2024 TAX ORGANIZER

TO

This tax organizer has been prepared for your use in gathering the information needed for your 2024 tax return.

To save you time, selected information from your 2023 tax return has been entered in this organizer. Please line through any information that does not apply to your 2024 tax return.

In some cases, 2023 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER



Questions (Page 1 of 5)

The following questions pertain to the 2024 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:	Yes	No
Did your marital status change?	\square	
Are you married?	🔲	
If Yes, do you and your spouse want to file separate returns?	🔲	
If No, are you in a domestic partnership, civil union, or other state-defined relationship?	🗆	
Can you or your spouse be claimed as a dependent by another taxpayer?	🖂	
Did you or your spouse serve in the military or were you or your spouse on active duty?	🗔	
Dependents:		
Were there any changes in dependents from the prior year? Note: Include non-child dependents for whom you provided more than half the support.	🗆	
Did you or your spouse pay for child care while you or your spouse worked or looked for work?	🔲	
Do you have any children under age 18 with uneamed income more than \$1,300?	🔲	
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,300?	🗆	
Did you adopt a child or begin adoption proceedings?	🗀	
Are any of your dependents non-U.S. citizens or non-U.S. residents?	🔲	
Healthcare:		
Did you obtain healthcare coverage through the Marketplace?	🗆	
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?	🗀	
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?		
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return?		
Are any of your dependents required to file a tax return?	🔲	



Questions (Page 2 of 5)

Healthcare (d	continued):
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Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?	Yes	No
Were you eligible for employer-sponsored healthcare coverage?	. 🗆	
Did you or your spouse have any transactions pertaining to a health savings account (HSA)?		
If you received a distribution from an HSA, include all Forms 1099-SA.		_
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?	. Ш	L
If you received a distribution from an MSA, include all Forms 1099-SA.		_
Did you or your spouse receive any distributions from long-term care insurance contracts?	. Ш	L
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan		
at another job?		
If Yes, how many months were you covered?	. Ш	
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term		_
care plan at another job? If Yes, how many months were you covered?	. \square	
Education:		
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?	. 🔲	
Did you cr your spouse pay any student loan interest?	. \square	Γ
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you,	. —	
your spouse, your children or grandchildren?		
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education		
Program (Section 529 plan)?	. 🔲	
If Yes, include all Forms 1099-Q.		_
If Yes, were the amounts withdrawn used for qualified tuition expenses?	. Ш	L
Deductions and Credits:		
Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a		_
charitable organization?	. \square	
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly		
traded securities or contributions of non-publicly traded stock of \$10,000 or less.		_
Did you or your spouse incur any casualty or theft losses?	.	L
Did you or your spouse make any large purchases, such as motor vehicles and boats?		
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	.	L
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?	.	_
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?	. \square	L
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. Gallons Type		
·· /		
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar		Γ
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?		
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior	. Ш	_



Questions (Page 3 of 5)

Investments:	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced?		
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any		
partnership or S corporation?		
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or		
S corporation?		
Did you or your spouse sell, exchange, or purchase any real estate?		
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or		
your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?		
Did you or your spouse engage in any put or call transactions?		
Did you or your spouse close any open short sales?		
Did you or your spouse sell any securities not reported on Form 1099-B? Retirement or Severance:		
Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?		
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity	ш	ш
or deferred compensation plan?		
Did you or your spouse turn age 73 and have money in an IRA or other retirement account without taking any distribution?		
Did you or your spouse make a qualified charitable distribution directly from an IRA?		
Did you or your spouse retire or change jobs?		
Did you or your spouse receive deferred, retirement or severance compensation? If Yes, enter the date received (Mo/Da/Yr).		
Personal Residence:		
Did your address change?		
If Yes, provide the new address.	ш	ш
If Yes, did you move to a different home because of a change in the location of your job?		
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?		
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire		
a principal residence?		
Are your total mortgages on your first and/or second residence greater than \$750,000?		
If Yes, provide the principal balance and interest rate at the beginning and end of the year.		
Did you or your spouse take out a home equity loan?		
Did you or your spouse have an outstanding home equity loan at the end of the year?		
If Yes, provide the principal balance and interest rate at the beginning and end of the year.		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received		
the Form 1098?		
		ш
Did you or your mortgagee receive mortgage assistance payments? If Yes, include all Forms 1098-MA.		



Questions (Page 4 of 5)

Sale of Your Home:	[/es	No
Did you sell your home?	L		
Did you receive Form 1099-S? If Yes, include Form 1099-S.	[
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year	г	_	
period prior to the sale?	L		
Did you or your spouse ever rent out the property?	[
Did you or your spouse ever use any portion of the home for business purposes?	[
Have you or your spouse sold a principal residence within the last two years?	[
At the time of the sale, the residence was owned by the: Taxpayer Spouse Both			
Gifts:			
Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings,	_		
etc., with a total (aggregate) value in excess of \$18,000 to any individual? Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock)	L		
to any person regardless of value?	[
Did you or your spouse make any gifts to a trust for any amount?	[
Do you or your spouse have a life insurance trust?	[
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	[
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	[
Foreign Matters:			
Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature	[
authority over a bank account, securities account or other financial account in a foreign country?	[
Did you or your spouse create or transfer money or property to a foreign trust?	[
Did you or your spouse own any foreign financial assets?	[
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?	[
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?	· [
If Yes, did the corporation cease to be an S corporation?	[
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? If Yes, did you or your spouse transfer any share of stock in the corporation?			

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Questions (Page 5 of 5)

Miscellaneous:

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,700 during the year for domestic services	Yes	No
performed in or around your home to individuals who could be considered household employees?		<u> </u>
Did you or your spouse receive unreported tip income of \$20 or more in any month?		
Have you or your spouse received a punitive damage award or an award for damages other than for physical		
injuries or illness?	ш	
Did you or your spouse engage in any bartering transactions?		
Ware you or your angues notified by the IDS or other taying authority of any changes in prior year returns?		
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?		L
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?		
In 2024, did you or your spouse: (a) receive (as a reward, award, or compensation); (b) sell, exchange, gift or otherwise		
dispose of a digital asset (or a financial interest in a digital asset)?		
In 2024, did you or your spouse receive Payroll Protection Program loan forgiveness or are you or		
your spouse seeking forgiveness?		L
If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness. Date (Mo/Da/Yr)		
If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your		
spouse decided not to seek forgiveness.		
Amount		
Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act?		

Additional state pages have been included at the back of the organizer and should be reviewed.



Personal Information

Taxpayer:	First Name and Initial		Last Name					Social Security Number
	Occupation		Date of Birth (Mo/Da	(Yr) i	Date of Deat	h (Mo/Da/Yr)		
	Driver's License or State-Issued (D Number	Expiration Date (Mo/	Da/Yr) i	ssue Date (N	Ac/Da/Yr)	State	Does not expire
	Driver's License	State-Issued ID	No Identification	•	v	,		
Spouse:								
•	First Name and Initial		Last Name					Social Security Number
	Occupation		Date of Birth (Mo/Da	<u>//r)</u> [Date of Deat	h (Mo/Da/Yr)		
	Driver's License or State-Issued I	D Number	Expiration Date (Mo/	Da/Yr) i	ssue Date (N	/lo/Da/Yr)	State	Does not expire
	Driver's License	State-Issued ID	No Identification	on				
Contact Information:	Street Address							Apartment Number
	City		State	9				ZIP or Postal Code
	Foreign Province or County							
	Foreign Country							
	Taxpayer Daytime/Work Phone	Taxpayer Evening/Hom	e Phone Taxpayer	Foreign f	Phone			
	Taxpayer Cell Phone	Taxpayer Fax Number						
	Spouse Daytime/Work Phone	Spouse Evening/Home	Phone Spouse F	oreign Ph	спе			
	Spouse Cell Phone	Spouse Fax Number						
	Taxpayer Email Address							· · · · · · · · · · · · · · · · · · ·
	Spouse Email Address			-				
	Preferred Method of Contact							
May the IRS or other taxing as is the taxpayer claimed as a c	•	• •				Yes	No	<u> </u>
	•					Та	xpayer	Spouse
						Yes	No	Yes No
Are you considered legally blin Do you want to contribute to	· -						$+ \vdash$	$+$ \vdash \vdash \vdash
Are you a U.S. citizen or Gree							j 🗀	
Personal Identification Num	bers: Code - 1 - Issued	by IRS 2 - Issued by	State or City					
The IRS has recommended th	nat taxpayers have an Ide	ntity Protection (IP) PIN	to increase	TS	State	City	Code	PIN
filing security. If you would like have one but do not know the	e an IP PIN for yourself, yo e IP PIN assigned, visit IR	our spouse, or your dep 3.gov to retrieve it or ap	pendents or oply.					

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



Dependents and Wages

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
Α						
В						
c						
D						
E						
F						
G						
н[}			

Did dependent have income over \$5,050?

			\downarrow	
	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
Α				
В				
С				
D	_			
Ε				
F				
G				
Н				

Drovido	the name a	of any depende	ant who ic no	+ - 11	timon or Cross	Cord bolder
LIONIA	ure name c	n anv debendi	Brit who is no	1 a U.S. C	uzen or Green	Card ricider.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
		Taxable Wayes	Federal	FICA/TIER 1	Medicare	State	Local

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Electronic Filing

Electronic Filing:

Electronic filing is the means by which your retu filing mandate requiring certain preparers, inclu preparers to electronically file state returns preparers	iding this firm, to file all returns that	they prepare electronically. Some sta	ates also require certain
Do not electronically file the federal return			
Do not electronically file the state return(s)			
Note: The IRS and some states that require rechecked either of the boxes above, you may will contact you to discuss these requirement. The IRS requires, and many states allow, the use electronically filing.	be required to sign an "opt-out" f nts and your ability to "opt-out" of	orm before we can release your re electronic filing.	turns. As a follow-up we
Would you like to use a randomly generated			Yes No
Taxpayer			📙 📙
Spouse			🗀 🗀
If No, enter a 5-digit self-selected PIN:			
Taxpayer PIN			



Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information: The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2023, your account information is already included below. Would you like any refunds owed to you directly deposited? Would you like to pay any amount due on your federal return using electronic withdrawal? If Yes, what amount would you like withdrawn, if not the entire balance due? If Yes, when should the withdrawal occur, if other than the due date of the return? Would you like to pay any amount due on your state return(s) using electronic withdrawal? If Yes, what amount would you like withdrawn, if not the entire balance due? If Yes, when should the withdrawal occur, if other than the due date of the return? The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Name of bank or financial institution Routing Transit Number (RTN) Type of account: Checking Traditional Savings **IRA Savings** Archer MSA Savings Coverdell Ed. Savings **HSA Savings** Is this a business account? Account owner Taxpayer Spouse **Joint** I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. Yes Would you like any refunds owed to you directly deposited? Would you like to pay any amount due on your federal return using electronic withdrawai? If Yes, what amount would you like withdrawn, if not the entire balance due? If Yes, when should the withdrawal occur, if other than the due date of the return? If Yes, what amount would you like withdrawn, if not the entire balance due? If Yes, when should the withdrawal occur, if other than the due date of the return? The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Routing Transit Number (RTN) **Traditional Savings** Type of account: Checking **IRA Savings** Coverdell Ed. Savings Archer MSA Savings **HSA Savings** Is this a business account? Account owner Taxpayer Spouse **Joint**

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Interest Income



Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

	Tax-Exempt Interes	st Code: 1 - 1099-il	NT 2 - Private Act	ivity Bond	I 3 - Both	
TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2023 Interest Amount
_						-
\vdash				\vdash		
 -						
						-
						
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igsqcup				\sqcup		
\square				 		
$\vdash\vdash$	-			 		
$\vdash \dashv$				 		
$\vdash \vdash$				 		
	•					
	Total			234		
						•

Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2024 Interest Amount	2023 Interest Amount		

Address of Individual from Whom Mortgage Interest Was Received	

Note: List all items sold during the year on Form 7.

Dividend Income



Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
	· · · · · · · · · · · · · · · · · · ·				
\square					
\vdash		-			
\vdash		_			
\vdash					
\vdash		_			
\vdash		-		 	
H					
\parallel		-			
Ш	Total				

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

	Code	Tax-Exempt Interest	2023 Gross Dividends Amount
Α			
В			
С			
D			
Ε		-	
F			
G			
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J			
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L			
м			
N			
	Total		

Enter Any Additional Information:

	 _	 	

Note: List all items sold during the year on Form 7.



Foreign Assets



Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

G	eneral in	formation:											
	Title of file	r	ı have foreign bank acc										
Fe	oreign Id	entification:										ĺΥ	es No
ln	Foreign Till If not pass Number Country of	N	description			· · · · · · · · · · · · · · · · · · ·	• •					<u> </u>	
		- 1 - Bank Acco	unt 2 - Securities A	ccount	3 - Other	7							
	Account Type		unt Type, Describe	Maximun Account Value	n	Account	t Nu	ımber			Financial itution Na		
A B							—						
_						T			0:1		_		
			Street Address						City				 -
А З													
			State		ZIP/i	Postal Cod	te	Country			G	iin	
4													
3							\Box			<u></u>			
	or account	e no financial intere t is jointly owned, p nt owner informatio	est in the account elease complete elements and the second elements are the second elements and the second elements are the se	ype of TIN	Code: A	- Employer	lde	ntification No. (EIN	N) B-S	SN or I	TIN C-	Foreign	
		Last Name or	Organization Name			First	t Ne	ıme	Middle Initial	Suffix	r i	kpayer lumber	
4						_							
В									<u> </u>	<u> </u>			
	# of Joint Owners		Street Addre	ss						City			
A B							<u> </u>						
ا ر ا	1 - No financia	al interest 1B - No fina	ancial interest - US person, offic	cer or employee	a, residing ou	tside US 2/	——————————————————————————————————————	pint - spouse is joint ow	ner 2B -	Joint - of	ther joint own	er 3 - C	Consolidated
		•	State		ZiP/Pos	tal Code		Country	1	wner- ship Code	Fi	ler's Ti	tie
4													
3	1	- Deposit 2 - Cu	ustodial										
		oreign Currency	Exchange Rate			Source of	Exc	hange		Acct Open	Acct Closed	Joint	No Tax Items
Ą													Reported
2											l	1	

Foreign Assets



Ass	Δŧ	Inf	or	m	ati	'n	n	
A33	EL.				au	•		

Description				Identif	ying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)) items	
						<u> </u>				
Value	Foreign (Currency	Exchange Rate			Source of Exc	hange Rate			
f Asset is Stock of a	Foreign	Entity or	r an Interest in a	 Foreign	n Entity					
				₽ [1 · Partnersh	ip 2 - Corpora	tion 3 - Tru	ist 4 · E	state	
Na	me of For	eign Entity		Type of Foreign Entity		Mailing Addres	ss of Foreign	Entity		
City or Town of Foreig	n Entity		nce, County or of Foreign Entity		untry of ign Entity	Postal Code of Foreign Entity	·	GIIN		
f Asset is NOT Stock	c of a Fo	reign En	tity or an Interes	t in a Fo		y 2 · Counterparty		1 - U.S 2 - Fore	. person eign person	
			Name of Issuer		lss: Co				Residence of Issuer	
		Γ	1 - Individual 2 -	Partnershi	p 3 - Corpoi	ration 4 · Trust	5 - Estate			
M	lailing Add	lress of Issi	uer			City or Tow	n of Issuer	J		
	Pro	vince, Cour	nty or State of Issuer				Country f Issuer		tal Code Issuer	
Foreign assets were acq			e tax year						Yes	
At any time during 2024 in a foreign country, If Yes, enter name of for	, did you h such as a l	ave an inter oank accour	nt, securities account	or other fi	nancial accour	it?				
Were you the grantor of, any beneficial interes	or transfe	ror to, a fore	ign trust that existed	during 202	24, whether or	not you had		 		



Brokerage Statement Details

TSJ	Payer Name	Account No.	Information Included (X or ")
<u> </u>			
			_
<u> </u>			
			-
<u> </u>			

	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Total Capital	U.S. Bond Interest Amount or Percent in Box 1a
Α								·
в	· 							
C								
D								
E				*				·
F	_							
G								
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Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



Business Income and Cost of Goods Sold

lame of Business:		
Principal Business or Profession:		
TSJ Employer ID number Street address City, state, ZIP or postal code, and country Method of inventory Method of accounting		
Business Questions for 2024:		Yes No
Did you dispose of this business? If Yes, what was the disposition date? Was there a change in determining quantities, costs or valuations between opening and closing inveit were you involved in the operations of this business on a regular, continuous and substantial basis? Have you prepared or will you prepare all required Forms 1099? Health insurance premiums paid for yourself and your dependents	(Mo/Da/Yr)	
Payment card and third party transactions:	T	T
Description	2024 Amount	2023 Amount
Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC		
Other Income:		
Other gross receipts or sales Less returns and allowances		
Cost of Goods Sold:	2024 Amount	2023 Amount
Beginning inventory Purchases less cost of items withdrawn for personal use Cost of labor (do not include amounts paid to yourself) Materials and supplies		
Other costs of goods sold:	· · · · · · · · · · · · · · · · · · ·	y
Description	2024 Amount	2023 Amount
Ending inventory		



Business Expenses and Property & Equipment

enses:			Γ	2024 Amount	2023 Amount
dvertising					
ar and truck exp	penses		L		
arking fees and	tolls				
ommissions and	i fees				
	programs and health insurance (other th				
surance (other t	than health)		Г		
terest - mortgag	ge (paid to banks, etc.)				
	sional fees				
	it-sharing plans				
	hicles, machinery and equipment		ľ		
	her business property				
	tenance				
	uded in Cost of Goods Sold)			,	
	98				
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avel					
ravel eals					
ravel leals ntertainment (de	eductible only on some state returns)				
ravel	eductible only on some state returns)				
ravel leals ntertainment (de ltilities lages	eductible only on some state returns)				
ravel Meals Intertainment (de	eductible only on some state returns)				
ravel leals ntertainment (de ltilities lages ependent care b	eductible only on some state returns)			2024 Amount	2023 Amount
ravel leals Intertainment (de tilities lages ependent care b	eductible only on some state returns) penefits			2024 Amount	2023 Amount
ravel leals ntertainment (de tilities lages ependent care b	eductible only on some state returns) penefits			2024 Amount	2023 Amount
avel eals ntertainment (de tilities ages ependent care b	eductible only on some state returns) penefits			2024 Amount	2023 Amount
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ravel leals ntertainment (de tilities lages ependent care b	eductible only on some state returns) penefits			2024 Amount	2023 Amount
avel eals ntertainment (de tilities ages ependent care b	eductible only on some state returns) penefits			2024 Amount	2023 Amount
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avel eals tertainment (de ilities ages ependent care b	eductible only on some state returns) penefits			2024 Amount	2023 Amount
avel eals tertainment (de ilities ages ependent care b	eductible only on some state returns) penefits			2024 Amount	2023 Amount
avel eals ntertainment (de ilities ages ependent care b	penefits Description			2024 Amount	2023 Amount
avel eals ntertainment (de ilities ages ependent care ber Expenses	penefits Description Quipment: Include a list if mo	re space is need		Date Acquired	
avel eals htertainment (de ilities ages ependent care ber Expenses perty and Ec	penefits Description	re space is need			2023 Amount
avel eals ntertainment (de ilities ages ependent care ber Expenses perty and Ec	penefits Description Quipment: Include a list if mo	re space is need		Date Acquired	
avel eals tertainment (de ilities ages ependent care ber Expenses perty and Ec	penefits Description Quipment: Include a list if mo	re space is need		Date Acquired	
avel eals tertainment (de ilities ages ependent care ber Expenses perty and Ec	penefits Description Quipment: Include a list if mo	re space is need		Date Acquired	
avel eals ntertainment (de iilities ages ependent care to er Expenses perty and Ec	penefits Description Quipment: Include a list if mo	re space is need		Date Acquired	





Business Expenses - Vehicle and Other Listed Property

me of Business:					
ncipal Business or Profession:					
ted Property Questions for 2024:				Yes	
Do you have evidence to support the busine	ss use percentage claime	ed on listed property?			
you are an employer who provides vehic	les for use by employee	s:		Yes	
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?					
Do you maintain a written policy statemen	nt that prohibits personal	use of vehicles, excep	t commuting, by your employees?		
Do you treat all use of vehicles by employ	rees as personal use?				
Do you provide more than five vehicles to vehicles and retain the information rec		·	employees about the use of the		
Do you meet the requirements for qualifie vehicle use by individuals other than f personal possessions in the vehicle as	ull-time vehicle salespers	ons, use for personal v	racation trips, storage of		
icle:	Vehi	cle 1	Vehicle 2		
Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? Vas your vehicle available for use during off-duty hours?	Yes No		Yes No		
fileage:	2024 Miles	2023 Miles	2024 Miles 202	3 Miles	
Total miles Total business miles Total commuting miles for the year					
ctual Expenses:	2024 Amount	2023 Amount	2024 Amount 2023	Amount	
Gasoline, oil, repairs, insurance, etc Interest Taxes Fair market value of leased vehicle Vehicle rentals/leases					





Business Expenses

Total comm	nuting miles t			
			•	1
	ilv commutir]
Total busine	ess miles		_	
Total miles				
			2024	2023
) have another vehicle available for personal purposes?ble for personal use during off-duty hours?	. — —	
Date vehicle	e was placed	d in service (Mo/Da/Yr)		
Description	of vehicle		•	
If not 100%	, please ent	er the percentage to apply to this business	. <u> </u>	
ehicle:				
	ertainment a	Illow for offset of other reimbursements?	Yes No)
		nployee, does your employer's reimbursement plan for meals	——————————————————————————————————————	
		tertainment		<u> </u>
		pals		
		ner expenses		
eimburse	ments:	List only reimbursements NOT reported in Box 1 of your Form W-2	2024 Amount	2023 Amount
-				
		Description	2024 Amount	2023 Amount
	ness Expens	•	• 12	
		ole only on some state returns)		
Meals				
Travel expe	nses		_	
Local trans	portation			
Parking fee	s and tolls			
			2024 Amount	2023 Amount
	, please ent	or the percentage to apply to the business		····
11 1101 10070	•	Enter all expenses at 100 percent er the percentage to apply to this business		
siness E If not 100%				



Business Use of Home

6D

Name of Bu	ısiness:				
Principal Bu	usiness or Profession:				
	of Your Home for Business:			2024	2023
	tage of home used exclusively for busin				
lotal nours	home was used for day care during the	year	• • • • • • • • • • • • • • • • • • • •		
	ome used for day care purposes for the evements made to the home and/or hom				Yes
xpenses:	Enter all expenses at 100 pe	ercent			
	enses benefit the business part of your hele: Cost of painting or repairs made to the		used for business.		
	penses are required for keeping up and le: Real estate taxes.	running your entire home	.		
		Direct E	xpenses	Indirect E	Expenses
		2024 Amount	2023 Amount	2024 Amount	2023 Amount
Casualty lo	sses				
	mortgage interest paid to:				
	al institutions		-		
	alstaxes		†	-	
Insurance		-	-		
	d maintenance		1		
]	-	
Rent			1		<u></u>
Other Expe	nses:				
	Description	Direct E	xpenses	Indirect E	xpenses
		2024 Amount	2023 Amount	2024 Amount	2023 Amount
			-		
		-			
			-		
			1		
eller-Finar	nced Mortgage Interest Inform	nation:			



Sales of Stocks, Securities, <u>Capital Assets & Installment Sales</u>

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

ĺ	Include all Fo	orms 1099-A, 1099-B, 1099-S and	d copie	es of mu	tual fu	nd sta	tements	for the ye	ear		
id you	ı have any of the f	ollowing during the year?								Yes	No
Exc Sala Sala b Con Reir Sala Deb	es of inherited propes of any stock or sefore or 30 days a mmodity sales, should be of any investment of the periods that became urburities that became curities that became and the periods of the perio	urities or investments for something other the perty stock options at a loss and purchases of the fiter the sale ort sales or straddles proceeds of gains in a qualified opportunity at in qualified opportunity funds	nan cash	or substar	ntially sim	ilar stoc	ck or options	30 days			
TSJ]	Kind of Property and Description	on	_			Quantity	Date Acquir (Mo/Da	ed	Date S (Mo/Da	
<u> </u>											
<u>;</u> -											
-						_		-			
'	<u>L</u> ,										
				Gross Price (Commis	Less		st or r Basis	Federal Ta Withheld		State T Withhe	ax eld
			A B				-		_		
			C								
			D						_		
			E F								
			G								
			н		i				L		
nstal	llment Sales:	Do not include interest receive	d in pı	rincipal	amoun	t					
TSJ	T	Property Description			Date (Mo/D			24 Received	Princi	2023 pal Rece	eived
\dashv											
				••							
\dashv							 				





Sale of Your Home and Moving Expenses

Sale or	Exchange of Your Home:
1	Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:	
TSJ Date acquired (Mo/Da/Yr)	
Date sold	
Selling price	
Original Cost and Cost of Improvements:	
Description	Amount
Sale Expenses: Commissions, legal fees, advertising and other expenses.	
Description	Amount
Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the was acquired or the date the mortgage was most recently renegotiated	Yes No Yes No e date the mortgage
loving Expenses:	
TSJ	
Were the moving expenses reimbursed by your employer? Enter reimbursements not included in wages on your Form W-2	Yes No
Was the move due to a permanent change of station pursuant to a military order?	Yes No
Mileage:	Miles
Number of miles from old home to new workplace (applicable only on some state returns) Number of miles from old home to old workplace (applicable only on some state returns) Number of automobile miles	
Transportation Expenses:	Amount
Costs of transportation of household goods and personal effects Costs of travel and lodging (do not include meals or automobile expenses) Automobile expenses (gasoline, cil, etc.)	



TS		
IRA Questions for 2024:	Yes	
Are you covered by an employer's retirement plan?		Γ.
If no, is your spouse covered by an employer's retirement plan?		
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?		
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify		
for an IRA deduction?		
Did you use any IRA as security for a loan this year?		Г
Did you have any transactions with any IRA during the year?		Г
If Yes, explain.		
Total value of all traditional IRAs on December 31, 2024		
Note: This information or Form 5498 is required if you received a distribution during the year.		
Note: This information or Form 5498 is required if you received a distribution during the year. Cutstanding rollovers on December 31, 2024		
Cutstanding rollovers on December 31, 2024		
Cutstanding rollovers on December 31, 2024 Total distributions converted to Roth IRAs Total retirement plans converted to Roth IRAs		
Cutstanding rollovers on December 31, 2024 Total distributions converted to Roth IRAs Total retirement plans converted to Roth IRAs		_
Cutstanding rollovers on December 31, 2024 Total distributions converted to Roth IRAs Total retirement plans converted to Roth IRAs Contributions:		
Cutstanding rollovers on December 31, 2024 Total distributions converted to Roth IRAs Total retirement plans converted to Roth IRAs Contributions: IRA:		
Cutstanding rollovers on December 31, 2024 Total distributions converted to Roth IRAs Total retirement plans converted to Roth IRAs Contributions: IRA: Contributions in 2024 for the 2024 tax return		
Cutstanding rollovers on December 31, 2024 Total distributions converted to Roth IRAs Total retirement plans converted to Roth IRAs Contributions: IRA: Contributions in 2024 for the 2024 tax return Contributions in 2025 for the 2024 tax return		

Distributions:

Include all Forms 1099-R and any nontaxable distribution details

			T	_ ·	_	· · · · ·
Name of Payer	2024 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2023 Gross Distributions
]
	_					
		_				
					<u> </u>	
.,	ļ			ļ		
			1	1	1	



9A



Demolose and Associations	Include all Forms 1099-R and any nontaxable distribution details
Pensions and Annuities:	l include all Forms 1999-R and any nontaxable distribution details
i cholollo alla Millalacci	incommon and control to the contract and the contract and the control and the

TSJ	Name of Payer	2024 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	is this a Rollover?	2023 Gross Distributions
П					!		Ì

elf-Employed Retirement Plan: Include copies of all Forms 1099-R		
	Taxpayer	Spouse
Have you established a self-employed retirement or SIMPLE plan with deductible contributions? Do you want to contribute the maximum amount allowed?	Yes No	Yes No
Contributions to:	2024 Amount	2024 Amount
Simplified employee pension plan Defined benefit plan		
Defined contribution plan SIMPLE plan		



Rental and Royalty Income

ocation of Property:		
TSJ		
Type of property		
Have you prepared or will you prepare all required Forms 1099?		Yes No
	2024	2023
Ownership percentage if not 100% How many days was this property rented at fair market value? How many days was this property used personally (including use by family members)?	%	
ncome:	2024 Amount	2023 Amount
Rents received Royalties received		
Payment card and third party transactions: Include all Forms 1099-K		
Description	2024 Amount	2023 Amount
Miscellaneous income: Include all Forms 1099-MISC		
Description	2024 Amount	2023 Amount
Other income:		
Description	2024 Amount	2023 Amount



Rental and Royalty Expenses

10A

penses:	2024 Amount	2023 Amount
Advertising		
Auto and travel		1
Cleaning and maintenance		1
Commissions		1
Insurance		1
Legal and other professional fees		1
Management fees		1
Mortgage interest paid to banks, etc.		1
Mortgage interest paid to individuals		1
Other interest	•	1
Repairs	****	1
Supplies		1
Taxes		1
		†
Utilities Dependent care benefits		1
Employee benefits		1
Other Expenses:		
Cutot Expenses.		
Description	2024 Amount	2023 Amoun



Rental and Royalty Property and Equipment & Depletion

10B

		io	.		
perty ar \cquisiti	nd Equipment: Include a list if mo	ore space is neede	<u>a</u>		
X if not new	Descrip	tion		Date Acquired (Mo/Da/Yr)	Cost
Dispositi	ons:				
	Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price
		-			
		<u> </u>			
centage	e Depletion Information:				
rcentage				Royalty I	ncome
centage	e Depletion Information: Production Type			Royalty I	ncome 2023 Amount
centage				<u> </u>	





Rental and Royalty Vehicle and Other Listed Property

Location of Property:	4	
Listed Property Questions for 2024:		Yes
Do you have evidence to support the busine	ss use percentage claimed on listed property?	
If you are an employer who provides vehic	les for use by employees:	[] [
Do you maintain a written policy statemen	nt that prohibits all personal use of vehicles, includi	ng commuting, by your employees?
Do you maintain a written policy statemen	nt that prohibits personal use of vehicles, except co	mmuting, by your employees?
Do you treat all use of vehicles by employ	/ees as personal use?	🗆 🗀
Do you provide more than five vehicles to vehicles and retain the information rec	your employees, obtain information from your emperived?	
use by individuals other than full-time	ed demonstration use by maintaining a written policy vehicle salespersons, use for personal vacation trip the total mileage outside the salesperson's normal v	s, storage of personal
Vehicle:	Vehicle 1	Vehicle 2
Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? Was your vehicle available for use during off-duty hours?		
Mileage:	2024 Miles 2023 Miles	2024 Miles 2023 Miles
Total miles Total business miles Total commuting miles for the year		
Actual Expenses:	2024 Amount 2023 Amount	2024 Amount 2023 Amount
Gasoline, oil, repairs, insurance, etc Interest Taxes Fair market value of leased vehicle Vehicle rentals/leases		



Rental and Royalty Business Expenses

10D

ısiness Expenses	Enter all expenses at 100 percent			
If not 100%, enter the	percentage to apply to this business			
			2024 Amount	2023 Amount
Parking fees and tolls				
Local transportation				
Travel expenses				
Entertainment (deduct Other Business Expen	ible only on some state returns)	l		
	Description		2024 Amount	2023 Amount
eimbursements:	List only reimbursements NOT reported in Box 1 of your Form W-2] [2024 Amount	2023 Amount
Amount received for o	ther expenses	'		
	neals	l l		
	ntertainment			
hicle:				
if not 100%, enter the	percentage to apply to this business		%	
Description of vehicle		_		
Date vehicle was place	ed in service			
De vou for vour enoug	e) have another vehicle available for personal purposes?	Γ	Yes No	
	able for personal use during off-duty hours?		Yes No	
Was your vorious avail	able for personal use during endury neares			
			2024	2023
Total miles				
Total business miles				
Average daily commut	ing miles			
	s for the year			
-				
Insurance				
Interest				
_				
Taxes				
Value of employer pro	vided vehicle			
Value of employer pro	vided vehicle			
Value of employer pro Temporary vehicle ren				
Value of employer pro Temporary vehicle ren Fair market value of le	tals			
Value of employer pro Temporary vehicle ren Fair market value of le	tals			
Value of employer pro Temporary vehicle ren Fair market value of le Vehicle leases	tals		2024 Amount	2023 Amount



2024	L		

Location of Property:				
Partial Use of Your Home for Business:				2024
Square footage of home used exclusively for busines Total square footage of home				
Were improvements made to the home and/or hom	e office since the time y	ou began using the hom	e for business? [Yes No
Expenses: Enter all expenses at 100 pe	ercent			
Direct expenses benefit the business part of your he Example: Cost of painting or repairs made to the		sed for business.		
Indirect expenses are required for keeping up and r Example: Real estate taxes.	unning your entire home).		
	Direct I	Expenses	Indirect E	Expenses
	2024 Amount	2023 Amount	2024 Amount	2023 Amount
Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals Real estate taxes Insurance		-		
Repairs and maintenance Utilities Rent				
Other Expenses:				
Description	2024 Amount	Expenses 2023 Amount	2024 Amount	Expenses 2023 Amount
	-	1		
		_		:
Seller-Financed Mortgage Interest Inform	nation:			
Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individu	ual to Whom Mortgage	Interest Was Paid



TSJ

Partnership, S Corporation, Estate, Trust and REMIC Income

rsj	Entity Name	Employer ID Number	Health Insurance
		Number	Paid by Entity
	<u> </u>	V-01	<u> </u>
Corporat	ion Income: Include all Schedules K-1		
เลา	Entity Name	Employer iD Number	Health Insurance Paid by Entity
			_
state and	Trust Income: Include all Schedules K-1		
			
TSJ	Entity Name		Employer ID Number
	1,		i
		1.7424	

Entity Name

Employer ID Number







Activity Name:	•		
Business Expenses:	Enter all expenses at 100 percent		
•	percentage to apply to this business		
•			
		2024 Amount	2023 Amount
Travel expenses			
	ible only on some state returns)	<u> </u>	L
Other Business Expen	\$ 0 5:		
	Description	2024 Amount	2023 Amount
			
Reimbursements:	List only reimbursements NOT reported		
reillibul selliellis.	in Box 1 of your Form W-2	2024 Amount	2023 Amount
Amount received for e	ther expenses	e e e e e e e e	1:
	neals		
	ntertainment		
/ehicle:			<u></u>
	percentage to apply to this business	%	
Description of vehicle			
Date vehicle was place	d in service (Mo/Da/Yr)		
	a) have another vehicle available for personal purposes?	Yes No	
Was your vehicle availa	able for personal use during off-duty hours?	Yes No	
		2024	2023
Total miles		- -	
	ng miles		
	for the year		
Capalina and all			
Densius			
I			
Interest			
Taxes			
	ided vehicle		
Temporary vehicle rent			
Fair market value of lea	sed vehicle		
Vehicle leases			
Other Vehicle Expense	S:		
	Description	2024 Amount	2023 Amount



Passthrough Business Use of Home

11**B**

Activity Name:				
Partial Use of Your Home for Business:				2024
Square footage of home used exclusively for busines				
Were improvements made to the home and/or home	e office since the time y	ou began using the hom	e for business?	Yes
Expenses: Enter all expenses at 100 pe	rcent			
Direct expenses benefit the business part of your ho Example: Cost of painting or repairs made to the		and for hunings		
Indirect expenses are required for keeping up and nu Example: Real estate taxes.	unning your entire home			
	Direct I	Expenses	Indirect	Expenses
	2024 Amount	2023 Amount	2024 Amount	2023 Amount
Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals		-		
Real estate taxes Insurance Repairs and maintenance		<u> </u>		1
Utilities				-
Other Expenses:				
	Direct I	Expenses	Indirect	Expenses
Description	2024 Amount	2023 Amount	2024 Amount	2023 Amount
		_		4
		†		-
		_		-
]
				_
		_		
eller-Financed Mortgage Interest Inform	ation:			
Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individu	ıal to Whom Mortgage	Interest Was Paid





Farm Income (Page 1 of 2)

Proprietor's Name:				
Principal Crop or Activity:				
TSJ		-		
Employer identification number				
Method of accounting				
Farm Questions for 2024:				Yes No
Did you dispose of this farm?				
If Yes, what was the disposition date?				
Have you prepared or will you prepare all required Fo				
				2000 4
			2024 Amount	2023 Amount
Health insurance premiums paid for yourself and you	ur dependents		•	<u> </u>
Sales of Livestock and Other Items Bough	nt for Resale (Cash	Method Only):		
	20	24	20	23
Description	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis
income (Accrual Method):				
Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory
Income:			2024 Amount	2023 Amount
Sales of livestock, produce, grains, etc. you raised				
Total cooperative distributions (Forms 1099-PATR)				
Taxable cooperative distributions				
• • • • • • • • • • • • • • • • • • • •	. .			
· · · · · · · · · · · · · · · · · · ·				
Total crop insurance proceeds and certain disaster				
•				1
Crop insurance proceeds deferred from prior year Custom hire (machine work) income				†
				1
State gasoline tax or fuel tax credit or refund				1
Becoming tent of tent tent of seat of total of				



Farm Income (Page 2 of 2)

roprietor's Name:		- 1	
rincipal Crop or Activity:			
ncome:			
Payment card and third party transactions:	Include all Forms 1099-K		
	escription	2024 Amount	2023 Amount
	-		
Government payments: Include all Form	s 1099-G		
Description		2024 Amount	2023 Amount
			<u> </u>
Miscellaneous income: Include all Forms	1099-MISC and 1099-NEC		
C	escription	2024 Amount	2023 Amount
			<u> </u>
Other income:			
C	escription	2024 Amount	2023 Amount
			-
I		i	I



Farm Expenses and Property & Equipment

	Dispositions -	Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price
X if ot new		Acquisitions - Description		Date Acquired (Mo/Da/Yr)	Cost	
erty an	d Equipment:	Include a list if	more space is nee	ded		
	·					
					78-07-2	
		Description	on		2024 Amount	2023 Amoun
er Exper	JS es:					
ipitalized p	oreproductive perior	a expenses				
terinary, b	reeding and medici	ine				
eds and p	lants purchased					
nsion and						
oor hired						
erest - oth	er					
soline, fue	el and oil					
eight and t						
ed purcha	sed					
			er than pension and profit			
stom hire	•					
					_	
	•					
	nals					
nses:					2024 Amount	2023 Amoun



Farm Vehicle and Other Listed Property

12C

ncipal Crop or Activity:		
ted Property Questions for 2024:	:	Yes
If Yes, is the evidence written?	ess use percentage claimed on listed property?	Ш
If you are an employer who provides vehic	cles for use by employees:	Yes
Do you maintain a written policy stateme	ent that prohibits all personal use of vehicles, including commuting, by your employees?	res
Do you maintain a written policy stateme	ent that prohibits personal use of vehicles, except commuting, by your employees?	
Do you treat all use of vehicles by emplo	oyees as personal use?	
Do you provide more than five vehicles to vehicles and retain the information re-	to your employees, obtain information from your employees about the use of the ceived?	
•	e vehicle salespersons, use for personal vacation trips, storage of personal possessions	
	Vehicle 1 Vehicle 2	
Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? Was your vehicle available for use during off-duty hours?		
Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? Was your vehicle available for use during off-duty hours?	Vehicle 1 Vehicle 2	3 Miles
Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? Was your vehicle available for use during	Vehicle 1 Vehicle 2	3 Miles
Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? Nas your vehicle available for use during off-duty hours? Mileage: Total miles Total business miles	Vehicle 1 Vehicle 2	3 Miles

Farm Business Expenses



Proprietor's Name:	•••••		
Principal Crop or A	ctivity:		
Business Expenses	Enter all expenses at 100 percent		
If not 100%, enter the	percentage to apply to this business		
		2024 Amount	2023 Amount
Daddan form and talls		2027781104111	
	ible only on some state returns)		
Other Business Expen			
	Description	2024 Amount	2023 Amount
	·		
	·	<u> </u>	
Reimbursements:	List only using house start NOT reported		
	List only reimbursements NOT reported in Box 1 of your Form W-2	2024 Amount	2023 Amount
	ther expenses		
	neals		
Amount received for e	ntertainment		
/ehicle:	anne and annual of a marked at the boundary of	n.	
Description of vehicle	percentage to apply to this business		
•	ed in service (Mo/Da/Yr)		
Dute vernole was place	30 III 301 VICO		
Do you (or your spous	e) have another vehicle available for personal purposes?	Yes No	
	able for personal use during off-duty hours?	Yes No	
·	•		
		2024	2023
Total miles			
Total business miles	•••••		
Average daily commut	ing miles		
lotal commuting miles	s for the year		
D ·			
•	•••••	·····	
T -			
Value of employer prov			
	tais		
Fair market value of lea			
Vehicle leases			
Other Vehicle Expense	es:		
	Description	2024 Amount	2023 Amount



Farm Business Use of Home

Proprietor's Name:				
Principal Crop or Activity:				
Partial Use of Your Home for Business:				2024
Square footage of home used exclusively for busines Total square footage of home				
Were improvements made to the home and/or home	office since the time ye	ou began using the hom	e for business?	Yes N
Expenses: Enter all expenses at 100 perc	cent			
Direct expenses benefit the business part of your hor Example: Cost of painting or repairs made to the s Indirect expenses are required for keeping up and rur Example: Real estate taxes.	specific area or room u			
Example. Real estate taxes.	Direct I	Expenses	Indirect I	Expenses
	2024 Amount	2023 Amount	2024 Amount	2023 Amount
Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals Real estate taxes		-		
Insurance Repairs and maintenance Utilities		<u>-</u> -		
Rent		<u> </u>		
Other Expenses:				
Description	Direct E	Expenses	Indirect I	Expenses
Description	2024 Amount	2023 Amount	2024 Amount	2023 Amount
<u> </u>				
		-		
		-		
Seller-Financed Mortgage Interest Informa	ition:			



Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

المم	ellaneous Income and Adjustments:			TSJ		7 1	TSJ	
Cell	aneou	s income and Adjustinents.	2024	Amount	2023 Amou	unt	2024 Amount	2023 Amoun
nem	plovmer	t compensation received						
		t compensation repaid in 2024			1			1
		benefits received]]
		benefits repaid in 2024]]
		niums withheld						<u> </u>
		retirement benefits received			1			1
		retirement benefits repaid in 2024						
		n social security received			-			4
		able social security			-			4
		withholding			1			1
	State	cal Income Tax Refunds:		Tax Year		ome Tax F		
		-		Year	State		Local	
				-				
	-							
	ncome): Nature ar	nd Source				2024 Amount	2023 Amou
	ncome		nd Source				2024 Amount	2023 Amoui
	ncome		ed Source				2024 Amount	2023 Amou
	ncome		nd Source				2024 Amount	2023 Amou
	ncome		ed Source				2024 Amount	2023 Amour
er i	ncome		d Source				2024 Amount	2023 Amour
	ncome		d Source				2024 Amount	2023 Amou
rsj			ed Source				2024 Amount	2023 Amou
ion	y Paid	Nature ar	nt's curity er	Date of Original Divorce or Separation (Mo/Da/Yr)	Date Divorce or Separation Agreement Modified (Mo/Da/Yr)			
ion	y Paid	or Received: Recipient's Name Recipient Social Se	nt's curity er	Date of Original Divorce or Separation	or Separation Agreement Modified	Alimony		
rsj	y Paid	or Received: Recipient's Name Recipient Social Se	nt's curity er	Date of Original Divorce or Separation	or Separation Agreement Modified	Alimony		2023 Amoui
ion	y Paid	or Received: Recipient's Name Recipient Social Se	nt's curity er	Date of Original Divorce or Separation	or Separation Agreement Modified	Alimony		



Miscellaneous Adjustments

			I														ŀ									
2	2)	C)	2)	4	ļ																		

ount 2023 Amount
Yes
nount 2023 Amount





Ministerial Income

TS		Yes No
Do you have any expenses associated with a business as a minister?		├
If Yes, enter the name of the business:		
Do you have any expenses associated with your wages received as a minister?		🗆 🗀
If Yes, enter the occupation:		
Parsonage:	2024 Amount	2023 Amount
Fair rental value of parsonage provided by church		
Utility allowance of parsonage Actual expenses for utilities of parsonage		
Rental or Parsonage Allowance:	2024 Amount	2023 Amount
Parsonage or rental allowance		1 1 21 1
Utility allowance		
Actual expenses for parsonage		
Actual expenses for utilities		
Enir rental value of home, plue the cost of utilities		



edic	al and Dental Expenses:	TSJ	2024 Amount	2023 Amount
	cription medicines and drugs			
Total	medical insurance premiums paid *			
_	term care expenses			1
	insurance reimbursement			1
Numi	per of miles traveled for medical care			1
Perso	anal protective equipment			1
Lodg	ing			
Doct	ors, dentists, etc.			
Hosp	itals			
Lab f	98S			1
Eyeg	asses and contacts			
			2024 Amount	2023 Amount
Taxo	ayer long-term care insurance premiums paid			
	se long-term care insurance premiums paid	. -		1
Jpou		•		·
* Do ı	not include Medicare premiums or premiums deducted in computing taxable wages rep	orted or	n a W-2.	
her	Medical Expenses:			
				1
TSJ	Description		2024 Amount	2023 Amount
LST	Description		2024 Amount	2023 Amount
LST	Description		2024 Amount	2023 Amount
TSJ			2024 Amount	2023 Amount
TSJ	Paid: Include copies of your tax bills	TSJ	2024 Amount 2024 Amount	2023 Amount 2023 Amount
xes	Paid: Include copies of your tax bills	TSJ		
xes	Paid: Include copies of your tax bills	TSJ		
xes	Paid: Include copies of your tax bills	TSJ		
xes Perso	Paid: Include copies of your tax bills	TSJ		
Perso Gene	Paid: Include copies of your tax bills anal property taxes paid (include vehicle taxes) ral sales taxes paid on specified items	LST		
Perso Gene	Paid: Include copies of your tax bills anal property taxes paid (include vehicle taxes) ral sales taxes paid on specified items the real estate taxes by state.	TSJ	2024 Amount	2023 Amount
Perso Gene	Paid: Include copies of your tax bills anal property taxes paid (include vehicle taxes) ral sales taxes paid on specified items the real estate taxes by state.	TSJ	2024 Amount	2023 Amount
Perso Gene	Paid: Include copies of your tax bills anal property taxes paid (include vehicle taxes) ral sales taxes paid on specified items the real estate taxes by state.	TSJ	2024 Amount	2023 Amount
Xes Perso Gene Itemiz	Paid: Include copies of your tax bills anal property taxes paid (include vehicle taxes) ral sales taxes paid on specified items the real estate taxes by state.	TSJ	2024 Amount	2023 Amount
xes Perso Gene Itemizing	Paid: Include copies of your tax bills anal property taxes paid (include vehicle taxes) ral sales taxes paid on specified items ze real estate taxes by state. Real Estate Taxes	TSJ	2024 Amount	2023 Amount
xes Perso Gene Itemizing	Paid: Include copies of your tax bills anal property taxes paid (include vehicle taxes) ral sales taxes paid on specified items the real estate taxes by state. Real Estate Taxes Taxes Paid:	LST	2024 Amount 2024 Amount	2023 Amount 2023 Amount
Xes Perso Gene Itemiz	Paid: Include copies of your tax bills anal property taxes paid (include vehicle taxes) ral sales taxes paid on specified items the real estate taxes by state. Real Estate Taxes Taxes Paid:	TSJ	2024 Amount 2024 Amount	2023 Amount 2023 Amount
Person General International Control of the Control	Paid: Include copies of your tax bills anal property taxes paid (include vehicle taxes) ral sales taxes paid on specified items the real estate taxes by state. Real Estate Taxes Taxes Paid:	TSJ	2024 Amount 2024 Amount	2023 Amount 2023 Amount

Itemized Deductions - Mortgage Interest and Points

/lorta	age Questions for 2024:					المالية
If you Did y If Did y If If	u purchased or sold your home, did you refinance your home? (If Yes, er Yes, how many years is your new rou purchase a new home or sell your yes, enclose the closing statement Yes, also, did you (or your spouse, during the 3 year period prior to the Yes, did you (and your spouse, if me	you include any mortgage interest frictors the closing statement.) nortgage loan? ur former home during the year? is from the purchase and sale of you if married) have an ownership interese purchase of this home? narried at the time of purchase) own a ear period during the 8 year period experience.	r new and forme st in a principal r and use the sam	er homes. residence i	n the US	
ГТ				Receive		
TSJ	•	Paid To	Form Yes	1098? No	2024 Amount	2023 Amount
				 		
TSJ	Name	Address	ID Nu	mber	2024 Amount	2023 Amount
educ	tible Points:		•			
				Receive		Γ
TSJ	ı	Paid To	Yes	1098? No	2024 Amount	2023 Amount
		,,				
		· · · · · · · · · · · · · · · · · · ·				<u> </u>
	ment Interest Expense: est paid on money you borrowed th	at is allocable to property held for inv	vestment.		2024 Amount	2023 Amount
TSJ		Paid To			2024 Amount	2023 Amou



Cash Contributions:	include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ		Organizatio	on or Description of	Contribution	2024	Amount	2023	Amount
					_			
_	*****							
					<u> </u>]		
TSJ		Co	nservation Real Prop	Derty	2024	Amount	2023	Amount
	100% limit					···- · ·		
	50% limit							
TSJ			Description		202	4 Miles	202	3 Miles
	Number of mile	s traveled performir	ng volunteer work for	qualified charitable organizations	3			
ncas								
TSJ		Desc	ription of Donated P	roperty	2024	Amount	2023	Amount
		Desc		roperty	2024	Amount	2023	Amount
TSJ	sh Contribut		ription of Donated P				2023	Amount
TSJ	sh Contribut		ription of Donated P	roperty Include all Forms 1098-C or ot	her documenta	tion.	2023	Amount
TSJ	sh Contribut	ions Totaling N	ription of Donated P					Amount t or Basis
TSJ	sh Contribut	ions Totaling N	ription of Donated Po		her documenta	tion.		
TSJ	sh Contribut	ions Totaling N	ription of Donated Po		her documenta	tion.		
TSJ	sh Contribut	ions Totaling N	ription of Donated Po		her documenta	tion.		
TSJ	Fair Market	ions Totaling N	ription of Donated Po	Include all Forms 1098-C or ot	her documenta Date Acquired	tion.		t or Basis
TSJ		ions Totaling N	ription of Donated Po		her documenta Date Acquired	tion.		t or Basis
TSJ	Fair Market	ions Totaling N	ription of Donated Po	Include all Forms 1098-C or ot	her documenta Date Acquired	tion.		t or Basis
TSJ	Fair Market	ions Totaling N	ription of Donated Po	Include all Forms 1098-C or ot	her documenta Date Acquired	tion.		t or Basis
TSJ	Fair Market	Method Used to Determine FMV	ription of Donated Po	Other Method Descr	Date Acquired	Date of Donation	Cost	Method of Acquisition
TSJ	Fair Market Value (FMV)	Method Used to Determine FMV	Aore Than \$500: roperty Description ppraisal 3 - Comparab atalog 4 - Other (Des	Other Method Describes 5 - Thrift Shop Value cribe)	Date Acquired	Date of Donation - Gift 3 - Inheritance 4	Cost	Method of Acquisition
TSJ	Fair Market Value (FMV)	Method Used to Determine FMV	Aore Than \$500: roperty Description ppraisal 3 - Comparab atalog 4 - Other (Des	Other Method Describes 5 - Thrift Shop Value cribe)	Date Acquired	Date of Donation - Gift 3 - Inheritance 4	Cost	Method of Acquisition



Itemized Deductions - Miscellaneous

* These expenses are not deductible on the federal return but may be deductible on some state returns.

Miscella	aneous Itemized Deductions:		TSJ	2024 Amount	2023 Amount
Tax pre Profess Hobby Safe de Uniforr Work to	and professional dues * eparation fee * sional subscriptions * expense (To extent of income) * eposit box * ms and protective clothing * ools * ing losses taxes				
Other It	temized Deductions:				
Examp	Oles: Certain legal and accounting fees * Investment expenses * Custodial fees *			ent-related work expensent of amounts under a	se of a disabled person claim of right
TSJ	De	escription		2024 Amount	2023 Amount
Casualt	ty or Theft Loss:				
TSJ Proper	ty description				
	of the following describes the type of prop Personal use Business us ne loss due to a federally declared disaster			ee Use insolve	al use attributable to nt or bankrupt financial on losses on deposits
	cquired				
Origina	al cost or other basis				
Fair ma	arket value before casualty				
Fair ma	arket value after casualty				
Cost o	f replacement				
Insura	nce reimbursement				



Itemized Deductions - Business Use of Home

16A

2024

These expenses are not deductible on the Federal return but may be deductible on some state returns.

Partial Use of Your Home for Business:			2024	2023
Square footage of home used exclusively for busine Total square footage of home Total hours home was used for day care during the				
Was your home used for day care purposes for the was were improvements made to the home and/or home				
Expenses: Enter all expenses at 100 pe	rcent			
Direct expenses benefit the business part of your ho Example: Cost of painting or repairs made to the		ed for business.		
Indirect expenses are required for keeping up and re Example: Real estate taxes.	unning your entire home.			
	Direct E	xpenses	Indirect E	Expenses
	2024 Amount	2023 Amount	2024 Amount	2023 Amount
Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals Real estate taxes				
Insurance Repairs and maintenance Utilities Rent				
Other Expenses:				
	Direct E	xpenses	Indirect E	Expenses
Description	2024 Amount	2023 Amount	2024 Amount	2023 Amount
	1		L	

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

rsj								
						··· _		
Nere you or your spouse a full time s	student or disabled?					Г	Yes	
Did you pay an individual for service							Yes	
sie you puy air maineau ior cornec	o pomonimos ar y os. monitor					· · · · ∟		
Expenses incurred in 2023 but paid	in 2024					E		
Employer-provided dependent care I							·	
2023 carryover used in grace period			<i></i> .			L		
ild/Dependent Care Provide								
Provider 1:		-						
Name								
City, state, ZIP or postal code,								
Social security number OR	-							
Employer identification nur		4						
Telephone number (California								
Provider was a household emp		Yes	No					
		2024 Am		2023 A	mount			
Expenses incurred and paid in	2024							
Expenses incurred and not paid								
Provider 2: Name								
Street address								
City, state, ZIP or postal code,	and country							
Social security number OR								
Occide security number On .								
Employer identification number	ber							
Employer identification numbar (California o	beronly)		_					
Employer identification number	beronly)	Yes	No					
Employer identification numbar (California o	beronly)	Yes 2024 Am		2023 A	mount			
Employer identification number (California of Provider was a household employees) Expenses incurred and paid in 2	ber			2023 A	mount			
Employer identification number (California of Provider was a household emp	ber			2023 A	mount			
Employer identification number (California of Provider was a household employer) Expenses incurred and paid in a Expenses incurred and not paid	ber only)	2024 Am		2023 A	mount			
Employer identification number Telephone number (California of Provider was a household employed and paid in Expenses incurred and not paid alifying Persons for Child/E	ber only) cloyee [2024 d in 2024 Dependent Care Expe	2024 Am	ount all Security	Dis-	202	14	20	023
Employer identification number (California of Provider was a household employer) Expenses incurred and paid in a Expenses incurred and not paid	ber only)	2024 Am	ount	Dis-		4 Incurred	20 Expense	023 s Incu
Employer identification number Telephone number (California of Provider was a household employed and paid in Expenses incurred and not paid alifying Persons for Child/E	ber only) cloyee [2024 d in 2024 Dependent Care Expe	2024 Am	ount all Security	Dis-	202	4 Incurred	Expense	023 s Incu
Employer identification number Telephone number (California of Provider was a household employed and paid in Expenses incurred and not paid alifying Persons for Child/E	ber only) cloyee [2024 d in 2024 Dependent Care Expe	2024 Am	ount all Security	Dis-	202	4 Incurred	20 Expense	023 s Incu
Employer identification number Telephone number (California of Provider was a household employed and paid in Expenses incurred and not paid alifying Persons for Child/E	ber only) cloyee [2024 d in 2024 Dependent Care Expe	2024 Am	ount all Security	Dis-	202	4 Incurred	20 Expense	023 s Incu
Employer identification number Telephone number (California of Provider was a household employed and paid in Expenses incurred and not paid alifying Persons for Child/E	ber only) cloyee [2024 d in 2024 Dependent Care Expe	2024 Am	ount all Security	Dis- abled	202 Expenses	4 Incurred	2/ Expense	023 s Incu
Employer identification number Telephone number (California of Provider was a household employer Expenses incurred and paid in Expenses incurred and not paid alifying Persons for Child/E First Name and Initial er Education Expenses for Edified expenses are for post-secondary.	ber only) 2024 d in 2024 Dependent Care Expe Last Name	2024 Am	ial Security Number	Dis- abled	202 Expenses	Incurred	Expense	s Incu
Employer identification number Telephone number (California of Provider was a household employer Expenses incurred and paid in Expenses incurred and not paid alifying Persons for Child/E First Name and Initial er Education Expenses for Edified expenses are for post-secondal expenses.	ber only) 2024 d in 2024 Dependent Care Expe Last Name Education Credits and ary education tuition and relationship.	2024 Am	ial Security Number	Dis- abled	202 Expenses	Incurred	Expense	s Incu
Employer identification number Telephone number (California of Provider was a household employer Expenses incurred and paid in a Expenses incurred and not paid alifying Persons for Child/E First Name and Initial er Education Expenses for Edified expenses are for post-seconda expenses. Include copies of all Forms	ber only) 2024 d in 2024 Dependent Care Expe Last Name Education Credits and ary education tuition and relationship.	2024 Am enses: Social d/or Tuition ated expenses	ial Security Number	Dis- abled	Expenses 1: room or boa	Incurred	Expense	s Incu
Employer identification number Telephone number (California of Provider was a household employer Expenses incurred and paid in Expenses incurred and not paid alifying Persons for Child/E First Name and Initial er Education Expenses for Edified expenses are for post-secondal expenses.	ber only) 2024 d in 2024 Dependent Care Expe Last Name Education Credits and ary education tuition and relationship.	2024 Am	ial Security Number	Dis- abled	202 Expenses	rd. Includ	Expense	s Incu
Employer identification number Telephone number (California of Provider was a household employer Expenses incurred and paid in a Expenses incurred and not paid alifying Persons for Child/E First Name and Initial er Education Expenses for Edified expenses are for post-seconda expenses. Include copies of all Forms	ber only) 2024 d in 2024 Dependent Care Expe Last Name Education Credits and ary education tuition and relationship.	2024 Am enses: Social d/or Tuition ated expenses	ial Security Number	Dis- abled	Expenses 1: room or boa	rd. Includ	Expense	s Incu
Employer identification number Telephone number (California of Provider was a household employer Expenses incurred and paid in a Expenses incurred and not paid alifying Persons for Child/E First Name and Initial er Education Expenses for Edified expenses are for post-seconda expenses. Include copies of all Forms	ber only) 2024 d in 2024 Dependent Care Expe Last Name Education Credits and ary education tuition and relationship.	2024 Am enses: Social d/or Tuition ated expenses	ial Security Number	Dis- abled	Expenses 1: room or boa	rd. Includ	Expense	s Incu





Household Employment Taxes

General Information:							
TSJ						·	
Employer identification nu	ımber					•	
						Voc. No.	
Did you pay any one hous	Yes No						
Did you withhold any federal income tax from wages paid to any household employee?							
Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024?							
Social Security, Medic	care and income Taxes:			2024 Amount	:	2023 Amount	
Cash wages subject to so	ocial security taxes			:		·	
Cash wages subject to Me	edicare taxes (if different than cash wa	ges subject to social secur	rity)				
Cash wages subject to ad	dditional Medicare tax withholding					ļ	
Federal income tax withhe	eld						
State disability plan paym	ents subject to social security taxes						
State disability plan payments subject to s	nents subject to Medicare taxes (if differ ocial security)	rent than plan					
Federal Unemploymen	nt (FUTA) Tax:						
Did you pay unemployme	nt contributions to more than one state	?				Yes No	
Were all of the wages sub	ject to FUTA tax subject to the state's i	unemployment tax?				. 🔲 🔲	
			State	Total Cash Wag Subject to FUT		2023 Amount	
		-					
		-					
Complete the following for	r all state unemployment contributions	made: X if payment to be ma	ide after	April 18, 2025 —	-		
			Com	•	▼_		
	Name of State	Total Taxable Wages		tribution Paid to mployment Fund	X	2023 Amount	
			-		-	1	



Federal Tax Payments

202	4		

If you have an overpayment of 2024 taxes, do you want the excess: Refunded Yes No Applied to your 2025 estimated tax liability Yes No Federal Estimated Tax Payments: Amount Due Date Paid if Not Date Due (Mo/Da/Yr) 2024 1st Quarter Estimate (Due 04-15-2024) 2024 2nd Quarter Estimate (Due 06-17-2024) 2024 3rd Quarter Estimate (Due 09-16-2024) 2024 4th Quarter Estimate (Due 01-15-2025)
Applied to your 2025 estimated tax liability Yes No Federal Estimated Tax Payments: Amount Due Date Paid if Not Date Due (Mo/Da/Yr) Amount Paid 2024 1st Quarter Estimate (Due 04-15-2024) 2024 2nd Quarter Estimate (Due 06-17-2024) 2024 3rd Quarter Estimate (Due 09-16-2024)
Federal Estimated Tax Payments: Amount Due if Not Date Due (Mo/Da/Yr) Amount Paid 2024 1st Quarter Estimate (Due 04-15-2024) 2024 2nd Quarter Estimate (Due 06-17-2024) 2024 3rd Quarter Estimate (Due 09-16-2024)
2024 2nd Quarter Estimate (Due 06-17-2024) 2024 3rd Quarter Estimate (Due 09-16-2024)
2023 overpayment applied to 2024 estimate
Tax Planning Information for Tax Year 2025:
Do you expect any of the following to occur in 2025?
A change in your marital status
A change in the number of your dependents
A substantial change in your income
A substantial change in your withholding
A substantial change in deductions
If you answered Yes to any of the above questions, provide details.



State and City Tax Payments

State and City Estimated Tax Payments:	TSJState/City			
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid	
2024 1st Quarter Estimate				
2024 2nd Quarter Estimate				
2024 3rd Quarter Estimate				
2024 4th Quarter Estimate				
If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax liability?			Yes N	
2023 overpayment applied to 2024 estimate Balance of prior year(s)' tax paid in 2024 plus amount paid with 2023 extensions		[
Estimated tax payments for 2023 paid in 2024		l		
State and City Estimated Tax Payments:	TSJ State/City			
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid	
2024 1st Quarter Estimate				
2024 2nd Quarter Estimate				
2024 3rd Quarter Estimate				
2024 4th Quarter Estimate				
If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax liability?			Yes N	
2023 overpayment applied to 2024 estimate Balance of prior year(s)' tax paid in 2024 plus				
amount paid with 2023 extensions		[
Estimated tax payments for 2023 paid in 2024				
State and City Estimated Tax Payments:	TSJ			
	State/City			
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid	
2024 1st Quarter Estimate				
2024 2nd Quarter Estimate				
2024 3rd Quarter Estimate				
2024 4th Quarter Estimate				
If you have an overpayment of 2024 taxes, do you			Yes N	
want the excess applied to your 2025 estimated tax liability?				
want the excess applied to your 2025 estimated tax liability? 2023 overpayment applied to 2024 estimate Balance of prior year(s)' tax paid in 2024 plus		[
2023 overpayment applied to 2024 estimate				



Gambling Winnings

Include all of your current year Forms W-2G

	Name of Bassa	Gross Winnings	Tax W	ithheld
TS	Name of Payer	Gross Williamys	Federal	State
	· · · · · · · · · · · · · · · · · · ·			
<u> </u>				
<u> </u>				
			-	
		· · · · · · · · · · · · · · · · · · ·		
			-	



Gifts Made Outright to an Individual

NOTE: Only complete Forms 34 and/or 35 if in 2024:

- You made gifts of cash or marketable securities to an individual that exceeded \$18,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

Gift 1:

Person giving the gift	Taxpayer	Spouse	Joint
Name of person receiving the gift		· · · · · · · · · · · · · · · · · · ·	
Address of person			
Your relationship to the person			
(e.g., son, granddaughter or friend)			
Age of the person			
Date(s) of gift(s) (Mo/Da/Yr)		_	
Description and amount of assets gifted			
(e.g., \$18,000 in cash or 500 shares of ABC stock)			
Cost basis of assets gifted if other than cash			
Value of assets gifted if other than cash			
Person giving the gift	Taxpayer	Spouse	Joint
Name of person receiving the gift		· •··	
Address of person			
Your relationship to the person			
(e.g., son, granddaughter or friend)			
Age of the person			
Date(s) of gift(s) (Mo/Da/Yr)			
Description and amount of assets gifted		<u> </u>	
(e.g., \$18,000 in cash or 500 shares of ABC stock)			· · · · · · · · · · · · · · · · · · ·
Cost basis of assets gifted if other than cash		\neg	
Value of assets gifted if other than cash			



Additional Information

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	-
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XI	