

January 6, 2025

Pullin CPA & Associates, Inc.
1610 Cooper Foster Park Rd.
Lorain, OH 44053

The 2024 Tax Organizer will assist you in collecting and reporting information necessary for us to properly prepare your 2024 income tax return. Please complete the organizer sections as appropriate and provide supporting documentation where necessary. Prior year data is included on the organizer sections for your reference. At a minimum we ask that you answer the questions asked and sign the engagement letter. Failure to provide accurate information about the economic impact payments and advance child tax credit payments will result in altered results and likely delays.

Please provide us with the following additional information:

- A copy of your 2023 tax return, if not prepared by this office
- Form(s) W-2 (wages, etc.)
- Form(s) 1099 (interest, dividends, etc.)
- Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)
- Form(s) 1098 (mortgage interest) and property tax statements
- Brokerage statements from stock, bond or other investment transactions
- Closing statements pertaining to real estate transactions
- Form(s) 1099-K (Merchant Card and Third Party Network Payments)
- All other supporting documents (schedules, checkbooks, etc.)
- Any tax notices or letters received from the IRS or other taxing authorities

Thank you for your help in the completion of the Tax Organizer. Please contact us if you need further assistance.

Sincerely,

MICHELLE PULLIN CPA

Pullin CPA & Associates, Inc.
1610 Cooper Foster Park Rd.
Lorain, OH 44053

As a confirmation of our understanding, we are outlining the terms upon which we agree to provide tax return preparation and tax consulting services.

We will prepare your 2024 individual federal (1040), state (Ohio It-1040) and city income tax returns from information furnished by you. We will not audit or otherwise verify the data submitted, although, we may ask you to clarify information. All the information you submit will, to the best of your knowledge, be correct and complete, and will include all income, deductions, and other data necessary for the preparation of your income tax return. You are responsible for retaining the necessary records of your income, deductions, and business expenses. We are not responsible for any other returns unless requested in writing.

Our fees will be based on the amount of time required for our services plus out of pocket expenses. If you have any concern over fees, please discuss them with us before the services are rendered. Invoices are payable upon presentation.

If you desire a formal opinion on a particular tax matter for the purpose of avoiding the imposition of any penalties, please contact us to discuss the Treasury requirements that must be met and whether it is possible to meet those requirements under the circumstances, as well as the anticipated time and fees involved.

Your returns are subject to review by taxing authorities. Any proposed adjustments to your tax totals are subject to certain rights of appeal. In the event of any examination, we will be available to represent you. Unless the basis of such inquiry or examination is the result of our error, we will invoice you for additional time and expenses.

If the above fairly sets forth our agreement, please sign this letter and return it along with your tax information. Thank you for selecting our office to be of service to you.

Sincerely yours,

Pullin CPA & Associates, Inc.

Approved:

2024	1040	US	Client Information	1
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Pullin CPA & Associates, Inc.
 1610 Cooper Foster Park Rd.
 Lorain OH 44053
 Telephone number: (440) 960-2277
 Fax number: (440) 960-0288
 E-mail address: INFO@PULLINCPAOHIO.COM

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2024 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying surviving spouse (2022 or 2023) ...	
Taxpayer	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Spouse	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
1=blind		
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying surviving spouse (QSS)

Please add, change or delete information for 2024.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone..... Work phone..... Work extension..... Daytime phone (table)..... Mobile phone..... Fax number..... E-mail address.....		Daytime Phone 1 = Work 2 = Home 3 = Mobile
Spouse Contact Information	Home phone..... Work phone..... Work extension..... Daytime phone (table)..... Mobile phone..... Fax number..... E-mail address.....		
Taxpayer Authentication	Driver's license no..... Driver's license state..... Issue date (m/d/y)..... Expiration date (m/d/y)..... Theft protection PIN.....		
Spouse Authentication	Driver's license no..... Driver's license state..... Issue date (m/d/y)..... Expiration date (m/d/y)..... Theft protection PIN.....		

2024	1040	US	Dependents	2
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Please add, change or delete information for 2024.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p style="text-align:center;">Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent 5 = Earned income credit only, not a dependent</p> <p style="text-align:center;">Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			

2024

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), if so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2024? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to electronically file your tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you issued an IP PIN, Identity Protection Pin, from the IRS? If so, please provide the 2024 IP PIN issued to you _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |

2024	1040	US	Miscellaneous Questions
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Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account

Did you having any interest in virtual currency such as : receive, sell, send, exchange or otherwise acquire?

Did your bank account information change within the last twelve months? If so, please provide the bank name _____ routing number _____
account number _____

Indicate if checking/savings (please circle account type)

Please enter all pertinent 2024 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account	18		
1=electronic payment of balance due	34		
1=electronic payment of estimated tax	36		

BANK INFORMATION

	Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)
19		24	20	21	22	71
44		45	47	48	49	72
50		51	67	68	69	73

2024 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2024 Voucher Amount
Overpayment applied from 2023	1			
1st quarter payment	2	3		13
2nd quarter payment	4	5		14
3rd quarter payment	6	7		15
4th quarter payment	8	9		16
Additional Estimated Tax Payments	38	39		
	40	41		
	42	43		
	44	45		
Paid with extension	10	11		802
Former spouse SSN if joint estimates	12			

State

	Amount Paid	Date Paid	TS	2024 Voucher Amount
Overpayment applied from 2023	101			
1st quarter payment	102	103		113
2nd quarter payment	104	105		114
3rd quarter payment	106	107		115
4th quarter payment	108	109		116
Additional Estimated Tax Payments	138	139		
	140	141		
	142	143		
	144	145		
Paid with extension	110	111		804

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

1 = Checking or savings (default) 6 = Coverdell savings account (ESA)
 2 = Taxpayer's IRA (next year limits) 7 = Other
 3 = Spouse's IRA (next year limits) 8 = Taxpayer's IRA (current year limits)
 4 = Health savings account (HSA) 9 = Spouse's IRA (current year limits)
 5 = Archer MSA

2024	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2024 information.

APPLICATION OF 2024 OVERPAYMENT (7.1)

If you have an overpayment of 2024 taxes, do you want the excess refunded? or applied to 2025 estimate?

Other (please explain): _____

2025 ESTIMATED TAX INFORMATION

Do you expect your 2025 taxable income to be different from 2024? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2025 withholding to be different from 2024? Yes No

If "yes" explain any differences: _____

7.1

2024	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2024 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2023 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	
		1	2	3	4	6	8	14	18	
	800									

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2				Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/24	2023 Distribution
		Distribution code #1						Federal (Box 4)	State (Box 14)		
		1=IRA/SEP/SIMPLE									
		1=spouse									
	800		1	2	810	196	3	4	6	9	34

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2023 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	
	800	1	3	6	9	152	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

Total gambling losses
Winnings not reported on Form W-2G

	2024 Amount	TS	2023 Amount
12			
10			

10, 13.1, 13.2

2024	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2024 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2023 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		
	800 (801, 802, 803)	1	2	3	4	19	5	18	

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2023 Dividends	
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds			In-state Muni-bonds (% or amt.)
	800	1	2	30	3	122	502	18	503	16	

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	800	
Principal business code	801	
Business name, if different from Form 1040	802	
Business address, if different from Form 1040	803	
City, if different from Form 1040	804	
State, if different from Form 1040	828	
ZIP code, if different from Form 1040	829	
Foreign region	830	
Foreign postal code	831	
Foreign country	832	
Employer identification number	805	
Other accounting method	806	

- Accounting method: 1=cash, 2=accrual
- Inventory method: 1=cost, 2=lower cost/market, 3=other
- 1=change of inventory method
- 1=spouse, 2=joint
- 1=first Schedule C filed for this business
- If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no
- 1=not subject to self-employment tax
- 1=did not "materially participate"
- 1=personal services is not a material income producing factor
- 1=investment
- 1=minister's Schedule C
- 1=single member limited liability company
- 1=trader in financial instruments or commodities

7		
6		
8		
10		
44		
112		
39		
22		
220		
37		
302		
418		
95		

INCOME

- Gross receipts or sales (Form 1099-NEC)
- Returns and allowances
- Other income:
- _____
- _____
- _____

	2024 Amount	2023 Amount
51		
52		
54		
54		
54		
54		

COST OF GOODS SOLD

- Inventory at beginning of the year
- Purchases
- Cost of items for personal use
- Cost of labor
- Materials and supplies
- Other costs:
- _____
- _____
- _____
- Inventory at end of the year

14		
15		
16		
17		
18		
19		
19		
19		
19		
20		

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2024 Amount	2023 Amount
Accounting.....	201	
Advertising.....	56	
Answering service.....	202	
Bad debts from sales or service.....	57	
Bank charges.....	203	
Car and truck expenses (not entered elsewhere).....	59	
Commissions.....	60	
Contract labor.....	87	
Delivery and freight.....	204	
Dues and subscriptions.....	205	
Employee benefit programs.....	64	
Insurance (other than health).....	66	
Mortgage interest (paid to banks, etc.).....	12	
Other interest (not entered elsewhere).....	67	
Janitorial.....	206	
Laundry and cleaning.....	207	
Legal and professional.....	69	
Miscellaneous.....	208	
Office expense.....	70	
Outside services.....	209	
Parking and tolls.....	210	
Pension and profit sharing plans - contributions.....	71	
Pension and profit sharing plans - admin. and education costs.....	53	
Postage.....	211	
Printing.....	212	
Rent - vehicles, machinery, & equipment (not entered elsewhere).....	58	
Rent - other.....	72	
Repairs.....	73	
Security.....	213	
Supplies.....	74	
Taxes - real estate.....	45	
Taxes - payroll.....	41	
Taxes - sales tax included in gross receipts.....	43	
Taxes - other (not entered elsewhere).....	75	
Telephone.....	214	
Tools.....	215	
Travel.....	76	
Meals in full (50%).....	81	
Department of Transportation meals in full (80%).....	86	
Uniforms.....	216	
Utilities.....	77	
Wages.....	78	

Other expenses:

	90	
	90	
	90	
	90	
	90	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2024	1040	US	Rental & Royalty Income (Schedule E)	No. <input style="width:40px;" type="text"/>	18
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2024 Amount	2023 Amount
Description of property	800	Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address	801	
City	820	
State	821	
ZIP code	822	
Type of property (see table)	802	
Other type of property	803	
Number of days rented	34	

Percentage of ownership if not 100% (.xxxx)	500	1=did not actively participate ...	38
Percentage of tenant occupancy if not 100% (.xxxx)	503	1=real estate professional	32
1=spouse, 2=joint	33	1=rental other than real estate ..	71
1=qualified joint venture	108	1=investment	48
1=nonpassive activity, 2=passive royalty	39	1=single member limited liability company	418
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no			112

INCOME

	2024 Amount	2023 Amount
Rents or royalties received	110	

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising	4	
Association dues	16	
Auto and travel (not entered elsewhere)	5	
Cleaning and maintenance	6	
Commissions	7	
Gardening	18	
Insurance	8	
Legal and professional fees	10	
Licenses and permits	23	
Management fees	19	
Miscellaneous	24	
Mortgage interest (paid to banks, etc.)	9	
Excess mortgage interest	67	
Other interest (not entered elsewhere)	29	
Painting and decorating	20	
Pest control	21	
Plumbing and electrical	17	
Repairs	11	
Supplies	12	
Taxes - real estate	13	
Taxes - other (not entered elsewhere)	25	
Telephone	22	
Utilities	14	
Wages and salaries	15	
Other:		
_____	27	
_____	27	
_____	27	
_____	27	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

	18
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2024	1040	US	Vehicle Expenses	No. <input style="width:40px;" type="text"/>	22 p3
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2024 Amount	2023 Amount
Description of vehicle	800	
1=no evidence to support your deduction	30	
1=no written evidence to support your deduction	31	
1=vehicle is available for off-duty personal use	39	
1=no other vehicle is available for personal use	40	
1=vehicle used primarily by more than 5% owner	41	
Number of months of business use if changed from 100% personal use	333	

AUTOMOBILE MILEAGE

Total mileage (for the tax year)	36	
Business mileage	37	
Commuting mileage (for the tax year)	38	
Average daily round-trip commute	334	

ACTUAL EXPENSES

Parking fees and tolls (business portion only)	335	
Gasoline, lube, oil	338	
Repairs	339	
Tires	340	
Insurance	341	
Miscellaneous	342	
Auto license (other than personal property taxes)	343	
Personal property taxes (based on car's value)	344	
Interest (car loan) (for Schedule C, E & F)	345	
Vehicle rent or lease payments	350	
Inclusion amount (enter as positive)	351	
Value of employer-provided vehicle on Form W-2 (2106)	346	

Please enter all pertinent 2024 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2024 Amount		2023 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$7,000/\$8,000 if 50 or older)	1	51		
Contributions made to date	3	53		
1=covered by plan, 2=not covered	5	55		
2024 payments from 1/1/23 to 4/15/23	8	58		

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$7,000/\$8,000 if 50 or older)	27	77		
Contributions made to date	30	80		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)	10	60		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)	11	61		
Defined benefit contributions you expect to make	13	63		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)	12	62		
Plan contribution rate if not .25 (.xxxx)	501	551		
Individual 401k: SE elective deferrals (except Roth) (1=max.)	44	94		
Individual 401k: SE designated Roth contributions (1=max.)	144	194		

SIMPLE contributions:

Self-employed SIMPLE contributions you made or expect to make (1=maximum)	22	72		
Employer matching rate if not .03 (.xxxx)	502	552		
1=nonelective contributions (2%)	24	74		
Contributions made to date	14	64		

ADJUSTMENTS TO INCOME

Self-employed health insurance:

Total premiums (excluding long-term care)	16	66		
Long-term care premiums	26	76		
Student loan interest paid (1098-E, box 1)	23	73		
Educator expenses (kindergarten thru grade 12)	28	78		
Jury duty pay given to employer	43	93		
Attorney fees and court costs for unlawful discrimination claims	243	293		
Attorney fees and court costs paid in connection with an IRS award for information on tax law violations	244	294		
Contributions by certain chaplains to section 403(b) plans	242	292		
Reforestation amortization and expenses	240	290		
Repayment of supplemental unemployment benefits	241	291		

Expenses from rental of personal property	37	87		
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Other adjustments to income:

_____	19	69		
_____	19	69		
_____	19	69		

**Please enter all pertinent 2024 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2024 Amount	TS	2023 Amount
Prescription medicines and drugs	4		
Doctors, dentists and nurses	5		
Hospitals and nursing homes	6		
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..	7		
Long-term care premiums - taxpayer	17		
Long-term care premiums - spouse	58		
Insurance reimbursement (enter as a positive number)	8		
Lodging and transportation:			
Out-of-pocket expenses	9		
Medical miles driven	52		
Other medical and dental expenses:			
_____	10		
_____	10		
_____	10		

TAXES PAID (State and local withholding and 2024 estimates are automatic.)

State income taxes - 1/24 payment on 2023 state estimate	11		
State income taxes - paid with 2023 state return extension	12		
State income taxes - paid with 2023 state return	13		
State income taxes - paid for prior years and/or to other state	14		
City/local income taxes - 1/24 payment on 2023 city/local estimate	211		
City/local income taxes - paid with 2023 city/local extension	212		
City/local income taxes - paid with 2023 city/local return	213		

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)	91		
Use taxes paid on 2024 purchases	92		
Use taxes paid with 2023 state return	96		
Sales tax on autos not included above	349		
Sales tax on boats, aircraft, other special items	93		

OTHER TAXES PAID

Real estate taxes - principal residence:			
_____	15		
_____	15		
Real estate taxes - held for investment :			
_____	16		
_____	16		
_____	16		
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ...	18		
Foreign income taxes	19		
Other taxes:			
_____	20		

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 5) reported on Form 1098:

	2024 Amount	TS	2023 Amount
_____	21		
_____	21		
_____	21		

Home mortgage interest not reported on Form 1098:

Payee's name.....	85.____	
Payee's SSN or FEIN....	86.____	
Payee's street address..	87.____	
Payee's city.....	88.____	
Payee's state.....	106.____	
Payee's ZIP code.....	108.____	
Payee's region.....	1350.____	
Payee's postal code....	1351.____	
Payee's country.....	1352.____	
Amount paid.....	22.____	

Points not reported on Form 1098:

_____	23		
_____	23		

Investment interest (interest on margin accounts):

_____	24		
_____	24		
Passive interest.....	27		

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

_____	32		
_____	32		
_____	32		
_____	32		
_____	32		
Volunteer expenses (out-of-pocket).....	31		
Number of charitable miles.....	53		

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

_____	41		
_____	41		
_____	41		
_____	41		
_____	41		
Volunteer expenses (out-of-pocket).....	40		
Number of charitable miles.....	54		

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

	2024 Amount	TS	2023 Amount
33			
33			
33			
33			

30% limitation (see above):

34			
34			
34			
34			

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

35			
35			
35			
35			

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

36			
36			
36			
36			

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

42			
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Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

43			
43			
43			
43			
43			
43			

Investment expense:

44			
44			
44			
44			
44			
44			

Tax return preparation fee

45			
----	--	--	--

Safe deposit box rental

46			
----	--	--	--

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

47			
47			
47			
47			
47			
47			

2024	1040	US	Business Use of Home (Form 8829)	No. <input style="width:40px;" type="text"/>	29
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**Please enter 2024 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

BUSINESS USE OF HOME

	2024 Amount	2023 Amount
Form.....	45	
Number of form (e.g., enter 2 for Schedule C number 2).....	46	
Business use area (square footage).....	2	
Total area of home (square footage).....	1	
Total hours facility used (for daycare facilities only).....	3	
Total hours available (if not 8,760).....	9	
Area of home included above used exclusively for daycare business, if any (sq ft).....	89	
% (.xx) or amount of gross income from home if not 100% (-1 if none).....	502	
% (.xx) or amount of expenses from home if not 100% (-1 if none).....	503	

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....	11	
Real estate taxes.....	12	
Casualty losses.....	13	
Insurance.....	14	
Miscellaneous.....	15	
Rent.....	16	
Repairs and maintenance.....	17	
Utilities.....	18	
Excess mortgage interest.....	19	
Excess real estate taxes.....	54	
Other indirect expenses:		
_____	20	
_____	20	
_____	20	
_____	20	

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....	21	
Real estate taxes.....	22	
Casualty losses.....	23	
Insurance.....	24	
Miscellaneous.....	25	
Rent.....	26	
Repairs and maintenance.....	27	
Utilities.....	28	
Excess mortgage interest.....	29	
Excess real estate taxes.....	55	
Excess casualty losses.....	30	
Allowable casualty losses.....	31	
Other direct expenses:		
_____	32	
_____	32	
_____	32	
_____	32	

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

- 1=vehicle used primarily by more than 5% owner
- 1=vehicle is available for off-duty personal use
- 1=no other vehicle is available for personal use
- 1=no evidence to support your deduction
- 1=no written evidence to support your deduction

	2024 Amount	2023 Amount
11		
4		
2		
5		
6		

VEHICLE 1

- Description of vehicle
- Date placed in service (m/d/y)
- Total mileage (for the tax year)
- Business mileage
- Commuting mileage (for the tax year)
- Average daily round-trip commute
- Number of months of business use if changed from 100% personal use
- Parking fees and tolls (business portion only)

801		
15		
16		
17		
19		
18		
80		
70		

Actual expenses:

- Gasoline, lube, oil
- Repairs
- Tires
- Insurance
- Miscellaneous
- Auto license (other than personal property taxes)
- Personal property taxes (based on car's value)
- Interest (car loan) (for Schedule C, E & F)
- Vehicle rent or lease payments
- Inclusion amount (enter as positive)
- Value of employer-provided vehicle on Form W-2 (2106)

51		
52		
53		
54		
22		
55		
56		
57		
23		
20		
24		

VEHICLE 2

- Description of vehicle
- Date placed in service (m/d/y)
- Total mileage (for the tax year)
- Business mileage
- Commuting mileage (for the tax year)
- Average daily round-trip commute
- Number of months of business use if changed from 100% personal use
- Parking fees and tolls (business portion only)

802		
29		
30		
31		
33		
32		
112		
71		

Actual expenses:

- Gasoline, lube, oil
- Repairs
- Tires
- Insurance
- Miscellaneous
- Auto license (other than personal property taxes)
- Personal property taxes (based on car's value)
- Interest (car loan) (for Schedule C, E and F)
- Vehicle rent or lease payments
- Inclusion amount (enter as positive)
- Value of employer-provided vehicle on Form W-2 (2106)

61		
62		
63		
64		
36		
65		
66		
67		
37		
34		
38		

