



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.

# Table of Contents

ORG1

<b>Description</b>	<b>Page</b>
Cover Sheet .....	ORG0
Topic Index .....	ORG2
General Questions.....	ORG3
Business/Investment Questions.....	ORG4
Additional Information .....	ORG5
Basic Taxpayer Information.....	ORG6
W-2, W-2G, 1099-R Income.....	ORG7
1099-MISC Income .....	ORG8
Social Security Benefits/Form 1099-G/Other Income .....	ORG10
Interest and Dividend Income .....	ORG11
Seller Financed Interest/Child's Interest and Dividends .....	ORG12
Medical and Tax Expenses .....	ORG13
Interest Paid and Cash Contributions .....	ORG14
Non-Cash Charitable Contributions.....	ORG14A
Miscellaneous Itemized Deductions .....	ORG15
Moving Expenses.....	ORG16
Employee Business Expenses .....	ORG17
Employee Home Office Expense .....	ORG17A
Car and Truck Expenses .....	ORG18
Business Income and Expenses .....	ORG19
Business Use of Home .....	ORG20
Sales of Stocks and Securities.....	ORG21
Sale of Your Home .....	ORG22
Installment Sales Income .....	ORG23
Sales of Business Property .....	ORG24
Rental and Royalty Income and Expenses.....	ORG25
Farm Rental Income and Expenses .....	ORG26
Farm Income and Expenses.....	ORG27
Adjustments to Income .....	ORG28
Dependent Care Expenses.....	ORG35
Education .....	ORG36
Tax Payments.....	ORG40
Household Employment Taxes .....	ORG41
K-1 Partnership – Partner's Questions.....	ORG45
K-1 S-Corporation – Shareholder's Questions .....	ORG46
K-1 Estate & Trust – Beneficiary's Questions.....	ORG47
K-1 Partnership Supplemental Business Expense.....	ORG48
Transferred Assets .....	ORG50
Additional Assets .....	ORG51
Foreign Earned Income.....	ORG52
State Information Worksheet .....	ORG60

## Topic Index

**ORG2**

<p>Alimony paid ..... ORG28</p> <p>Alimony received ..... ORG10</p> <p>Annuity payments received ..... ORG7</p> <p>Business income and expenses ..... ORG19</p> <p>Car and truck expenses ..... ORG18</p> <p>Casualties and thefts..... ORG3</p> <p>Charitable contributions ..... ORG14</p> <p>Child and dependent care expenses ..... ORG35</p> <p>Dependent information ..... ORG6</p> <p>Depreciable property - additions ..... ORG51</p> <p>Depreciable property - deletions ..... ORG50</p> <p>Dividend income ..... ORG11</p> <p>Education ..... ORG36</p> <p>Employee business expense ..... ORG17</p> <p>Estate income ..... ORG47</p> <p>Estimated and other tax payments ..... ORG40</p> <p>Farm income and expenses ..... ORG27</p> <p>Farm rental income and expenses ..... ORG26</p> <p>Foreign earned income ..... ORG52</p> <p>Gambling and lottery winnings ..... ORG7</p> <p>Household employees ..... ORG41</p> <p>Health Insurance Coverage ..... ORG3A</p> <p>Installment sales..... ORG23</p> <p>Interest income ..... ORG11</p> <p>Interest paid (mortgage, etc) ..... ORG14</p> <p>Investment interest expense..... ORG14</p> <p>IRA contributions ..... ORG28</p>	<p>IRA distributions and rollovers..... ORG7</p> <p>Keogh plan contributions ..... ORG28</p> <p>Medical and dental expenses ..... ORG13</p> <p>Miscellaneous income reported on 1099-MISC ..... ORG8</p> <p>Miscellaneous income not from 1099-MISC ..... ORG10</p> <p>Miscellaneous itemized deductions ..... ORG15</p> <p>Moving expenses ..... ORG16</p> <p>Office in home expenses ..... ORG20</p> <p>Partnership income ..... ORG45</p> <p>Pension payments received ..... ORG7</p> <p>Personal information ..... ORG6</p> <p>Railroad retirement benefits..... ORG10</p> <p>Rental income and expenses ..... ORG25</p> <p>Royalty income and expenses ..... ORG25</p> <p>S corporation income..... ORG46</p> <p>Sale of home..... ORG22</p> <p>Sales of business property ..... ORG24</p> <p>Sales of stock, securities ..... ORG21</p> <p>Self-employed health insurance ..... ORG19</p> <p>SEP plan contributions..... ORG28</p> <p>SIMPLE plan contributions ..... ORG28</p> <p>Social security benefits..... ORG10</p> <p>State and local tax refunds..... ORG10</p> <p>Taxes paid..... ORG13</p> <p>Trust income ..... ORG47</p> <p>Unemployment compensation..... ORG10</p> <p>Wages and salaries ..... ORG7</p>
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General Questions

ORG3

PERSONAL INFORMATION

Yes No

- 1 Did your marital status change during 2024?
If yes, explain
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)
3 Do you or your spouse plan to retire in 2025?
4 Were you or your spouse permanently and totally disabled in 2024?
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?

DEPENDENT INFORMATION

Yes No

- 7a Do you have dependents who must file?
b If yes, do you want us to prepare the return(s)?
8a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,600?
b If yes, do you want to include your child's income on your return?
9 Are any of your dependents not U.S. citizens or residents?
10 Did you provide over half the support for any other person during 2024?
11 Did you incur adoption expenses during 2024?

IRA, PENSION AND EDUCATION SAVINGS PLANS

Yes No

- 12 Did you receive payments from a pension or profit-sharing plan?
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?
14a Did you convert all or part of a regular IRA into a Roth IRA?
b Did you roll over all or part of a qualified plan into a Roth IRA?
15 Did you contribute to a Coverdell Education Savings Account?

ITEMS RELATED TO INCOME/LOSSES

Yes No

- 16 Did you receive any disability payments in 2024?
17 Did you receive tip income not reported to your employer?
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.)
19a If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?
b Are you planning to purchase a home soon?
c Did you incur any casualty or theft losses during 2024?
20 Did you incur any non-business bad debts?

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.
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?

**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 ? .....
- 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? .....
- 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 .....
- 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? .....
- 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? .....

**HEALTH AND LIFE INSURANCE**

**Yes No**

- 27 Did you receive Form 1095-A (Health Coverage)? If so, please attach .....
- 28a Did you or your spouse have self-employed health insurance? .....
- 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? .....
- 29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? .....
- 30 Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....

**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 .....
- 32 Did you purchase a motor vehicle or boat during 2024 ? .....
- If **yes**, attach documentation showing sales tax paid.
- 33 Did you purchase an energy efficient vehicle in 2024 ? .....
- 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 .....
- 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? .....
- 37 Did you make gifts to a trust? .....
- 38 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....
- If **yes**, please attach details.
- 39 Did you or your spouse participate in a medical savings account in 2024 ? .....
- 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? .....
- 41 Did you pay any individual for domestic services in 2024 ? .....
- 42 Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....
- 43 Did you, your spouse, or your dependents attend post-secondary school in 2024 ? .....
- 44 Did a lender cancel any of your debt in 2024 ? (Attach any Forms 1099-A or 1099-C) .....
- 45 Did you receive any income not included in this Tax Organizer? .....
- 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)? .....
- 47a Do you want to change the language with which the IRS communicates with you? .....
- 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? .....
- 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? .....

**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  Savings

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.

<b>Part 1 Coverage</b>																		
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.

**ORG3A**

## Business/Investment Questions

ORG4

	Yes	No
<b>1</b> 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"/>
<b>2</b> Did you buy or sell any stocks or bonds in 2024 ? ..... If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you surrender any U.S. savings bonds during 2024 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> 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"/>
<b>5</b> 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"/>
<b>6</b> 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"/>
<b>7</b> Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2024 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did you sell property or equipment on installment in 2024 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you do a 'like-kind' exchange of property in 2024 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and <b>6</b> Business relationship of recipient Do you have records to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Did you purchase special fuels for non-highway use? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

**Additional Information**

**ORG5**

Lined area for providing additional information.



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 .....	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	2024 Child Care Expense
			<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.**

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

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

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

<b>Box 12 W-2 Code</b>	<b>2024 Box 12 Amount</b>	<b>2023 Box 12 Amount</b>	<b>2024</b>	<b>2023</b>
			<input type="checkbox"/>	<input type="checkbox"/>

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

<b>2024 Box 14 Description or Code</b>	<b>2024 Box 14 Amount</b>	<b>2023 Box 14 Description or Code</b>	<b>2023 Box 14 Amount</b>

<b>Box 15 State</b>	<b>2024 Box 16 Wages, tips, etc</b>	<b>2024 Box 17 Income tax</b>	<b>2023 Box 16 Wages, tips, etc</b>	<b>2023 Box 17 Income tax</b>

<b>Box 20 Locality</b>	<b>2024 Box 18 Wages, tips, etc</b>	<b>2024 Box 19 Income tax</b>	<b>2023 Box 18 Wages, tips, etc</b>	<b>2023 Box 19 Income tax</b>

# 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.....		
▶	Check if a <b>qualified</b> Roth IRA distribution, but box 7 code is J or T, <b>not code Q</b> If a fully taxable disability pension, check if recipient is under the minimum retirement age .....	<input type="checkbox"/>	<input type="checkbox"/>
▶		<input type="checkbox"/>	<input type="checkbox"/>
▶		<input type="checkbox"/>	<input type="checkbox"/>
▶		<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.....		
<b>Inherited IRA</b>	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 <b>or</b> .....			
	Payer's social security number .....			
1	Nonemployee compensation ( <b>Form 1099-NEC</b> ) .....			
1	Rents ( <b>Form 1099-MISC</b> ) .....			
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 .....			

**Social Security Benefits/Form 1099-G/Other Income**

ORG10

**SOCIAL SECURITY BENEFITS**

<input checked="" type="checkbox"/> <b>Attach all copies of SSA and RRB forms.</b>	<b>Taxpayer</b>	<b>Spouse</b>
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"/> <b>Attach all copies of 1099-G forms.</b>				
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.**

<b>**Type of Interest</b> 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

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

X\* Check if you did not receive income from this account in 2024 .

**1099-INT Amounts**

**ORG11A**

Interest Income		2024	2023
<b>Box</b>	<b>Payer Name</b> .....		
<b>2</b>	Early withdrawal penalty .....		
<b>4</b>	Federal taxes withheld.....		
<b>5</b>	Investment expenses .....		
<b>6</b>	Foreign taxes paid.....		
<b>7</b>	Foreign country .....		
<b>9</b>	Private activity bond interest .....		
	OR		
	Percent of private activity bond amount included in total interest. (Enter 75 percent as 75.00)		
<b>11</b>	Bond premium .....		
<b>12</b>	Bond premium on treasury obligations .....		
<b>13</b>	Bond premium on tax-exempt bond.....		
<b>14</b>	Tax-exempt and tax credit bond CUSIP number.....		
<b>15a</b>	State (postal code).....		
<b>15a</b>	State Identification number .....		
<b>15a</b>	State taxes withheld .....		
<b>15b</b>	State (postal code).....		
<b>15b</b>	State Identification number .....		
<b>15b</b>	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
	<b>Payer Name</b> .....		
<b>2b</b>	Unrecaptured Section 1250 gain .....		
<b>2c</b>	Section 1202 gain:		
	Amount eligible for 50% exclusion .....		
	Amount eligible for 60% exclusion .....		
	Amount eligible for 75% exclusion .....		
	Amount eligible for 100% exclusion .....		
<b>2d</b>	Collectibles (28%) gain .....		
<b>3</b>	Nondividend distributions (Nontaxable distributions) .....		
<b>4</b>	Federal taxes withheld .....		
<b>5</b>	Section 199A dividends .....		
<b>6</b>	Investment expenses .....		
<b>7</b>	Foreign tax paid .....		
<b>8</b>	Foreign country .....		
<b>11</b>	Exempt-interest dividends (not included in box 1 or box 3) .....		
<b>12</b>	Private activity bond amount included above .....		
	<b>OR</b>		
	Percent of private activity bond amount included in total exempt-interest dividends (Enter 75 percent as 75.00) .....		
<b>13a</b>	State (postal code) .....		
<b>14a</b>	State Identification number .....		
<b>15a</b>	State taxes withheld .....		
<b>13b</b>	State (postal code) .....		
<b>14b</b>	State Identification number .....		
<b>15b</b>	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

<b>SELLER-FINANCED MORTGAGE INTEREST</b>					
TSJ	*X	Name of Payer	Address	SSN or EIN	Amount

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

<b>CHILD'S INTEREST AND DIVIDENDS (greater than \$1,300)</b>			
*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 .

## Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2024	2023
1 Prescription medications.....		
2 Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums .....		
b Spouse's gross long-term care premiums .....		
c Dependent's gross long-term care premiums .....		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
5 Insurance reimbursement.....		
6 Doctors, dentists, etc .....		
7 Hospitals, clinics, etc .....		
8 Lab and X-ray fees.....		
9 Expenses for qualified long-term care.....		
10 Eyeglasses and contact lenses .....		
11 Medical equipment and supplies .....		
12 Miles driven for medical purposes 01/01/2024 thru 12/31/2024 .....		
13 Ambulance fees and other medical transportation costs.....		
14 Lodging.....		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2024	2023
Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>		
16 Real estate taxes paid on principal residence .....		
17 Real estate taxes paid on additional homes or land .....		
18 Auto registration fees based on the value of the vehicle.....		
19 Other personal property taxes .....		
20 Other taxes:		
_____		
_____		

**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 <b>not</b> 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
<b>1a</b> Interest paid in 2024 .....					
Points paid in 2024 .....					
Months loan outstanding .....					
Principal pd on loan in 2024 .....					
<b>b</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"/>					
<b>2</b> Home Debt Origination on or after December 15, 2017					
Beginning of year balance ..					
Additional borrowed in <b>2024</b>					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
<b>3</b> 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:					
<b>4</b> 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"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven .....			
Miles driven to deliver noncash contributions .....			
Parking fees, tolls, and local transportation .....			

# Noncash Contributions

ORG14A

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 <b>only</b> 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     |
| 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	
<b>Employee Business Expenses</b>			
<b>Note:</b> If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete <b>ORG17</b> 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 _____			
<b>Other Expenses Subject to the 2% Limitation</b>			
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 <b>ORG50</b> to record dispositions.			
Use <b>ORG51A</b> to enter additional assets.			
Use <b>ORG11a</b> for investment expenses related to interest income.			
Use <b>ORG11b</b> 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 <b>2024</b> .....	<input type="checkbox"/>		
b Other expenses (list):			
_____			
_____			
_____			
_____			
_____			
<b>OTHER MISCELLANEOUS DEDUCTIONS</b>		<b>2024</b>	<b>2023</b>
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 .....			

## Moving Expenses

**ORG16**

If you sold your principal residence during 2024, also complete Sale of Your Home (ORG22).

### FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply .....

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States  
Enter storage fees applicable to you foreign move (no other expenses claimed). \_\_\_\_\_
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

Enter mileage if required to meet **Distance Test**:

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

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

Are you a member of the armed forces? ..... **Yes**  **No**

If **Yes**, did you move due to a permanent change of station? ..... **Yes**  **No**

Enter the total amount your employer paid for your move.  
**Do not enter** amounts already reported on Form W-2 Box 12

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Expenses of moving from old to new home:	
Travel and lodging expenses for this move (excluding auto and meals) .....	
Parking fees and tolls paid during this move .....	
Gasoline and oil expense for this move.....	
Miles driven traveling to new home for this move 01/01/2024 thru 12/31/2024 .....	

### SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply.....

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States

Enter storage fees applicable to you foreign move (no other expenses claimed). \_\_\_\_\_

- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

Enter mileage if required to meet **Distance Test**:

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

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

Are you a member of the armed forces? ..... **Yes**  **No**

If **Yes**, did you move due to a permanent change of station? ..... **Yes**  **No**

Enter the total amount your employer paid for your move.  
**Do not enter** amounts already reported on Form W-2 Box 12

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Expenses of moving from old to new home:	
Travel and lodging expenses for this move (excluding auto and meals) .....	
Parking fees and tolls paid during this move .....	
Gasoline and oil expense for this move .....	
Miles driven traveling to new home for this move 01/01/2024 thru 06/30/2024.....	
Miles driven traveling to new home for this move 07/01/2024 thru 12/31/2024.....	



## 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 <b>(Preparer Use Only – complete ORG17A)</b> .....		
7 Trade publications.....		
8 Depreciation expense other than vehicle <b>(Preparer Use Only)</b> .....		
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:		
<b>a</b> Ending mileage reading.....		
<b>b</b> Beginning mileage reading.....		
<b>c Total miles</b> 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? <b>(Preparer Use Only)</b> .....	<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 <b>(Preparer Use Only)</b> .....		
27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2).....		
28 Depreciation <b>(Preparer Use Only)</b> .....		
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 <b>(Preparer Use Only)</b> .....		
33 Section 179 expense <b>(Preparer Use Only)</b> .....		
34 Qualified Property for Economic Stimulus? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Qualified Property for Qualified Disaster Area? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Qualified Property for Kansas Disaster Zone <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Qualified property for GO Zone? <b>(Preparer Use Only)</b> .....	<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? <b>(Preparer Use)</b> .....	<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? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40 Elect 30% in place of 50% Allowance? <b>(Preparer Use)</b> .....	<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 <b>(Preparer Use Only)</b> .....		
46 AMT gain/loss basis, if different <b>(Preparer Use Only)</b> .....		
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 <b>yes</b> , 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

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

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

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

<b>24</b>	<b>Description</b>	<b>Date Acquired (MM/DD/YY)</b>	<b>Date Placed in Service (MM/DD/YY)</b>	<b>Cost (include land for residence only)</b>
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
<b>25</b>	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 <b>Total miles</b> 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? ( <b>Preparer Use</b> ).....	<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 ( <b>Preparer Use Only</b> ).....			
12 Depreciation ( <b>Preparer Use Only</b> ).....			
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 ( <b>Preparer Use</b> ).....			
20 Section 179 expense ( <b>Preparer Use</b> ).....			
21 Qualified Property for Economic Stimulus? ( <b>Preparer Use</b> ).....	<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? ( <b>Preparer Use</b> ).....	<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? ( <b>Preparer Use</b> ).....	<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 ( <b>Preparer Use</b> ).....	<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? ( <b>Preparer Use</b> ).....	<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? ( <b>Preparer Use</b> ).....	<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 ( <b>Preparer Use</b> ).....	<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 ( <b>Preparer Use</b> ).....			
32 AMT gain/loss basis, if different ( <b>Preparer Use</b> ).....			
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 <b>yes</b> , is the evidence written?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No

# Business Income and Expenses

**ORG19**

**GENERAL INFORMATION**

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

**1** Check ownership  **Taxpayer**  **Spouse**  **Joint**

**2** Business name .....

**3 a** Business street address.....

**b 1** City, State and Zip Code, or .....

**2** Foreign country.....

**4** Principal business/profession .....

**5** Employer ID number.....

**6** Business code (**Preparer Use Only**) .....

**7** Was this business fully disposed of in a fully taxable transaction during 2024 ?  **Yes**  **No**

**8** Accounting method:  
 Cash  Accrual  Other (specify)  .....

**9** Method used to value closing inventory:  
 Cost  Lower of cost or market  Other (explain)  .....

**10** Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) .....  **Yes**  **No**

**11** Did you materially participate in the operation of this business during 2024 ? .....  **Yes**  **No**

**12** Did you start or acquire this business during 2024 ? .....  **Yes**  **No**

**13 a** Did you make any payments in 2024 that require you to file Forms 1099? .....  **Yes**  **No**

**b** If yes, did you or will you file all the required Forms 1099? .....  **Yes**  **No**

**14** At-risk determination:  
**a** Is all of the investment in this activity at risk? .....  **Yes**  **No**  
**b** Is some of the investment in this activity not at risk? .....  **Yes**  **No**

**15** Did you have unallowed passive losses in 2023 ? .....  **Yes**  **No**

**16 a** Treat all MACRS assets for this activity as qualified Indian reservation property? .....  **Yes**  **No**

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

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

**d** Was this business located in a Qualified Disaster Area? .....  **Yes**  **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2024	2023
<b>17</b> Gross receipts or sales.....		
<b>18</b> Returns and allowances plus other adjustments.....		
<b>19</b> Other income (include federal/state gas tax credit/refund) .....		

COST OF GOODS SOLD – IF APPLICABLE	2024	2023
<b>20</b> Inventory at beginning of year .....		
<b>21</b> Purchases .....		
<b>22</b> Items withdrawn for personal use .....		
<b>23</b> Cost of labor (do not include your salary) .....		
<b>24</b> Materials and supplies .....		
<b>25</b> Other costs .....		
<b>26</b> Inventory at end of year.....		

**Business Income and Expenses (continued)**

**ORG19**

EXPENSES	2024	2023
Business name _____		
<b>27</b> Advertising .....		
<b>28</b> Car and truck expenses (complete ORG18).....		
<b>29</b> Commissions and fees .....		
<b>30</b> Contract labor .....		
<b>31</b> Depletion .....		
<b>32</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ).....		
<b>33</b> Employee benefit programs:		
<b>a</b> Employee health insurance premiums .....		
<b>b</b> Other employee benefit programs .....		
<b>34</b> Insurance (other than health) .....		
<b>35</b> Self-employed health insurance attributable to this business .....		
<b>36</b> Interest:		
<b>a</b> Mortgage paid to banks not reported to you on Form 1098.....		
<b>b</b> Other .....		
<b>37</b> Legal and professional services .....		
<b>38</b> Office expenses .....		
<b>39</b> Pension and profit-sharing plans .....		
<b>40</b> Rent or lease:		
<b>a</b> Machinery and equipment (enter vehicle lease on ORG18) .....		
<b>b</b> Other business property.....		
<b>41</b> Repairs and maintenance .....		
<b>42</b> Supplies (not included in cost of goods sold) .....		
<b>43</b> Taxes and licenses not reported to you on Form 1098 .....		
<b>44</b> Travel and meals		
<b>a</b> Travel.....		
<b>b</b> Meals subject to 50% limit.....		
<b>c</b> Meals subject to 80% limit.....		
<b>d</b> Meals not subject to limit .....		
<b>45</b> Utilities .....		
<b>46</b> Gross wages .....		
<b>47</b> Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>48</b> Expenses for business use of your home ( <b>Preparer Use Only</b> ).....		
Complete ORG20 for Business Use of Home.		
<b>49</b> Qualified pension plan start-up costs .....		
<b>50</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018.....		
<b>51</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017 .....		

# Business Use of Home

ORG20

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 day care, 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 day care each day .....		
e	Total hours used for day care .....		
f	Total hours available for use .....		
5	Enter the date you began using this home office for this business .....		
6	If part of your income is from a place of business other than this home, enter % of gross income from business use of this home .....		
7	Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) .....		
8	Adjustment to 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	Total mortgage interest/points .....			
11	Mortgage interest/points on Form 1098 .....			
12	Interest <b>not</b> on Form 1098 .....			
13	Points <b>not</b> of Form 1098 .....			
14	Real estate taxes .....			
15	Excess mortgage interest (Preparer Use) .....			
16	Excess real estate taxes (Preparer Use) .....			
17	Qualified mortgage insurance .....			
18	Other insurance .....			
19	Rent .....			
20	Repairs and maintenance .....			
21	Utilities .....			
22	Other expenses (e.g., rent) .....			
23	Carryover of operating expenses .....			
24	Excess casualty losses (Preparer Use Only) .....			
25	Depreciation of your home (Preparer Use Only) .....			
26	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 business, please complete the following information.

26	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 .....			
27	Enter the land value included in cost for residence .....			

## Sales of Stocks and Securities Basic Info

**ORG21**

Name	Social Security Number
------	------------------------

	Yes	No
<b>1</b> Did you exchange any securities for other securities or any other property held for investment? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you engage in any transactions involving traded options? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Did you engage in any transactions involving commodity future contracts and straddle positions? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did you engage in any transactions involving <i>employee</i> stock options? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Schedule D included in the 2024 Federal income tax return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Enter details of specific security sales on Sales of Stocks and Securities (ORG21A)  
 Use Installment Sales Income (ORG23) to report installment sales.



**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 . ▶

<b>Quick Entry Table</b>										
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								
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**.

**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 . ▶

<b>Quick Entry Table</b>										
<i>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 &amp; Adjustment Code fields.)</i>										
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
<b>1 a</b> 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>b</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"/>
<b>c</b> Did you use this home partially or completely in a trade or business or hold it for investment <b>AND</b> dispose of it in a like-kind (Section 1031) exchange? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did you claim the First-Time Homebuyer Credit when you purchased this home? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>2 a</b> Did <b>you</b> 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>b</b> If married filing a joint return, did your <b>spouse</b> 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>3</b> Did you receive a Form 1099-S? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4 a</b> Have <b>you</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If married filing a joint return, has your <b>spouse</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> 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.)		
<b>a</b> <b>You</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Your <b>spouse</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6 a</b> 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>b</b> Was the home used as investment or rental property after December 31, 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7 a</b> Will you be receiving periodic payments of principal or interest from this sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If <b>Yes</b> , 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
<b>Original cost of home sold:</b>	
<b>11 a</b> Purchase price of home sold .....	
<b>b</b> Postponed gain on the sale of your previous home sold before May 7, 1997 (Form 2219 for the year this home was bought) .....	
<b>Additions and increases to basis:</b>	
<b>12 a</b> Settlement fees or closing costs when home was purchased. <b>Do not</b> include amounts previously deducted as moving expenses .....	
<b>b</b> Cost of capital improvements .....	
<b>c</b> Additions, including costs of materials and labor .....	
<b>d</b> Other additions and increases to basis .....	
<b>Decreases to basis:</b>	
<b>13 a</b> Seller-paid points (for old home bought after 1990) .....	
<b>b</b> Other decreases to basis .....	

## COMMISSIONS AND OTHER EXPENSES OF SALE

Description	Amount
<b>14 a</b> .....	
<b>b</b> .....	
<b>c</b> .....	
<b>d</b> .....	

Installment Sale Income

ORG23

Attach all closing documents if this is the year of sale.

Was the property sold in this installment sale a rental or used in a trade or business?
Was the final installment received this year?

1 Description of property
2 a Date acquired 2 b Date sold
c Check this box if ordinary gain from non-capital asset.

GROSS PROFIT INFORMATION
(Complete for year of sale only.)

3 Selling price, including mortgages and other debts.
4 Mortgages and other debts buyer assumed or took property subject to.
5 Cost or other basis of property sold
6 Depreciation allowed or allowable
7 Commissions and other expenses of sale
8 Was this property your main home?

CURRENT TAXABLE PORTION

9 Gross profit percentage
10 a Payments received in current year
b Interest received in current year

Seller Financed Mortgage Information

11 Payer's Name
Address
City State ZIP code
Country SSN or EIN

12 Payments received in prior years (do not include interest)

SALES TO RELATED PARTIES

13 a Was the property sold to a related party after May 14, 1980?
b If yes, was the property a marketable security?
If yes, complete the rest of this form. If no, complete for year of sale and for 2 years after the sale.
If you received the final installment payment this year, do not complete the rest of this form.

c Give the name, address, and taxpayer identification number of related party:
Name
Address
City State ZIP code
Identifying number

14 Did the related party, during this tax year, resell or dispose of the property?
If no, do not complete the rest of this form.

Answer yes to no more than one of the following questions.

15 a Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)?
If yes, give date of disposition

b Was the first disposition a sale or exchange of stock to the issuing corporation?

c Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition?

d Did the second disposition occur after the death of the original seller or buyer?

e Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition?
If yes, give explanation

16 If you answered no to all questions 15a through 15e, enter sales price of the property sold by related party (attach Form 6252 for year of first sale)

# Sales of Business Property

ORG24

T = Taxpayer, S = Spouse, J = Joint

Attach all copies of 1099-S and 1099-B forms here.

**Note:** Enter asset dispositions here or on ORG50 (Transferred Assets), but not both.

**SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD MORE THAN 1 YEAR**  
 (Include in this table asset dispositions which resulted in long-term loss, and dispositions of raised livestock for long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

**SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD 1 YEAR OR LESS**  
 (Include in this table asset dispositions which resulted in short-term gain or loss)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

**GAIN FROM THE SALE OF PROPERTY HELD MORE THAN 1 YEAR** (Include in this table dispositions of depreciable trade, business, or residential rental assets which resulted in long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

# Rent and Royalty Income and Expenses

ORG25

## BASIC PROPERTY INFORMATION

Property description: \_\_\_\_\_  
 Property type: \* \_\_\_\_\_ If type is other, enter a description: \_\_\_\_\_  
 Location (street address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If a foreign address: Foreign province or state: \_\_\_\_\_  
 Foreign postal code: \_\_\_\_\_ Foreign Country: \_\_\_\_\_

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

- 1** Check property owner .....  **Taxpayer**     **Spouse**     **Joint** **Yes**   **No**
- 2 a** Did you make any payments that would require you to file Form(s) 1099? .....  **Yes**    **No**
- b** If **yes**, did you or will you file all required Forms(s) 1099? .....  **Yes**    **No**
- 3 a** Enter the ownership percentage (if not 100%) ..... \_\_\_\_\_
- b** If not 100%, are you reporting 100% of the income and expenses? .....  **Yes**    **No**
- 4** Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) .....  **Yes**    **No**
- 5** Did you have personal use of this property or rent it for part of the year at less than fair rental value? .....  **Yes**    **No**
- 6** For all rental properties, **enter the number of days** during 2024 that:
- a** The property was rented at fair rental value ..... \_\_\_\_\_
- b** The property was used personally or rented at less than fair rental value ..... \_\_\_\_\_
- c** You owned the property, if not the entire year ..... \_\_\_\_\_
- 7 a** Does this rental have multiple living units and you live in one of the units? .....  **Yes**    **No**
- b** If **yes**, enter percentage of rental use ..... \_\_\_\_\_
- 8** Did you actively participate in this property's management during 2024 ? .....  **Yes**    **No**
- 9** Did you materially participate in this property's management during 2024 ? .....  **Yes**    **No**
- 10** Do you want to treat this property as non-passive? .....  **Yes**    **No**
- 11** Did this property have unallowed passive losses in 2023 ? .....  **Yes**    **No**
- 12** Did you dispose of this property in a fully taxable transaction? .....  **Yes**    **No**
- 13** Check this box if some of this investment was **not** at-risk .....  **Yes**    **No**
- 14 a** Treat all MACRS assets for this activity as qualified Indian reservation property? .....  **Yes**    **No**
- b** Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... **Regular**  **Extension**  **No**
- c** Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  **Yes**    **No**
- d** Was this activity located in a Qualified Disaster Area? .....  **Yes**    **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2024	2023								
<b>15</b> Rents or royalties received .....										
<p style="text-align: center;"><b>* Property Types:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>1</b> Single family residence</td> <td style="width: 50%; border: none;"><b>5</b> Land</td> </tr> <tr> <td style="border: none;"><b>2</b> Multi-family residence</td> <td style="border: none;"><b>6</b> Royalties</td> </tr> <tr> <td style="border: none;"><b>3</b> Vacation/short-term rental</td> <td style="border: none;"><b>7</b> Self-rental</td> </tr> <tr> <td style="border: none;"><b>4</b> Commercial</td> <td style="border: none;"><b>8</b> Other</td> </tr> </table>			<b>1</b> Single family residence	<b>5</b> Land	<b>2</b> Multi-family residence	<b>6</b> Royalties	<b>3</b> Vacation/short-term rental	<b>7</b> Self-rental	<b>4</b> Commercial	<b>8</b> Other
<b>1</b> Single family residence	<b>5</b> Land									
<b>2</b> Multi-family residence	<b>6</b> Royalties									
<b>3</b> Vacation/short-term rental	<b>7</b> Self-rental									
<b>4</b> Commercial	<b>8</b> Other									

**Rent and Royalty Income and Expenses (continued)**

**ORG25**

EXPENSES	2024	2023
Property location .....		
<b>16</b> Advertising .....		
<b>17 a</b> Automobile (complete ORG18 for autos).....		
<b>b</b> Travel.....		
<b>18</b> Cleaning and maintenance .....		
<b>19</b> Commissions.....		
<b>20 a</b> Mortgage insurance premiums – qualified .....		
<b>b</b> Other insurance .....		
<b>21</b> Legal and professional fees .....		
<b>22</b> Management fees .....		
<b>23 a</b> Mortgage interest paid to banks – qualified.....		
<b>b</b> Mortgage interest paid to banks – other .....		
<b>24</b> Other interest .....		
<b>25</b> Repairs.....		
<b>26</b> Supplies.....		
<b>27 a</b> Real estate taxes.....		
<b>b</b> Other taxes .....		
<b>28</b> Utilities .....		
<b>29</b> Other expenses:		
<b>a</b> .....		
<b>b</b> .....		
<b>c</b> .....		
<b>d</b> .....		
<b>e</b> .....		
<b>30 a</b> Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
<b>b</b> Depletion <b>(Preparer Use Only)</b> .....		

## Farm Rental Income and Expenses

ORG26

### GENERAL INFORMATION

Name of this activity ..... \_\_\_\_\_

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

**1** Check ownership .....  **Taxpayer**                       **Spouse**                       **Joint**

**2** Employer identification number ..... \_\_\_\_\_

	Yes	No
<b>3</b> Was this farm fully disposed of in a fully taxable transaction during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Did you actively participate in the operation of this business during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Real estate professionals: Did you materially participate in the operation of this business during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> At-risk determination:		
<b>a</b> Is all of the investment in this activity at risk? .....	<input type="checkbox"/>	
<b>b</b> Is some of the investment in this activity not at risk? .....	<input type="checkbox"/>	
<b>c</b> Did you receive a subsidy in 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Did you have unallowed passive losses in 2023? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8 a</b> Treat all MACRS assets for this activity as qualified Indian reservation property? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .....	<input type="checkbox"/> <b>Regular</b>	<input type="checkbox"/> <b>Extension</b> <input type="checkbox"/> <b>No</b>
<b>c</b> Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Was this farm rental located in a Qualified Disaster Area? .....	<input type="checkbox"/>	<input type="checkbox"/>

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

FARM RENTAL INCOME – BASED ON PRODUCTION	2024	2023
<b>9</b> Income from production of livestock, produce, grains and crops .....		
<b>10</b> Total distributions received from cooperatives .....		
<b>11</b> Taxable amount of distributions from cooperatives .....		
<b>12</b> Total agricultural program payments .....		
<b>13</b> Taxable amount of agricultural program payments .....		
<b>14</b> Commodity Credit Corporation (CCC) loans under election .....		
<b>15</b> CCC loans forfeited/repaid with certificates .....		
<b>16</b> Taxable amount of CCC loans forfeited/repaid.....		
<b>17</b> Crop insurance proceeds/federal crop disaster payments received in 2024 .....		
<b>18</b> Taxable crop insurance proceeds/federal crop disaster payments .....		
<b>19</b> Crop insurance proceeds/federal crop disaster deferred from 2023 .....		
<b>20</b> Other income – include federal/state gas tax credit/refund .....		



**Farm Rental Income and Expenses (continued)**

**ORG26**

EXPENSES – FARM RENTAL PROPERTY	2024	2023
Name of this activity .....		
<b>21</b> Car and truck expense (complete ORG18) .....		
<b>22</b> Chemicals .....		
<b>23</b> Conservation expenses .....		
<b>24</b> Custom hire (machine work) .....		
<b>25</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ) .....		
<b>26</b> Employee benefit programs other than pension and profit-sharing plans .....		
<b>27</b> Feed .....		
<b>28</b> Fertilizers and lime.....		
<b>29</b> Freight and trucking.....		
<b>30</b> Gasoline, fuel, and oil .....		
<b>31</b> Insurance (other than health) .....		
<b>32</b> Interest:		
<b>a</b> Mortgage (paid to banks, etc).....		
<b>b</b> Other .....		
<b>33</b> Labor hired .....		
<b>34</b> Pension and profit-sharing plans .....		
<b>35</b> Rent or lease:		
<b>a</b> Machinery, equipment, etc (for vehicle rent or lease, see ORG18) .....		
<b>b</b> Other (land, animals, etc) .....		
<b>36</b> Repairs and maintenance .....		
<b>37</b> Seeds and plants.....		
<b>38</b> Storage and warehousing.....		
<b>39</b> Supplies.....		
<b>40</b> Taxes.....		
<b>41</b> Utilities .....		
<b>42</b> Veterinary fees and medicine .....		
<b>43</b> Other expenses (specify):		
_____		
_____		
_____		
_____		
_____		
_____		
<b>44</b> Qualified pension plan start-up costs.....		
<b>45</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018 .....		
<b>46</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017.....		

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

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

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

**Farm Income and Expenses (continued)**

**ORG27**

<b>FARM INCOME – ACCRUAL METHOD (continued)</b>	<b>2024</b>	<b>2023</b>
<b>29</b> Cost of Goods Sold:		
<b>a</b> Beginning inventory – livestock, produce, etc .....		
<b>b</b> Cost of livestock, produce, etc purchased .....		
<b>c</b> Ending inventory – livestock, produce, etc .....		
<b>30</b> 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.

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

## Adjustments to Income

**ORG28**

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
<b>1</b> Traditional IRA contributions made for 2024 .....		
<b>2</b> Check if you were covered by a retirement plan at work.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Check if you wish to make an additional contribution to your traditional IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> If line 3 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Or enter the amount you wish to contribute .....		
If you (a) received traditional IRA distributions during 2024 <b>and</b> you have made <b>nondeductible</b> IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, <b>OR</b> (b) choose to make any <b>nondeductible</b> traditional IRA contributions for 2024, please provide this information:		
<b>6</b> Enter the value of <b>all</b> of your IRAs on 12/31/2024 .....		
<b>7</b> Enter the value of <b>all</b> recharacterizations after 12/31/2024 .....		
<b>8</b> Enter the amount of any outstanding rollovers as of 1/1/2025 .....		
<b>If you received IRA distributions during 2024, please complete ORG7.</b>		
ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
<b>1</b> Roth IRA contributions made for 2024 .....		
<b>2</b> Check if you wish to make an additional contribution to your Roth IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> If line 2 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Or enter the amount you wish to contribute .....		
SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
<b>Money Purchase Plan Keogh and Multiple Plans:</b>		
<b>1 a</b> Payments made and/or expected to be made to a money purchase Keogh plan for 2024 .....		
<b>b</b> Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2024 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Profit Sharing Plan Keogh:</b>		
<b>2 a</b> Payments made and/or expected to be made to a profit sharing Keogh for 2024 .....		
<b>b</b> Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2024 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Defined Benefit Plan Keogh:</b>		
<b>3</b> Payments made and/or expected to be made to a defined benefit Keogh plan for 2024 .....		
<b>SEP:</b>		
<b>4 a</b> Payments made and/or expected to be made to a SEP for 2024 .....		
<b>b</b> Check this box if you wish to contribute the maximum amount to your SEP for 2024 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Employed SIMPLE Plan:</b>		
<b>5 a</b> Payments made and/or expected to be made to a self-employed SIMPLE plan for 2024 .....		
<b>b</b> Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2024 .....		
<b>Individual 401(k):</b>		
<b>6 a</b> Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2024 .....		
<b>b</b> Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2024 .....		
<b>c</b> Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2024.....		
<b>d</b> Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2024 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roth 401(k):</b>		
<b>7 a</b> Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2024 .....		
<b>b</b> Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2024 .....		
ALIMONY PAID		
Recipient's name	Recipient's SSN	Alimony paid
<b>1</b>		
<b>2</b>		

## Child and Dependent Care Expenses

ORG35

**CHILD AND DEPENDENT CARE EXPENSES**

Enter below the persons or organizations who provided the child and dependent care.

First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number SSN on first line OR EIN on second line	Amount Paid
Provider Phone			
<b>1</b> ..... ..... .....	..... ..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt .. ► <input type="checkbox"/>	..... ..... Foreign ..... ► <input type="checkbox"/>
<b>2</b> ..... ..... .....	..... ..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt .. ► <input type="checkbox"/>	..... ..... Foreign ..... ► <input type="checkbox"/>
<b>3</b> ..... ..... .....	..... ..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt .. ► <input type="checkbox"/>	..... ..... Foreign ..... ► <input type="checkbox"/>
<b>4</b> ..... ..... .....	..... ..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt .. ► <input type="checkbox"/>	..... ..... Foreign ..... ► <input type="checkbox"/>

<b>EXPENSES</b>	<b>2024</b>	<b>2023</b>
<b>1</b> Total employment taxes paid on wages for child care expenses .....		
<b>2</b> Total expenses paid in 2024 but not incurred in 2024 .....		
<b>3</b> Total expenses incurred in 2024 but not paid in 2024 .....		
<b>4</b> Medical expenses paid for qualifying persons unable to care for themselves .....		

<b>STUDENT/DISABLED PERSON INFORMATION FOR 2024</b>	<b>Taxpayer</b>	<b>Spouse</b>
<b>5</b> If taxpayer or spouse was a full-time student or disabled in 2024, answer the following questions:		
<b>a</b> Number of months that taxpayer/spouse was a full-time student or disabled .....		
<b>b</b> Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here .....		

**Education Information**

ORG36

**EDUCATION TUITION AND FEES**

Attach all Form 1098-Ts and a list of your qualified expenses.

EDUCATOR EXPENSES	2024	2023
<b>1 a</b> Taxpayer educator expenses.....		
<b>b</b> Spouse educator expenses.....		

**STUDENT LOAN INTEREST PAID**

**Student Loan Interest Reported on a 1098-E in 2024**

**2 a** Enter detail below or total interest in Part 2b

Lender's Name	2024	2023
<b>Total Student Loan Interest</b>	<b>2024</b>	<b>2023</b>
<b>2 b</b> Enter the total interest paid on qualified student loans.....		

**FORM 1099-Q**

**3** Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

\* For the Type Code, enter the following:  
 P = Private Qualified Tuition Program  
 S = State Qualified Tuition Program  
 E = Coverdell ESA

**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) .....	_____

# Household Employment Taxes

ORG41

## GENERAL INFORMATION

**Attach copies of your state payroll returns and other payroll forms.**

- 1 Enter your employer identification number .....
- Yes No
- 2 Did you pay **any one** household employee cash wages of \$2,700 or more in 2024 ? .....
- 3 Did you withhold federal income tax during 2024 for any household employee? .....
- 4 Did you pay total cash wages of \$1,000 or more **in any calendar quarter** of **2023** or 2024 to **all** household employees? .....

### COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE

**2024**

**2023**

- 5 Enter total cash wages paid during 2024 that were:
- a Subject to social security taxes .....
- b Subject to Medicare taxes .....
- c Subject to FUTA taxes .....
- 6 Enter federal income tax withheld during 2024 .....

### COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

Federal Unemployment Tax (FUTA) Questions:

Yes No

- 7 Did you pay unemployment contributions to only one state? .....
- 8 Did you pay all state unemployment contributions for 2024 by April 15, 2025? .....
- 9 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....
- 10 Enter any unemployment compensation you paid for :

State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
		2024	2023	2024	2023
a	---				
b	---				

11 Complete the following if you know your state experience rate:

**State  
A**

**State  
B**

- a State experience rate (e.g., enter 5.5 for 5.5%) .....
- b State experience rate period – starting date (e.g., 01/01/2024) .....
- c State experience rate period – ending date (e.g., 12/31/2024) .....



## K-1 Partnership – Partner's Questions

ORG45

<b>▶</b>	<input checked="" type="checkbox"/>	Attach all copies of K-1s from partnerships.	
<b>1</b>	Name of partnership .....		
	Partnership identification number .....		Tax shelter registration number .....
	1	Ownership .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership? .....	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Name of partnership .....		
	Partnership identification number .....		Tax shelter registration number .....
	1	Ownership .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership? .....	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3</b>	Name of partnership .....		
	Partnership identification number .....		Tax shelter registration number .....
	1	Ownership .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership? .....	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4</b>	Name of partnership .....		
	Partnership identification number .....		Tax shelter registration number .....
	1	Ownership .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership? .....	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5</b>	Name of partnership .....		
	Partnership identification number .....		Tax shelter registration number .....
	1	Ownership .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership? .....	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b>	Name of partnership .....		
	Partnership identification number .....		Tax shelter registration number .....
	1	Ownership .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership? .....	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

# K-1 S Corporation – Shareholder's Questions

ORG46

<b>▶</b>	<input checked="" type="checkbox"/>	Attach all copies of K-1s from S Corporations.		
<b>1</b>	Name of S Corporation ..... _____			
	S Corporation identification number _____		Tax shelter registration number ... _____	
	1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint			
	2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Name of S Corporation ..... _____			
	S Corporation identification number _____		Tax shelter registration number ... _____	
	1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint			
	2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Name of S Corporation ..... _____			
	S Corporation identification number _____		Tax shelter registration number ... _____	
	1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint			
	2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Name of S Corporation ..... _____			
	S Corporation identification number _____		Tax shelter registration number ... _____	
	1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint			
	2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Name of S Corporation ..... _____			
	S Corporation identification number _____		Tax shelter registration number ... _____	
	1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint			
	2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Name of S Corporation ..... _____			
	S Corporation identification number _____		Tax shelter registration number ... _____	
	1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint			
	2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

## K-1 Estate & Trust – Beneficiary's Questions

ORG47

<b>▶</b>	<input checked="" type="checkbox"/>	<b>Attach all copies of K-1's from estates and trusts.</b>		
<b>1</b>	Name of estate or trust..... _____			
	Estate or trust identification no... _____		Tax shelter registration number..... _____	
	1	Beneficiary .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
	2	Is this the final K-1 for this estate or trust? .....		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2</b>	Name of estate or trust..... _____			
	Estate or trust identification no... _____		Tax shelter registration number..... _____	
	1	Beneficiary .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
	2	Is this the final K-1 for this estate or trust? .....		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>3</b>	Name of estate or trust..... _____			
	Estate or trust identification no... _____		Tax shelter registration number..... _____	
	1	Beneficiary .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
	2	Is this the final K-1 for this estate or trust? .....		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>4</b>	Name of estate or trust..... _____			
	Estate or trust identification no... _____		Tax shelter registration number..... _____	
	1	Beneficiary .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
	2	Is this the final K-1 for this estate or trust? .....		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>5</b>	Name of estate or trust..... _____			
	Estate or trust identification no... _____		Tax shelter registration number..... _____	
	1	Beneficiary .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
	2	Is this the final K-1 for this estate or trust? .....		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6</b>	Name of estate or trust..... _____			
	Estate or trust identification no... _____		Tax shelter registration number..... _____	
	1	Beneficiary .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
	2	Is this the final K-1 for this estate or trust? .....		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

# K-1 Supplemental Business Expenses

ORG48

Partnership

EXPENSES	2024	2023
Use <b>ORG18</b> to enter vehicle expenses.		
<b>1</b> Vehicle expenses.....		
<b>2</b> Vehicle rentals.....		
<b>3</b> Travel expenses while away from home (excluding meals/entertainment expenses).....		
<b>4</b> Business gifts.....		
<b>5</b> Education.....		
<b>6</b> Office supplies and expenses.....		
<b>7</b> Telephone, fax, pager, etc.....		
<b>8</b> Trade publications.....		
<b>9</b> Depreciation and amortization ( <b>Preparer Use Only</b> ).....		
Use <b>ORG50</b> to record dispositions. Use <b>ORG51</b> to enter additional assets.		
Treat all MACRS assets for 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 <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this activity located in a Qualified Disaster Area?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>10</b> Carryover of Section 179 expense from prior year.....		
<b>11</b> Meals and entertainment expenses.....		
<b>12</b> Other:		
_____		
_____		
_____		
_____		
REIMBURSEMENTS	2024	2023
<b>13</b> Reimbursements for other than meals and entertainment.....		
<b>14</b> Reimbursements for meals and entertainment.....		

## Additional Assets

ORG51

(Enter vehicles on ORG 18 – Car and Truck Expenses or  
ORG 17 – Employee Business Expenses)

for: \_\_\_\_\_

Description	Date in Service	Cost or Basis	Business Use %	Land Included in Cost

# Foreign Earned Income

ORG52

1 Foreign address (including country) and POD \_\_\_\_\_

2 Occupation \_\_\_\_\_

3 Employer's name..... ▶ \_\_\_\_\_

4 a Employer's U.S. Address ..... ▶ \_\_\_\_\_

    b Employer's Foreign Address..... ▶ \_\_\_\_\_

5 Employer is (Check any that apply):

  a  A foreign entity

  b  A U.S. entity

  c  Self

  d  A foreign affiliate of a U.S. company

  e  Other (specify)..... ▶ \_\_\_\_\_

6 a Last year Form 2555 was filed..... ▶ \_\_\_\_\_

    b Check if Form 2555 has not been previously filed to claim either of the exclusions ..... ▶  Yes  No

    c Either exclusion ever revoked? ..... ▶  Yes  No

    d Enter type of exclusion and enter year for which the revocation was effective: Exclusion ..... ▶ \_\_\_\_\_ Year .... ▶ \_\_\_\_\_

7 Citizen/national of which country? ..... ▶ \_\_\_\_\_

8 a Maintained a separate foreign residence for family due to adverse conditions? .....  Yes  No

    b If 'Yes,' city and country of the separate foreign residence. Also, enter the number of days during the tax year that a second household maintained at the address.  
     ▶ \_\_\_\_\_

9 Tax home(s) during tax year and date(s) established.  
   ▶ \_\_\_\_\_

**Taxpayers Qualifying Under Bona Fide Residence Test**

10 Date bona fide residence began.... ▶ \_\_\_\_\_, and ended ..... ▶ \_\_\_\_\_

11 Kind of living quarters in foreign country.

  a  Purchased house

  b  Rented house or apartment

  c  Rented room

  d  Quarters furnished by employer

12 a Did any of your family live with you abroad during any part of the tax year? .....  Yes  No

    b If 'Yes,' who and for what period?  
     ▶ \_\_\_\_\_

13 a Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? .....  Yes  No

    b Are you required to pay income tax to the country where you claim bona fide residence? .....  Yes  No

**If you answered 'Yes' to 13a and 'No' to 13b, you do not qualify as a bona fide resident. Do not complete the rest of this part.**

14 a List any contractual terms or other conditions relating to the length of your employment abroad.  
   ▶ \_\_\_\_\_

    b Enter the type of visa under which you entered the foreign country.  
     ▶ \_\_\_\_\_

    c Did your visa limit the length of your stay or employment in a foreign country?.....  Yes  No

    d Did you maintain a home in the United States while living abroad? .....  Yes  No

    e If 'Yes,' enter address of your home, whether it was rented, and the names of the occupants, and their relationship to you.  
     ▶ \_\_\_\_\_

15 Qualified housing expenses for the tax year ..... \_\_\_\_\_

**For use with Form 8801 Information**

		Prior year Form 2555, line 45 and line 50		
16 TP – Foreign Earned Income		a Taxpayer (Form 2555, line 45) .....		16 a _____
TP – Housing		b Taxpayer (Form 2555, line 50) .....		b _____
SP – FEI		c Spouse (Form 2555, line 45) .....		c _____
SP – Housing		d Spouse (Form 2555, line 50) .....		d _____