

## Checklist

Name:

SSN:

### Checklist

This checklist is provided to help you gather necessary information for us to prepare your 2024 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2023 tax year.

#### General Information and Prior Year Documentation

- Proof of identity for those claimed on the return (driver's license or state issued ID, Social Security card, birth certificates for children. etc.)
- Income tax returns from the prior two years  
If there were losses from business activities in prior years, include prior five years of returns instead of two
- Depreciation schedules from prior years for businesses, rentals, etc.

#### Current Year Income Documentation

- Wage and tax statements (Form W-2)
- Gambling income (Form W2-G)
- IRA distributions, pensions, and annuities (Form 1099-R)
- Dividend income (Form 1099-DIV)
- Interest income (Form 1099-INT)
- Miscellaneous income (Form 1099-MISC)
- Nonemployee compensation (Form 1099-NEC)
- Unemployment compensation and other government payments (Form 1099-G)
- Credit card, debit card, and third-party network transactions (Form 1099-K)
- Reportable payment transactions
- Social Security benefits (Form SSA-1099)
- Railroad retirement benefits (Form RRB-1099)
- Income from partnerships, S corporations, estates, and trusts (Schedule K-1)
  - Basis information for any partnerships and S corporations
- Documentation of brokerage transactions and disposition of capital assets (Form 1099-B)
- Proceeds from real estate transactions (Form 1099-S)
- Self-employed business income (Schedule C)
- Farm income (Schedule F)
- Farm rental income (Form 4835)
- Income from rental real estates and royalties (Schedule E)

#### Other Income (provide supporting documentation for income received for the following items)

- Sale of assets or property
- Cancellation of debt
- Other income \_\_\_\_\_

#### Payments (provide supporting documentation for payments made for the following items)

- Educator classroom expenses
- Employee business expenses
- Contributions to a Health Savings Account
- Expenses related to work relocation with the military
- Alimony
- Student loan interest
- Refunded student loan interest payments
- Student loan forgiveness
- Tuition and fees for higher education
- Expenses related to child or dependent care
- Contributions to a Retirement Savings Account
- Medical and dental expenses
- Real estate taxes
- Other state and local taxes

### Checklist

Name:

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#### Checklist

- Mortgage interest
- Investment interest
- Cash contributions
- Noncash contributions (provide organization name)
- Unreimbursed employee expenses
- Investment expenses
- Gambling losses
- Other payments \_\_\_\_\_

### Questionnaire

Name:

SSN:

#### Questionnaire

#### Personal Information

Yes No

- Did your marital status change during the year?  
If "Yes," explain. \_\_\_\_\_
- Did your name change during the tax year?  
If "Yes," explain. \_\_\_\_\_
- If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2024?
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?
- Were you, your spouse, or any dependents a victim of identity theft?  
If "Yes," explain. \_\_\_\_\_
- Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?  
If "Yes," provide Notice CP01A from the IRS.

**Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)**

#### Dependent Information

Yes No

- Did you have any changes in dependents during the year?  
If "Yes," explain. \_\_\_\_\_
- Can another person qualify to claim any of your dependents?
- Did you have any child or dependent care expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 18 or a full-time student under age 24 with more than \$2,600 of unearned income?

**Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)**

#### Health Care Information

Yes No

- Did any member of your household have healthcare coverage through the Marketplace (Obamacare)?  
If "Yes," provide copies of Form 1095-A.
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

#### Income, Purchases, Sales, and Debt Information

Yes No

- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash in any U.S. savings bonds during the year?
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?  
If "Yes," provide the cost of the asset, the date it was placed in service, and the business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for off-road business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?  
If "Yes," provide closing documentation for the purchase and sale of the home.
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?  
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?



## Questionnaire

Name:

SSN:

### Questionnaire

- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel-cell vehicle, qualified commercial clean vehicle) during the year?  
If "Yes," provide the report the dealer or seller is required to provide to you and the vehicle identification number (VIN).
- Did you receive income or incur expenses associated with a fantasy sports league?  
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?  
If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?  
If "Yes," attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?  
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?  
If "Yes," attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb, VRBO or HomeAway)?  
If "Yes," provide documentation.
- Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?  
If "Yes," provide documentation.
- Did you receive any other income you have not provided information for with this organizer?  
If "Yes," explain. \_\_\_\_\_

### Itemized Deduction Information

**Yes No**

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?
- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?  
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?

### Retirement Information

**Yes No**

- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you make any withdrawals or receive distributions from a pension or profit-sharing plan, IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?



## Questionnaire

Name:

SSN:

### Questionnaire

Did you receive any Social Security benefits during the year?

#### Education Information

**Yes No**

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependents during the year?  
If "Yes," provide the amount of interest that was refunded.
- Did you receive forgiveness on a qualifying federal student loan?

#### Foreign Tax Information

**Yes No**

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you receive a Schedule K-3 from a partnership or S corporation?
- Did you have ownership in a foreign corporation at any time during the year?
- Did you own property in a foreign country?

#### Refund, Withholding, and Estimated Tax Information

**Yes No**

- If you have an overpayment of 2024 taxes, do you want the refund applied to your 2025 estimated taxes?
- Did you make any estimated payments toward your 2024 taxes?
- Did you apply an overpayment of your 2023 taxes to your 2024 estimated taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?  
If "Yes," provide a canceled checking or savings slip.
- Do you anticipate your income or withholdings to be different for 2025?

#### Miscellaneous Information

**Yes No**

- Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset?
- Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared disaster area?  
If "Yes," provide the incident date, value of the property, amount of insurance reimbursements, and the declaration number assigned by FEMA.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$18,000 during the year?  
**Yes No**  
  If "Yes," are you splitting the gift with your spouse?
- Did you incur moving expenses with the military during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you receive a cash payment or digital asset of more than \$10,000 in one transaction or two or more related transactions during the year?  
**Yes No**  
  If "Yes," was Form 8300, Report of Cash Payment over \$10,000 Received in Trade or Business, filed?

**Questionnaire**

Name:

SSN:

**Questionnaire**

- Do you own interest or shares in or did you dispose of a Qualified Opportunity Fund during the year?
- Did you make any purchases subject to use tax during the year?  
If "Yes," provide details.
- Did you receive any notices from the IRS or state taxing authority?  
If "Yes," explain. \_\_\_\_\_
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

**Preparer Notes**

## 2024 Tax Organizer Personal Information

### Personal Information

|   |                      |                       |                      |
|---|----------------------|-----------------------|----------------------|
|   | <b>SSN</b>           | <b>Has<br/>IP PIN</b> | <b>Date of Birth</b> |
| <b>Name</b>   |                      |                       |                      |
| <b>Taxpayer</b>   |                      |                       |                      |
| <b>Spouse</b>   |                      |                       |                      |
| Name of person to whom all information should be addressed, if not the taxpayer |                      |                       |                      |
| Street address, city, state, and ZIP  |                      |                       |                      |
| <b>Occupation</b>   | <b>Daytime Phone</b> | <b>Evening Phone</b>  | <b>Cell Phone</b>    |
| <b>Taxpayer</b>   |                      |                       |                      |
| <b>Spouse</b>   |                      |                       |                      |
| <b>Taxpayer email</b>   |                      |                       |                      |
| <b>Spouse email</b>   |                      |                       |                      |

### Filing status at the end of 2024

- Single   
  Married   
  Widowed - If widowed and your spouse died after December 31, 2022, enter the date of death \_\_\_\_\_
- Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2024? \_\_\_\_\_

**Yes    No**

- Are you or your spouse blind?  
  Are you or your spouse disabled?  
  Are you or your spouse a full-time student?  
  Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?  
  At any time during 2024 did you:  
     (a) receive (as a reward, award, or payment for property or service) a digital asset?  
     (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

### Identification Information

**Taxpayer's type of photo ID**

- Driver's license   
  State-issued photo ID

**Spouse's type of photo ID**

- Driver's license   
  State-issued photo ID

Photo ID number \_\_\_\_\_

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

### Account Information for Deposits and Withdrawals

| Name of Bank | Bank<br>Routing Number | Bank<br>Account Number | Type of Account |         | Use this Account for |             |
|--------------|------------------------|------------------------|-----------------|---------|----------------------|-------------|
|              |                        |                        | Checking        | Savings | Deposits             | Withdrawals |
|              |                        |                        |                 |         |                      |             |
|              |                        |                        |                 |         |                      |             |

### Appointment Information

Your 2024 appointment is scheduled for \_\_\_\_\_



### Dependent and Other Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Dependent Information

| First and Last Name<br>SSN | Has<br>IP PIN | Relationship | Months<br>in<br>Home | Date of Birth | Disabled | Full-<br>time<br>Student | Childcare<br>Expenses |
|----------------------------|---------------|--------------|----------------------|---------------|----------|--------------------------|-----------------------|
|                            |               |              |                      |               |          |                          |                       |
|                            |               |              |                      |               |          |                          |                       |
|                            |               |              |                      |               |          |                          |                       |
|                            |               |              |                      |               |          |                          |                       |
|                            |               |              |                      |               |          |                          |                       |

List dependents required to file a return \_\_\_\_\_

#### Child and Other Dependent Care Expenses

| Name of Care Provider | Address | SSN or EIN | Amount Paid |
|-----------------------|---------|------------|-------------|
|                       |         |            |             |
|                       |         |            |             |
|                       |         |            |             |

#### Estimates

|                               | Federal   |        | Resident State |        | Resident City |        |
|-------------------------------|-----------|--------|----------------|--------|---------------|--------|
|                               | Date Paid | Amount | Date Paid      | Amount | Date Paid     | Amount |
| Overpayment applied from 2023 | _____     | _____  | _____          | _____  | _____         | _____  |
| First quarter                 | _____     | _____  | _____          | _____  | _____         | _____  |
| Second quarter                | _____     | _____  | _____          | _____  | _____         | _____  |
| Third quarter                 | _____     | _____  | _____          | _____  | _____         | _____  |
| Fourth quarter                | _____     | _____  | _____          | _____  | _____         | _____  |
| Additional payments           | _____     | _____  | _____          | _____  | _____         | _____  |











### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

|   | 2024<br>Taxpayer | 2024<br>Spouse |
|---|------------------|----------------|
| Social Security Benefits (attach Forms 1099-SSA) . . . . .        | _____            | _____          |
| Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .    | _____            | _____          |
| State income tax refund (attach Forms 1099-G) . . . . .           | _____            | _____          |
| Alimony received<br>Divorce or separation date _____ Amount _____ | _____            | _____          |
| Unemployment compensation (attach Forms 1099-G) . . . . .         | _____            | _____          |
| Unemployment compensation repaid in 2024 . . . . .                | _____            | _____          |
| Gambling winnings (attach Forms W2-G) . . . . .                   | _____            | _____          |
| Alaska Permanent Fund . . . . .                                   | _____            | _____          |
| Jury duty pay . . . . .   | _____            | _____          |
| ABLE distributions . . . . .                                      | _____            | _____          |
| Scholarships or grants not reported on Form W-2 . . . . .         | _____            | _____          |
| Other income: _____   | _____            | _____          |
| _____   | _____            | _____          |
| _____   | _____            | _____          |

#### Adjustments

|  | 2024<br>Taxpayer | 2024<br>Spouse |
|--|------------------|----------------|
| Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . . | _____            | _____          |
| Contributions made to a Health Savings Account (HSA) . . . . .   | _____            | _____          |
| Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .         | _____            | _____          |
| Alimony paid<br>Name _____<br>SSN _____ Divorce or separation date _____                               | _____            | _____          |
| Name _____<br>SSN _____ Divorce or separation date _____   | _____            | _____          |
| Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K . . . . .               | _____            | _____          |
| Contributions made to an Individual Retirement Account (IRA) . . . . .                                 | _____            | _____          |
| Contributions made to a Roth IRA . . . . .   | _____            | _____          |
| Interest paid on a student loan . . . . .  | _____            | _____          |
| Other adjustments: _____   | _____            | _____          |



Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

TS Professional product or service Employer ID number

Business name

Business address, city, state, ZIP

Accounting Method: Cash Accrual Other (specify)

This business started or was acquired during 2024. This business was disposed of during 2024.

Select if this business is for:

- Professional gambler Newspaper delivery and you are under 18 years of age
Exempt Notary income A clergy

Yes No

- Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
If "Yes," did you file Forms 1099 for the individuals?
Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
If "Yes," was any portion of the loan forgiven in 2024?

Income

Table with 2 columns for 2024 and 2024. Rows include Gross receipts or sales, Other income, Returns & allowances.

Expenses

Table with 2 columns for 2024 and 2024. Rows include Advertising, Car & truck expenses, Commissions & fees, Contract labor, Depletion, Employee benefit programs, Insurance (other than health), Interest - mortgage, Interest - other, Legal & professional services, Office expenses, Pension & profit-sharing plans, Rent or lease (vehicles, machinery, & equipment), Rent (other business property), Repairs & maintenance, Supplies, Taxes & licenses, Travel, Total meals, Utilities, Wages, Family health coverage payments for taxpayer, spouse or dependents, Other expenses (list).

Cost of Goods Sold

Table with 2 columns for 2024 and 2024. Rows include Inventory at beginning of year, Materials & supplies, Purchases, Other costs, Cost of personal use items, Inventory at end of year, Cost of labor, There was a change in inventory method.

### Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### General Property Information

TSJ \_\_\_\_\_

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

#### Select the property type

- Single family residence       Vacation / short-term rental       Land       Self-rental
- Multi-family residence       Commercial       Royalties       Other \_\_\_\_\_

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- This property was placed in service during 2024.      Yes      No
- This property was disposed of during 2024.             Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.
- This property is your main home or second home.             If "Yes," did you file Forms 1099 for the individuals?
- This property was owned as a qualified joint venture.

#### Income

|                       | 2024  | 2024  |
|-----------------------|-------|---|
| Rent income . . . . . | _____ | Royalties from oil, gas, mineral, copyright or patent . . . . . _____ |

#### Expenses

|                                     | Rental Unit Expenses | Rental and Homeowner Expenses |  |
|-------------------------------------|----------------------|-------------------------------|--|
| Advertising . . . . .               | _____                | _____                         | If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. |
| Auto & travel . . . . .             | _____                | _____                         |  |
| Cleaning & maintenance . . . . .    | _____                | _____                         |  |
| Commissions . . . . .               | _____                | _____                         |  |
| Insurance . . . . .                 | _____                | _____                         |  |
| Legal & professional fees . . . . . | _____                | _____                         |  |
| Management fees . . . . .           | _____                | _____                         |  |
| Mortgage interest . . . . .         | _____                | _____                         |  |
| Other interest . . . . .            | _____                | _____                         |  |
| Repairs . . . . .                   | _____                | _____                         |  |
| Supplies . . . . .                  | _____                | _____                         | If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.  |
| Taxes . . . . .                     | _____                | _____                         |  |
| Utilities . . . . .                 | _____                | _____                         |  |
| Depletion . . . . .                 | _____                | _____                         |  |
| Other expenses                      | _____                | _____                         |  |
| _____                               | _____                | _____                         |  |
| _____                               | _____                | _____                         |  |
| _____                               | _____                | _____                         |  |
| _____                               | _____                | _____                         |  |
| _____                               | _____                | _____                         |  |
| _____                               | _____                | _____                         |  |



Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

General Information

TS \_\_\_\_\_ Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

Accounting method, if not cash:  Accrual

This farm was disposed of during 2024.

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

If "Yes," did you file Forms 1099 for the individuals?

Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?

If "Yes," was any portion of the loan forgiven in 2024?

Income

2024

2024

Sale of livestock / other items \_\_\_\_\_ Custom hire income \_\_\_\_\_

Cost of items bought for resale \_\_\_\_\_ Beginning inventory for accrual \_\_\_\_\_

Sale of products you raised \_\_\_\_\_ Ending inventory for accrual \_\_\_\_\_

Total cooperative distributions (Provide 1099-PATR) \_\_\_\_\_  You used unit-livestock-price or farm-price inventory method.

Total agricultural payments \_\_\_\_\_ Other income \_\_\_\_\_

Commodity Credit Corporation (CCC) loans:

CCC loans reported \_\_\_\_\_

CCC loans forfeited \_\_\_\_\_

Crop insurance proceeds:

Amount received in 2024 \_\_\_\_\_

You elect to defer to 2025

Amount deferred from 2023 \_\_\_\_\_

Expenses

2024

2024

Car & truck expenses \_\_\_\_\_ Rent - other (land, animals, etc.) \_\_\_\_\_

Chemicals \_\_\_\_\_ Repairs & maintenance \_\_\_\_\_

Conservation expenses \_\_\_\_\_ Seeds & plants purchased \_\_\_\_\_

Custom hire (machine work) \_\_\_\_\_ Storage & warehousing \_\_\_\_\_

Employee benefit programs \_\_\_\_\_ Supplies purchased \_\_\_\_\_

Feed purchased \_\_\_\_\_ Taxes \_\_\_\_\_

Fertilizers & lime \_\_\_\_\_ Utilities \_\_\_\_\_

Freight & trucking \_\_\_\_\_ Veterinary, breeding, & medicine \_\_\_\_\_

Gasoline, fuel, & oil \_\_\_\_\_ Family health coverage payments for taxpayer, spouse or dependents \_\_\_\_\_

Insurance (other than health) \_\_\_\_\_ Other expenses \_\_\_\_\_

Interest - mortgage (paid to banks, etc.) \_\_\_\_\_

Interest - other \_\_\_\_\_

Non-W-2 labor hired \_\_\_\_\_

W-2 wages paid \_\_\_\_\_

Pension & profit-sharing plans \_\_\_\_\_

Rent - vehicles, machinery, & equipment \_\_\_\_\_



Form 4835 - Farm Rental Income and Expenses

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

General Information

TSJ \_\_\_\_\_ Employer ID Number \_\_\_\_\_

Description \_\_\_\_\_

This farm was disposed of during 2024

Income

|   | 2024  | 2024  |
|---|-------|---|
| Income from production of livestock, produce, grains, & other crops . . . . . | _____ | Crop insurance proceeds:                            |
| Total cooperative distributions . . . . .                                     | _____ | Amount received in 2024 . . . . .                   |
| Total agricultural payments . . . . .   | _____ | <input type="checkbox"/> You elect to defer to 2025 |
| Commodity Credit Corporation (CCC) loans:                                     |       | Amount deferred from 2023 . . . . .                 |
| CCC loans reported . . . . .  | _____ | Other income . . . . .                              |
| CCC loans forfeited . . . . .   | _____ | _____   |

Expenses

|   | 2024  | 2024                                       |
|---|-------|--|
| Car & truck expenses . . . . .                      | _____ | Seeds & plants purchased . . . . .         |
| Chemicals . . . . .                                 | _____ | Storage & warehousing . . . . .            |
| Conservation expenses . . . . .                     | _____ | Supplies purchased . . . . .               |
| Custom hire (machine work) . . . . .                | _____ | Taxes . . . . .                            |
| Employee benefit programs . . . . .                 | _____ | Utilities . . . . .                        |
| Feed purchased . . . . .                            | _____ | Veterinary, breeding, & medicine . . . . . |
| Fertilizers & lime . . . . .                        | _____ | Other expenses (list)                      |
| Freight & trucking . . . . .                        | _____ | _____                                      |
| Gasoline, fuel, & oil . . . . .                     | _____ | _____                                      |
| Insurance (other than health) . . . . .             | _____ | _____                                      |
| Interest - mortgage (paid to banks, etc.) . . . . . | _____ | _____                                      |
| Interest - other . . . . .                          | _____ | _____                                      |
| Labor hired (less jobs credit) . . . . .            | _____ | _____                                      |
| Pension & profit-sharing plans . . . . .            | _____ | _____                                      |
| Rent - vehicles, machinery & equipment . . . . .    | _____ | _____                                      |
| Rent - other (land, animals, etc.) . . . . .        | _____ | _____                                      |
| Repairs & maintenance . . . . .                     | _____ | _____                                      |

### Expenses Related to Business

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- |                          |                          |   |                          |                          |   |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| Yes                      | No                       |   | Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was this vehicle available for use during off-duty hours? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have evidence to support your deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was another vehicle available for personal use?           | <input type="checkbox"/> | <input type="checkbox"/> | If "Yes," is the evidence written?              |

#### Mileage

Number of miles the vehicle was driven during 2024

|                     |       |                 |       |
|---------------------|-------|-----------------|-------|
| Business . . . . .  | _____ | Other . . . . . | _____ |
| Commuting . . . . . | _____ |                 |       |

#### Expenses

|                        |       |                         |       |
|------------------------|-------|-------------------------|-------|
| Garage rent . . . . .  | _____ | Repairs . . . . .       | _____ |
| Gas . . . . .          | _____ | Tires . . . . .         | _____ |
| Insurance . . . . .    | _____ | Tolls . . . . .         | _____ |
| Licenses . . . . .     | _____ | Lease addback . . . . . | _____ |
| Oil . . . . .          | _____ | Other expenses          |       |
| Parking fees . . . . . | _____ |                         |       |
| Rental fees . . . . .  | _____ |                         |       |
| Interest . . . . .     | _____ |                         |       |
| Property tax . . . . . | _____ |                         |       |

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

| Expenses                           | Office expenses | Home expenses |
|------------------------------------|-----------------|---------------|
| Mortgage interest . . . . .        | _____           | _____         |
| Real estate taxes . . . . .        | _____           | _____         |
| Excess mortgage interest . . . . . | _____           | _____         |
| Excess real estate taxes . . . . . | _____           | _____         |
| Insurance . . . . .                | _____           | _____         |
| Rent . . . . .                     | _____           | _____         |
| Repairs & maintenance . . . . .    | _____           | _____         |
| Utilities . . . . .                | _____           | _____         |
| Other expenses . . . . .           | _____           | _____         |

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

### Household Employment

Name:

SSN:



TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes No**

- Did you pay any one household employee cash wages of \$2,700 or more in 2024?
- Did you withhold federal income tax during 2024 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2024 by April 15, 2025?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

**2024**

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax . . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_

Qualified sick leave wages . . . . . \_\_\_\_\_

Qualified family leave wages . . . . . \_\_\_\_\_

Qualified health plan expenses . . . . . \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes No**

- Did you pay any one household employee cash wages of \$2,600 or more in 2024?
- Did you withhold federal income tax during 2024 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2024 by April 15, 2025?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

**2024**

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax . . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_

Qualified sick leave wages . . . . . \_\_\_\_\_

Qualified family leave wages . . . . . \_\_\_\_\_

Qualified health plan expenses . . . . . \_\_\_\_\_

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you, not through work)
Amount above that is for Medicare premiums
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Out of pocket medical & dental expenses
Doctor, dental, etc
Prescription medicines
Glasses & contacts
Hearing aids
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other
Other

Charitable Contributions

Donations to charity
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument
Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Union dues
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other
Home equity interest

Taxes Paid

State and local income taxes
General sales tax (vehicle, boat, home, etc.)
Real estate taxes
Personal property taxes
Auto registration taxes not deductible for state
Other taxes (list)

Interest Paid

Home mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home.
Home mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Points not reported on Form 1098
Investment interest



### Other Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Mortgage Interest Provide all copies of Form 1098

| TSJ   | Lender's Name | Mortgage Interest Received | Mortgage Insurance Premiums | Real Estate Taxes Paid |
|-------|---------------|----------------------------|-----------------------------|------------------------|
| _____ | _____         | _____                      | _____                       | _____                  |
| _____ | _____         | _____                      | _____                       | _____                  |
| _____ | _____         | _____                      | _____                       | _____                  |
| _____ | _____         | _____                      | _____                       | _____                  |
| _____ | _____         | _____                      | _____                       | _____                  |
| _____ | _____         | _____                      | _____                       | _____                  |

#### Employee Business Expenses

TS \_\_\_\_\_

Select if you are:

- A qualified performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed Forces reservist
- You are a member of the clergy

Select if you:

- Used your personal vehicle for your job during 2024

|   | NOT reimbursed by your employer | Reimbursed by your employer not included in box 1 of your W-2 |
|---|---------------------------------|---|
| Parking fees, tolls, local transportation . . . . .                                 | _____                           | _____   |
| Meals . . . . .   | _____                           | _____   |
| Overnight business travel expenses (Do not include meals & entertainment) . . . . . | _____                           | _____   |
| Other business expenses . . . . .   | _____                           | _____   |
| _____   | _____                           | _____   |
| _____   | _____                           | _____   |
| _____   | _____                           | _____   |

#### Casualties and Thefts

TSJ \_\_\_\_\_ FEMA code \_\_\_\_\_

TSJ \_\_\_\_\_ FEMA code \_\_\_\_\_

Property description \_\_\_\_\_

Property description \_\_\_\_\_

Property location \_\_\_\_\_

Property location \_\_\_\_\_

Date property was acquired \_\_\_\_\_

Date property was acquired \_\_\_\_\_

Date property was damaged or stolen \_\_\_\_\_

Date property was damaged or stolen \_\_\_\_\_

Cost of property damaged or stolen \_\_\_\_\_

Cost of property damaged or stolen \_\_\_\_\_

Fair market value before incident \_\_\_\_\_

Fair market value before incident \_\_\_\_\_

Fair market value after incident \_\_\_\_\_

Fair market value after incident \_\_\_\_\_

Insurance reimbursement \_\_\_\_\_

Insurance reimbursement \_\_\_\_\_

Other Information

Name:

SSN:

Health Savings Account

TS \_\_\_\_\_

The taxpayer's coverage is under a high-deductible health plan for:

Taxpayer only  Family

2024

HSA contributions made for 2024 . . . . . \_\_\_\_\_

Total distributions from all HSAs during 2024 . . . . . \_\_\_\_\_

Distributions included above that were rolled over into another account . . . . . \_\_\_\_\_

Qualified medical expenses paid using HSA distributions . . . . . \_\_\_\_\_

Education Expenses Provide all copies of Form 1098-T

Student name \_\_\_\_\_

Student name \_\_\_\_\_

| Type of Expense | Amount | Type of Expense | Amount |
|-----------------|--------|-----------------|--------|
| _____           | _____  | _____           | _____  |
| _____           | _____  | _____           | _____  |
| _____           | _____  | _____           | _____  |
| _____           | _____  | _____           | _____  |
| _____           | _____  | _____           | _____  |

Student name \_\_\_\_\_

Student name \_\_\_\_\_

| Type of Expense | Amount | Type of Expense | Amount |
|-----------------|--------|-----------------|--------|
| _____           | _____  | _____           | _____  |
| _____           | _____  | _____           | _____  |
| _____           | _____  | _____           | _____  |
| _____           | _____  | _____           | _____  |
| _____           | _____  | _____           | _____  |

Job-related Moving Expenses

TSJ \_\_\_\_\_

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2024

Number of miles from old home to old workplace . . . . . \_\_\_\_\_

Number of miles from old home to new workplace . . . . . \_\_\_\_\_

Expenses to transport and store household goods and personal effects . . . . . \_\_\_\_\_

Travel and lodging expenses while traveling to your new home . . . . . \_\_\_\_\_