxable portion of the amount reported in box 2 | | | |
| 4 | Federal income tax withheld..... | | | |
| 5 | RTAA payments..... | | | |
| 6 | Taxable grants | | | |
| 7 | Agriculture payments | | | |
| 8 | Check if box 2 amount is from trade or business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Market gain | | | |
| 10a | Two-letter state abbreviation | _____ | _____ | _____ |
| | Two or three-letter local abbreviation | _____ | _____ | _____ |
| b | State identification number | | | |
| 11 | State income tax withheld..... | | | |

OTHER INCOME

| | Nature and Source | 2024 Taxpayer | 2024 Spouse | 2023 Combined |
|----------|---|----------------------|--------------------|----------------------|
| 1 | Alimony received | | | |
| 2 | Recovery of bad debts previously deducted | | | |
| 3 | Jury duty pay | | | |
| 4 | Gambling winnings not reported on W2G/1099..... | | | |
| 5 | Income from not for profit activities (hobbies)..... | | | |
| 6 | Income from the rental of personal property..... | | | |
| 7 | Non-Government unemployment received/repaid in 2024 | | | |
| 8 | Other Taxable income: | | | |
| a | Union unemployment benefits..... | | | |
| b | Private fund unemployment benefits..... | | | |
| c | State employee unemployment benefits | | | |
| 9 | Other miscellaneous income items: | | | |
| | Description: | | | |
| | | | | |
| | | | | |
| | | | | |

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

****Type of Interest**
 blank = Regular taxable interest
 ME1 = ME bond interest in federal income
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest
 NH1 = NH nontaxable interest — taxable federal
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest
 TN1 = TN nontaxable interest — taxable federal
 WV1 = WV bond interest in federal income

| TSJ | X* | Payer Name | 2024 Box 1 Interest | Type of Interest** | 2024 Box 3 US/Treasury Interest | 2024 Box 8 Tax Exempt | State | 2023 Box 1 + 3 |
|-----|----|------------|---------------------------|-----------------------|--|-----------------------------|-------|-------------------|
| | | | | | | | | |
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X* Check if you did not receive income from this account in 2024 .

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

| TSJ | X* | Payer Name | 2024 Box 1a Ordinary Dividends | 2024 Box 1b Qualified Dividends | 2024 Box 2a Capital Gains | State | 2023 Box 1a + 2a |
|-----|----|------------|---|--|------------------------------------|-------|---------------------|
| | | | | | | | |
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X* Check if you did not receive income from this account in 2024 .

1099-INT Amounts

ORG11A

| Interest Income | | 2024 | 2023 |
|---|---|------|------|
| Box | Payer Name | | |
| 2 | Early withdrawal penalty | | |
| 4 | Federal taxes withheld | | |
| 5 | Investment expenses | | |
| 6 | Foreign taxes paid | | |
| 7 | Foreign country | | |
| 9 | Private activity bond interest | | |
| | OR | | |
| | Percent of private activity bond amount included in total interest. (Enter 75 percent as 75.00) | | |
| 11 | Bond premium | | |
| 12 | Bond premium on treasury obligations | | |
| 13 | Bond premium on tax-exempt bond | | |
| 14 | Tax-exempt and tax credit bond CUSIP number | | |
| 15a | State (postal code) | | |
| 15a | State Identification number | | |
| 15a | State taxes withheld | | |
| 15b | State (postal code) | | |
| 15b | State Identification number | | |
| 15b | State taxes withheld | | |
| If state withholding is entered above, indicate the form type: <input type="checkbox"/> 1099-INT <input type="checkbox"/> 1099-OID Types of adjustments: * <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> U Amount of adjustment | | | |
| *Type of adjustment: N = Nominee distribution O = Original issue discount (OID) adjustment B = Amortizable bond premium (ABP) adjustment R = Bond premium on treasury obligations T = Bond premium on tax-exempt bonds A = Accrued interest adjustment H = Other adjustment U = U.S. Savings bond interest previously reported | | | |
| FATCA filing requirement | | | |

DIVIDEND INCOME

ORG11B

| Box | Form 1099-DIV | 2024 | 2023 |
|------------|---|------|------|
| | Payer Name | | |
| 2b | Unrecaptured Section 1250 gain | | |
| 2c | Section 1202 gain: | | |
| | Amount eligible for 50% exclusion | | |
| | Amount eligible for 60% exclusion | | |
| | Amount eligible for 75% exclusion | | |
| | Amount eligible for 100% exclusion | | |
| 2d | Collectibles (28%) gain | | |
| 3 | Nondividend distributions (Nontaxable distributions) | | |
| 4 | Federal taxes withheld | | |
| 5 | Section 199A dividends | | |
| 6 | Investment expenses | | |
| 7 | Foreign tax paid | | |
| 8 | Foreign country | | |
| 11 | Exempt-interest dividends (not included in box 1 or box 3) | | |
| 12 | Private activity bond amount included above | | |
| | OR | | |
| | Percent of private activity bond amount included in total exempt-interest dividends (Enter 75 percent as 75.00) | | |
| 13a | State (postal code) | | |
| 14a | State Identification number | | |
| 15a | State taxes withheld | | |
| 13b | State (postal code) | | |
| 14b | State Identification number | | |
| 15b | State taxes withheld | | |
| | U.S. government interest in dividends | | |
| | Margin interest paid in 2024 | | |
| | Types of adjustments: | | |
| | Nominee <input type="checkbox"/> Other <input type="checkbox"/> ESOP <input type="checkbox"/> | | |
| | Amount of adjustment | | |
| | FATCA filing requirement | | |

Seller-Financed Interest/Child's Interest and Dividends

ORG12

T = Taxpayer, S = Spouse, J = Joint

| SELLER-FINANCED MORTGAGE INTEREST | | | | | |
|--|----|---------------|---------|------------|--------|
| TSJ | *X | Name of Payer | Address | SSN or EIN | Amount |
| | | | | | |
| | | | | | |
| | | | | | |

*X Check if you did not receive interest from this payer in 2024 .

| CHILD'S INTEREST AND DIVIDENDS (greater than \$1,300) | | | |
|--|---------------------------------------|------|------|
| *X | Child's Name | 2024 | 2023 |
| | First name _____ MI ____ | | |
| | Last name _____ Suffix ____ SSN _____ | | |
| | Child's taxable interest | | |
| | Child's tax-exempt interest..... | | |
| | Child's ordinary dividends | | |
| Child's capital gain distributions | | | |
| | First name _____ MI ____ | | |
| | Last name _____ Suffix ____ SSN _____ | | |
| | Child's taxable interest | | |
| | Child's tax-exempt interest..... | | |
| | Child's ordinary dividends | | |
| Child's capital gain distributions | | | |
| | First name _____ MI ____ | | |
| | Last name _____ Suffix ____ SSN _____ | | |
| | Child's taxable interest | | |
| | Child's tax-exempt interest..... | | |
| | Child's ordinary dividends | | |
| Child's capital gain distributions | | | |

*X Check if this child did not receive interest or dividend income in 2024 .

Interest Paid and Cash Contributions

ORG14

| HOME MORTGAGE INTEREST PAID | | | |
|-----------------------------|---------------------------|------|------|
| Lender's Name | Check if NOT on Form 1098 | 2024 | 2023 |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |

| POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME | | |
|---|---------------------------|------|
| Lender's Name | Check if NOT on Form 1098 | 2024 |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |

| SELLER FINANCED MORTGAGE | | |
|--------------------------|--------------------|---------|
| Individual's Name | Identifying Number | Address |
| | | |
| | | |

| OTHER PERSON RECEIVING FORM 1098 | |
|----------------------------------|---------|
| Form 1098 Recipient's Name | Address |
| | |
| | |

| OTHER POINTS | | | | | |
|---|--------------------------|-------------|--------------|---------------------|----------------------|
| Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage. | | | | | |
| Lender's Name | Loan Over | Points Paid | Date of Loan | Loan Length (years) | 2023 Points Deducted |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |

| QUALIFIED MORTGAGE INSURANCE PREMIUMS | | |
|---|------|------|
| | 2024 | 2023 |
| Premiums paid in 2024 for qualified mortgage insurance not from Form 1098 import | | |

Interest Paid and Cash Contributions (continued)

ORG14

| INVESTMENT INTEREST | | |
|---|------|------|
| | 2024 | 2023 |
| Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) | | |

| LIMITED HOME MORTGAGE DEDUCTION | | | | | |
|---|--------|--------|--------|--------|--------|
| If the mortgage meets the following reasons during 2024 complete the following: - The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or - You had home debt that was not used to buy, build or substantially improve the home that secures the loan | | | | | |
| | Loan 1 | Loan 2 | Loan 3 | Loan 4 | Loan 5 |
| 1a Interest paid in 2024 | | | | | |
| Points paid in 2024 | | | | | |
| Months loan outstanding | | | | | |
| Principal pd on loan in 2024 | | | | | |
| b Was all proceeds of this loan used to buy, build, or substantially improve the home? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | | | | |
| 2 Home Debt Origination on or after December 15, 2017 | | | | | |
| Beginning of year balance .. | | | | | |
| Additional borrowed in 2024 | | | | | |
| Enter the amount of debt not used to buy, build, or substantially improve the home: | | | | | |
| | | | | | |
| 3 Home Debt Origination after October 13, 1987 and Before December 15, 2017 | | | | | |
| Beginning of year balance .. | | | | | |
| Enter the amount of debt not used to buy, build, or substantially improve the home: | | | | | |
| | | | | | |
| 4 Grandfathered debt: (before 10/14/1987) | | | | | |
| Beginning of year balance .. | | | | | |
| Enter the amount of debt not used to buy, build, or substantially improve the home: | | | | | |
| | | | | | |

| CASH CONTRIBUTIONS | | | |
|---|---|------|------|
| Name of Donee Organization | Check if Statement Exists for Gifts \$250 or More | 2024 | 2023 |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Charitable miles driven | | | |
| Miles driven to deliver noncash contributions | | | |
| Parking fees, tolls, and local transportation | | | |

Noncash Contributions

ORG14A

Copy 1

| Name of Donee Organization | Check if Statement Exists for Gifts of \$250 or More | Fair Market Value | Prior Year Fair Market Value |
|----------------------------|--|-------------------|------------------------------|
| A _____ | | | |
| B _____ | | | |
| C _____ | | | |
| D _____ | | | |
| E _____ | | | |
| F _____ | | | |
| G _____ | | | |
| H _____ | | | |
| I _____ | | | |

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

| Description of Donated Property | Type** | Address of Donee Organization |
|---------------------------------|--------|-------------------------------|
| A _____ | | |
| B _____ | | |
| C _____ | | |
| D _____ | | |
| E _____ | | |
| F _____ | | |
| G _____ | | |
| H _____ | | |
| I _____ | | |

| Method for Fair Market Value* | Date of Contribution | Complete these columns only for each contribution over \$500 | | |
|-------------------------------|----------------------|---|-----------------|-----------|
| | | Date Acquired (month, year) | How Acquired*** | Your Cost |
| A _____ | | | | |
| B _____ | | | | |
| C _____ | | | | |
| D _____ | | | | |
| E _____ | | | | |
| F _____ | | | | |
| G _____ | | | | |
| H _____ | | | | |
| I _____ | | | | |

***Methods of determining FMV:**

- | | | | |
|---------------|--------------------------|-------------------|-------------|
| Appraisal | Capitalization of income | Present value | Thrift shop |
| Average share | Comparative sales | Replacement cost | |
| Catalog | Consignment shop | Reproduction cost | |

****Type of Donated Property**

- | | | |
|---------------------------------|-----------------------------------|--|
| Household/clothing items | Business equipment | Intellectual property |
| Motor vehicle, boat or airplane | Business inventory | Real property, conservation property |
| Art, other than self-created | Stock, publicly traded | Real property, other than conservation |
| Art, self-created | Stock, other than publicly traded | Other personal property |
| Collectibles | Securities, other than stock | Other intangible property |

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions (FOR STATE USE ONLY)

ORG15

| MISCELLANEOUS DEDUCTIONS (2% LIMITATION) | 2024 | 2023 | |
|--|----------------------------------|------------------------------------|-------------|
| Employee Business Expenses | | | |
| Note: If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses. | | | |
| 1 Union and professional dues | | | |
| 2 Professional subscriptions | | | |
| 3 Uniforms and protective clothing | | | |
| 4 Job search costs | | | |
| 5 Other unreimbursed employee expenses: | | | |
| a _____ | | | |
| b _____ | | | |
| c _____ | | | |
| d _____ | | | |
| e _____ | | | |
| Other Expenses Subject to the 2% Limitation | | | |
| Treat all MACRS assets for this activity as qualified Indian reservation property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Treat all assets acquired after August 27, 2005 as qualified GO Zone property? | <input type="checkbox"/> Regular | <input type="checkbox"/> Extension | |
| Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Was this property located in a Qualified Disaster Area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Check to code assets as Investment Expense | <input type="checkbox"/> | | |
| Use ORG50 to record dispositions. | | | |
| Use ORG51A to enter additional assets. | | | |
| Use ORG11a for investment expenses related to interest income. | | | |
| Use ORG11b for investment interest related to dividend income. | | | |
| 6 Tax return preparation fees | | | |
| 7 Investment counsel and advisory fees | | | |
| 8 Certain attorney and accounting fees | | | |
| 9 Safe deposit box rental | | | |
| 10 IRA custodial fees | | | |
| 11 a Government unemployment benefits repaid in 2024 | <input type="checkbox"/> | | |
| b Other expenses (list): | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| OTHER MISCELLANEOUS DEDUCTIONS | | 2024 | 2023 |
| 12 Federal estate tax paid on income in respect of a decedent | | | |
| 13 Amortizable bond premiums (acquired before 10/23/86) | | | |
| 14 Gambling losses (to the extent of gambling income) | | | |
| 15 Claim repayments | | | |
| 16 Unrecovered investment in annuity | | | |
| 17 Ordinary loss attributable to certain debt instruments | | | |

Employee Business Expenses

ORG17

Occupation in which expenses were incurred

Check box if spouse's employee expenses. If blank, taxpayer assumed.....

Check box if a fee-basis state or local government official

Check box if a Qualifying Performing Artist.....

Check box if armed forces reservist related travel more than 100 miles from home

Check box if impairment-related work expenses.....

Check box if miscellaneous 2% itemized deduction **(state only use)**

Check box if subject to Department of Transportation (DOT) hours of service limits.....

Treat all MACRS assets for activity as qualified Indian reservation property?..... Yes No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... Regular Extension No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?..... Yes No

Was this activity located in a Qualified Disaster Area..... Yes No

| EXPENSES | 2024 | 2023 |
|--|------|------|
| 1 Parking fees, tolls, and local transportation | | |
| 2 Travel expenses while away from home (excluding meal expenses) | | |
| 3 Meal expenses..... | | |
| 4 Business gifts | | |
| 5 Education | | |
| 6 Home office expenses (Preparer Use Only – complete ORG17A) | | |
| 7 Trade publications..... | | |
| 8 Depreciation expense other than vehicle (Preparer Use Only) | | |
| 9 Carryover of Section 179 expense from prior year | | |
| 10 Other: | | |
| _____ | | |
| _____ | | |
| _____ | | |

| EMPLOYER REIMBURSEMENTS | 2024 | 2023 |
|--|------|------|
| Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2). | | |
| 11 Reimbursements for other than meals and entertainment | | |
| 12 Reimbursements for meals and entertainment | | |

| QUALIFIED PERFORMING ARTIST | 2024 | 2023 |
|---|--|--|
| 13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| IMPAIRMENT-RELATED WORK EXPENSES | 2024 | 2023 |
|--|--|--|
| 14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Employee Business Expenses (continued)

ORG17

| GENERAL VEHICLE INFORMATION | Vehicle 1 | Vehicle 2 |
|--|---|---|
| 15 Description of vehicle..... | | |
| 16 Date placed in service..... | | |
| 17 Enter detail on lines 17a and 17b, or total on line 17c: | | |
| a Ending mileage reading..... | | |
| b Beginning mileage reading..... | | |
| c Total miles for the year (line 17a less line 17b)..... | | |
| 18 Business miles from 01/01/2024 thru 12/31/2024..... | | |
| 19 Total commuting miles..... | | |
| 20 Average daily commuting miles..... | | |
| STANDARD MILEAGE RATE | Vehicle 1 | Vehicle 2 |
| 21 Do you qualify for standard mileage? (Preparer Use Only) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22 Is this a leased vehicle?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ACTUAL EXPENSES | Vehicle 1 | Vehicle 2 |
| 23 Gasoline, oil, repairs, insurance, etc..... | | |
| 24 Vehicle registration fee (excluding property tax)..... | | |
| 25 Vehicle lease or rental fee..... | | |
| 26 Inclusion amount (Preparer Use Only) | | |
| 27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2)..... | | |
| 28 Depreciation (Preparer Use Only) | | |
| VEHICLE DEPRECIATION/DISPOSITIONS | Vehicle 1 | Vehicle 2 |
| 29 Cost or basis..... | | |
| 30 Is this an electric vehicle?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 31 Is this qualified Indian reservation property?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32 Type of vehicle (Preparer Use Only) | | |
| 33 Section 179 expense (Preparer Use Only) | | |
| 34 Qualified Property for Economic Stimulus? (Preparer Use) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35 Qualified Property for Qualified Disaster Area? (Preparer Use) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36 Qualified Property for Kansas Disaster Zone (Preparer Use) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37 Qualified property for GO Zone? (Preparer Use Only) | <input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A | <input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A |
| 38 Percentage for Special Depreciation Allowance? (Preparer Use) | <input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A | <input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A |
| 39 Elect OUT of Special Depreciation Allowance? (Preparer Use) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 40 Elect 30% in place of 50% Allowance? (Preparer Use) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 41 Date sold..... | | |
| 42 Date acquired, if different from line 16..... | | |
| 43 Sales price..... | | |
| 44 Expense of sale..... | | |
| 45 Gain/loss basis, if different (Preparer Use Only) | | |
| 46 AMT gain/loss basis, if different (Preparer Use Only) | | |
| VEHICLE QUESTIONS | | |
| 47 Was your vehicle available for personal use during off-duty hours?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 48 Is another vehicle available for personal use?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 49 Do you have evidence to support the business use claimed?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 50 If yes , is the evidence written?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Employee Home Office Expense

ORG17A

for:

copy:

Simplified method election for Home Office expenses:

Elect the simplified method **in 2024** instead of entering actual expenses

Elected the simplified method **in 2023** instead of entering actual expenses

| GENERAL INFORMATION | 2024 | 2023 |
|--|-------------|-------------|
| 1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) | | |
| 2 Area used only partly for day care (square footage) | | |
| 3 Total area of home (square footage) | | |
| 4 Daycare hours | | |
| a Number of weeks used for daycare, if less than full year | | |
| b Number of days used for day care each week | | |
| c Number of days closed for holidays, vacations, etc | | |
| d Number of hours used for daycare each day | | |
| 5 Total wages from this business | | |
| 6 Enter the percent of wages above that are from the business use of this home | | |
| 7 Gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) ... | | |
| 8 Any losses from this business shown on Schedule D or Form 4797 (Preparer Use Only) | | |

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

| EXPENSES | 2024 | | 2023 | |
|--|---------------|-----------------|---------------|-----------------|
| | Direct | Indirect | Direct | Indirect |
| 9 Casualty losses (Preparer Use Only) | | | | |
| 10 Mortgage interest/points on Form 1098 | | | | |
| 11 Interest not on Form 1098 | | | | |
| 12 Points not of Form 1098 | | | | |
| 13 Real estate taxes | | | | |
| 14 Qualified mortgage insurance | | | | |
| 15 Other insurance | | | | |
| 16 Rent | | | | |
| 17 Repairs and maintenance | | | | |
| 18 Utilities | | | | |
| 19 Other expenses (e.g., rent) | | | | |
| 20 Carryover of operating expenses | | | | |
| 21 Excess casualty losses (Preparer Use Only) | | | | |
| 22 Depreciation of your home (Preparer Use Only) | | | | |
| 23 Carryover of excess casualty losses and depreciation | | | | |

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

| 24 | Description | Date Acquired (MM/DD/YY) | Date Placed in Service (MM/DD/YY) | Cost (include land for residence only) |
|-----------|---|-------------------------------------|--|---|
| | Residence | | | |
| | Addition/Improvement | | | |
| | Addition/Improvement | | | |
| | Addition/Improvement | | | |
| | Addition/Improvement | | | |
| 25 | Enter the land value included in cost for residence | | | |

Car And Truck Expenses
(Employees use ORG17 – Employee Business Expenses)

ORG18

| GENERAL INFORMATION- | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|--|--|--|--|
| 1 Description of vehicle..... | | | |
| 2 a Date placed in service..... | | | |
| b Date acquired, if different from line 2a..... | | | |
| 3 Enter detail on lines 3a and 3b, or total on line 3c: | | | |
| a Ending mileage reading..... | | | |
| b Beginning mileage reading..... | | | |
| c Total miles for the year (line 3a less line 3b)..... | | | |
| 4 Business miles 01/01/2024 thru 12/31/2024..... | | | |
| 5 Total commuting miles..... | | | |
| STANDARD MILEAGE RATE | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| 6 Do you qualify for standard mileage? (Preparer Use)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 Is this a leased vehicle?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ACTUAL EXPENSES | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| 8 Gasoline, oil, repairs, insurance, etc..... | | | |
| 9 Vehicle registration fee (excluding property tax)..... | | | |
| 10 Vehicle lease or rental fee..... | | | |
| 11 Inclusion amount (Preparer Use Only)..... | | | |
| 12 Depreciation (Preparer Use Only)..... | | | |
| 13 Parking fees, tolls, and local transportation..... | | | |
| 14 Portion of vehicle registration fee based on value..... | | | |
| 15 Interest on vehicle..... | | | |
| DEPRECIATION/DISPOSITIONS | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| 16 Cost or basis..... | | | |
| 17 Is this an electric vehicle?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18 Is this qualified Indian reservation property?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 Type of vehicle (Preparer Use)..... | | | |
| 20 Section 179 expense (Preparer Use)..... | | | |
| 21 Qualified Property for Economic Stimulus? (Preparer Use)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22 Qualified Property for Qualified Disaster Area? (Preparer Use)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23 Kansas Disaster Zone? (Preparer Use)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24 Qualified GO Zone Property (Preparer Use)..... | <input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A | <input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A | <input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A |
| 25 Percentage for SDA? (Preparer Use)..... | <input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No | <input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No | <input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No |
| 26 Elect OUT of SDA? (Preparer Use)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27 Elect 30% in place of 50% SDA (Preparer Use)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28 Date sold..... | | | |
| 29 Sales price..... | | | |
| 30 Expense of sale..... | | | |
| 31 Gain/loss basis, if different (Preparer Use)..... | | | |
| 32 AMT gain/loss basis, if different (Preparer Use)..... | | | |
| VEHICLE QUESTIONS | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| 33 Is another vehicle available for personal use?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 34 Was vehicle available during off duty hours?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35 Was vehicle used primarily by a greater than 5% owner or related person?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36 Do you have evidence to support the business use claimed?..... | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37 If yes , is the evidence written?..... | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Sales of Stocks and Securities

ORG21A

| | |
|------------|------------------------------|
| Name _____ | Social Security Number _____ |
|------------|------------------------------|

Name of reporting financial institution ▶ _____

Acct Number ▶ _____ **Reporter's Tax ID** . . . ▶ _____

Owner of account ▶ _____

Transactions were not reported to IRS . ▶

| Quick Entry Table | | | | | | | | | | | |
|---|----------------------|---------------|----------------|------------------------|--|------------------------|---------------------|-------------------------|----------------------|--|----|
| The following adjustment codes may be entered in the table below if applicable: B, C, E, M, O, T, and W. (If the only adjustment is a disallowed wash sale loss (W), use the Disallowed Wash Sale field. Otherwise, use only the Adjustment Amount & Adjustment Code fields.) | | | | | | | | | | | |
| Sale# | Property Description | | | Sales Price (Proceeds) | | | Cost or Other Basis | | Disallowed Wash Sale | | |
| 8949 Box | Date Sold | Date Acquired | Holding Period | | | Basis Reported to IRS? | | Reported on Form 1099B? | | | |
| Adjustment Amount* | Adjustment Code(s)* | | Holding Period | | | Basis Reported to IRS? | | Reported on Form 1099B? | | | |
| | | | | | | | | | | | |
| | | | | | | Yes | | No | Yes | | No |
| | | | | | | | | | | | |
| | | | | | | Yes | | No | Yes | | No |
| | | | | | | | | | | | |
| | | | | | | Yes | | No | Yes | | No |
| | | | | | | | | | | | |
| | | | | | | Yes | | No | Yes | | No |

Note: For Sales Price, Cost Basis, or Adjustment Amount of \$10,000,000 or more, leave those fields blank and use the **Capital Gain (Loss) Adjustment Worksheet** after transferring. Additional adjustments and withholding are also supported on the **Capital Gain (Loss) Adjustment Worksheet**.

Sale of Your Home

ORG22

GENERAL INFORMATION

Attach copies of your original purchase and the current sale settlement sheets here.

Complete if the sale of your home occurred in the current year (2024).

| | Yes | No |
|---|--------------------------|--------------------------|
| 1 a Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it? | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did you use this home partially or completely in a trade or business or hold it for investment AND dispose of it in a like-kind (Section 1031) exchange? | <input type="checkbox"/> | <input type="checkbox"/> |
| d Did you claim the First-Time Homebuyer Credit when you purchased this home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 a Did you live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If married filing a joint return, did your spouse live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you receive a Form 1099-S? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 a Have you sold and excluded gain from another principal residence within 2 years before the sale of this home? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If married filing a joint return, has your spouse sold and excluded gain from another principal residence within 2 years before the sale of this home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.) | | |
| a You | <input type="checkbox"/> | <input type="checkbox"/> |
| b Your spouse | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 a Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Was the home used as investment or rental property after December 31, 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 a Will you be receiving periodic payments of principal or interest from this sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If Yes , what is the amount of the financial instrument? | | |

8 Address of former home sold

9 a Date former home was sold

b Date former home was bought

10 Sales price of the home sold

COST BASIS OF HOME SOLD

| Description | Amount |
|--|--------|
| Original cost of home sold: | |
| 11 a Purchase price of home sold | |
| b Postponed gain on the sale of your previous home sold before May 7, 1997 (Form 2219 for the year this home was bought) | |
| Additions and increases to basis: | |
| 12 a Settlement fees or closing costs when home was purchased. Do not include amounts previously deducted as moving expenses | |
| b Cost of capital improvements | |
| c Additions, including costs of materials and labor | |
| d Other additions and increases to basis | |
| Decreases to basis: | |
| 13 a Seller-paid points (for old home bought after 1990) | |
| b Other decreases to basis | |

COMMISSIONS AND OTHER EXPENSES OF SALE

| Description | Amount |
|-------------------|--------|
| 14 a | |
| b | |
| c | |
| d | |

Farm Income and Expenses

ORG27

GENERAL INFORMATION

Name of this farm

Is this activity a qualified trade or business under Section 199A? Yes No

1 Check ownership Taxpayer Spouse Joint

2 Principal product

3 Employer identification number

4 Agricultural activity code (**Preparer Use Only**)

5 Accounting method Cash Accrual

| | Yes | No |
|--|----------------------------------|---|
| 6 Was this farm fully disposed of in a fully taxable transaction during 2024? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Did you materially participate in the operation of this business during 2024? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Did you make any payments in 2024 that would require you to file Form(s) 1099 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 If 'Yes,' did you or will you file all required Forms 1099? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 At-risk determination: | | |
| a Is all of the investment in this activity at risk? | <input type="checkbox"/> | |
| b Is some of the investment in this activity not at risk? | <input type="checkbox"/> | |
| c Did you receive a subsidy in 2024? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you have unallowed passive losses in 2023? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12a Treat all MACRS assets for this activity as qualified Indian reservation property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? | Regular <input type="checkbox"/> | Extension <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Was this farm located in a Qualified Disaster Area? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| FARM INCOME – CASH METHOD | 2024 | 2023 |
|---|------|------|
| 13 Sales of livestock, etc purchased for resale | | |
| 14 Cost/Basis of livestock, etc purchased for resale | | |
| 15 Sales of livestock, produce, grains, etc raised | | |
| 16a Total distributions received from cooperatives | | |
| b Taxable amount of distributions from cooperatives | | |
| 17a Total agricultural program payments | | |
| b Taxable amount of agricultural program payments | | |
| c If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15 | | |
| 18a Commodity Credit Corporation (CCC) loans under election | | |
| b CCC loans forfeited/repaid with certificates | | |
| c Taxable amount of CCC loans forfeited/repaid | | |
| 19a Crop insurance proceeds/federal crop disaster payments received in 2024 | | |
| b Taxable crop insurance proceeds/federal crop disaster payments | | |
| c Crop insurance proceeds/federal crop disaster payments deferred from 2023 | | |
| 20 Custom hire (machine work) income | | |
| 21 Other income – include federal/state gas tax credit/refund | | |

| FARM INCOME – ACCRUAL METHOD | 2024 | 2023 |
|--|------|------|
| 22 Sales – livestock, produce, grain, other products | | |
| 23a Total distributions received from cooperatives | | |
| b Taxable amount of distributions from cooperatives | | |
| 24a Total agricultural program payments | | |
| b Taxable amount of agricultural program payments | | |
| 25a Commodity Credit Corporation (CCC) loans under election | | |
| b CCC loans forfeited/repaid with certificates | | |
| c Taxable amount of CCC loans forfeited/repaid | | |
| 26 Crop insurance proceeds and certain disaster payments | | |
| 27 Custom hire (machine work) income | | |
| 28 Other income include federal/state gas tax credit/refund | | |

Farm Income and Expenses (continued)

ORG27

| FARM INCOME – ACCRUAL METHOD (continued) | 2024 | 2023 |
|--|--------------------------|--------------------------|
| 29 Cost of Goods Sold: | | |
| a Beginning inventory – livestock, produce, etc | | |
| b Cost of livestock, produce, etc purchased | | |
| c Ending inventory – livestock, produce, etc | | |
| 30 Check if you used the unit-livestock price method or farm-price method to value inventory..... | <input type="checkbox"/> | <input type="checkbox"/> |

Complete ORG51 for acquisitions and ORG50 for dispositions.

| FARM EXPENSES – CASH AND ACCRUAL METHODS | 2024 | 2023 |
|--|-------------|-------------|
| Name of this farm | | |
| 31 Car and truck expense (complete ORG18) | | |
| 32 Chemicals | | |
| 33 Conservation expenses | | |
| 34 Custom hire (machine work) | | |
| 35 Depreciation and Section 179 deduction (Preparer Use Only) | | |
| 36 Employee benefit programs other than pension and profit-sharing plans..... | | |
| 37 Feed | | |
| 38 Fertilizers and lime..... | | |
| 39 Freight and trucking..... | | |
| 40 Gasoline, fuel and oil..... | | |
| 41 a Insurance (other than health) | | |
| b Self-employed health insurance attributable to this farm business..... | | |
| 42 Interest: | | |
| a Mortgage (paid to banks, etc)..... | | |
| b Other | | |
| 43 Labor hired | | |
| 44 Pension and profit-sharing plans..... | | |
| 45 Rent or lease: | | |
| a Machinery, equipment, etc (for vehicle rent or lease, see ORG18) | | |
| b Other (land, animals, etc) | | |
| 46 Repairs and maintenance | | |
| 47 Seeds and plants purchased | | |
| 48 Storage and warehousing..... | | |
| 49 Supplies purchased..... | | |
| 50 Taxes..... | | |
| 51 Utilities | | |
| 52 Veterinary, breeding and medicine..... | | |
| 53 Other expenses (specify): | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| 54 Qualified pension plan start-up costs..... | | |
| 55 DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018 | | |
| 56 DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017..... | | |

Tax Payments

ORG40

2024 ESTIMATED TAX PAYMENTS

| | Federal | | State | | | Local | | |
|------------------------------|---------|--------|-------|--------|----|-------|--------|----|
| | Date | Amount | Date | Amount | ID | Date | Amount | ID |
| 1 Qtr 1 due by 04/15/24 | | | | | | | | |
| 2 Qtr 2 due by 06/15/24 | | | | | | | | |
| 3 Qtr 3 due by 09/15/24 | | | | | | | | |
| 4 Qtr 4 due by 01/18/25 | | | | | | | | |
| 5 a Additional payments ... | | | | | | | | |
| b Additional payments ... | | | | | | | | |
| c Additional payments ... | | | | | | | | |
| d Additional payments ... | | | | | | | | |

OTHER TAX PAYMENTS

| | Federal | State | Local |
|--|---------|-------|-------|
| 6 2023 overpayment applied to 2024 | | | |
| 7 Balance due paid with 2023 return | | | |
| 8 a 2023 Quarter 4 payments paid in 2024 | | | |
| b 2023 extension payments paid in 2024 | | | |
| 9 Other taxes paid in 2024 for prior years (include explanation) | | | |

2025 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2025, please enter the increase or decrease below.

Income

| | | |
|--|----------------|-------|
| 10 Wages | Taxpayer | _____ |
| | Spouse..... | _____ |
| 11 Self-Employment Income | Taxpayer | _____ |
| | Spouse..... | _____ |
| 12 Capital Gains (sale of stock, real estate, etc) | | _____ |
| 13 Other Income: | | |
| Description | | _____ |

Deductions

| | |
|--|-------|
| 14 Allowable Itemized Deductions | _____ |
| 15 Other deductions (such as alimony paid, early withdrawal penalties, etc): | |
| Description | _____ |
| 16 Federal Withholding | _____ |
| 17 Number of personal exemptions expected for 2025 | _____ |

ADDITIONAL INFORMATION

| | |
|---|--------------------------|
| 18 Check to use your 2024 tax amount for your 2025 estimate | <input type="checkbox"/> |
| 19 If you have an overpayment of 2024 taxes, check the box to indicate how you want your overpayment applied. | |
| a Apply entire overpayment to next year and refund excess | <input type="checkbox"/> |
| b Apply entire overpayment to first quarter and refund excess | <input type="checkbox"/> |
| 20 Amount to apply if not entire overpayment | _____ |
| 21 Number of installments for estimated tax (1 - 4) | _____ |

State Information Worksheet

ORG60

GENERAL INFORMATION

| | | |
|--|--------------------------|--------------------------|
| | Taxpayer | Spouse |
| 1 Enter your state of residence | | |
| 2 Check the appropriate box if: | Taxpayer | Spouse |
| a Full year resident..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b Part year resident..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c Nonresident | <input type="checkbox"/> | <input type="checkbox"/> |
| | Date of entry: _____ | Date of exit: _____ |
| 3 Resident locality: _____ | | |
| 4 County: _____ School district: _____ School district number: _____ | | |
| | Taxpayer | Spouse |
| 5 Check if disabled | <input type="checkbox"/> | <input type="checkbox"/> |

STATE CREDITS

| 6 Description/type of credit (for example, solar energy, carpool) | Code | Amount |
|---|------|--------|
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| e _____ | | |

VOLUNTARY STATE CONTRIBUTIONS

| 7 Description/type of contribution (for example, wildlife, cancer) | Code | Amount |
|--|------|--------|
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| e _____ | | |

MISCELLANEOUS QUESTIONS

| | | | |
|--|--------------------------|---------------------------------|--------------------------|
| | | Yes | No |
| 8 Did you file a state return for 2023? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Do you want state forms and instructions sent to you next year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Do you want any applicable penalty and interest calculated and added to the return? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 How do you want your state refund (if any) applied? | | | |
| a Refunded | <input type="checkbox"/> | b Apply to 2025 estimates | <input type="checkbox"/> |
| | | c Apply to 2025 taxes | <input type="checkbox"/> |
| 12 Additional state information: _____ | | | |
| _____ | | | |
| _____ | | | |