

13. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

| Investment | Date Acquired/Sold | Cost | Sale Price |
|------------|--------------------|------|------------|
| | / | | |
| | / | | |
| | / | | |
| | / | | |

14. Other Income

List All Other Income (including non-taxable)

- Alimony Received _____
- Child Support _____
- Scholarship (Grants) _____
- Unemployment Compensation (repaid) _____
- Prizes, Bonuses, Awards _____
- Gambling, Lottery (expenses _____) _____
- Unreported Tips _____
- Director / Executor's Fee _____
- Commissions _____
- Jury Duty _____
- Worker's Compensation _____
- Disability Income _____
- Veteran's Pension _____
- Payments from Prior Installment Sale _____
- State Income Tax Refund _____
- Other _____
- Other _____

15. Medical/Dental Expenses

- Medical Insurance Premiums (paid by you) _____
- Prescription Drugs _____
- Insulin _____
- Glasses, Contacts _____
- Hearing Aids, Batteries _____
- Braces _____
- Medical Equipment, Supplies _____
- Nursing Care _____
- Medical Therapy _____
- Hospital _____
- Doctor/Dental/Orthodontist _____
- Mileage (no. of miles): _____

16. Taxes Paid

- Real Property Tax (attach bills) _____
- Personal Property Tax _____
- Other _____

17. Interest Expense

- Mortgage interest paid (attach 1098) _____
- Interest paid to individual for your home (include amortization schedule) _____
- Paid to:
 - Name _____
 - Address _____
 - Social Security No. _____
- Investment Interest _____
- Premiums paid or accrued for qualified mortgage insurance _____

18. Casualty/Theft Loss

- For property damaged by storm, water, fire, accident, or stolen.
 - Location of Property _____
 - Description of Property _____
- | | Other | Federally Declared
Disaster Losses |
|-------------------------|-------|---------------------------------------|
| Amount of Damage | _____ | _____ |
| Insurance Reimbursement | _____ | _____ |
| Repair Costs | _____ | _____ |
| Federal Grants Received | _____ | _____ |

19. Charitable Contributions

- Other
- Church _____
- United Way _____
- Scouts _____
- Telethons _____
- University, Public TV/Radio _____
- Heart, Lung, Cancer, etc. _____
- Wildlife Fund _____
- Salvation Army, Goodwill _____
- Other _____
- Non-Cash _____
- Volunteer (no. of miles) _____ @ .14 _____

20. Child & Other Dependent Care Expenses

| Name of Care Provider | Address | Soc. Sec. No. or Employer ID | Amount Paid |
|-----------------------|---------|------------------------------|-------------|
| | | | |
| | | | |
| | | | |

Also complete this section if you receive dependent care benefits from your employer.

21. Job-Related Moving Expenses

if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to a military order. _____

Date of move _____
 Move Household Goods _____
 Lodging During Move _____
 Travel to New Home (no. of miles) _____

22. Employment Related Expenses That You Paid (Not self-employed)

if Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses. _____

Dues - Union, Professional _____
 Books, Subscriptions, Supplies _____
 Licenses _____
 Tools, Equipment, Safety Equipment _____
 Uniforms (include cleaning) _____
 Sales Expense, Gifts _____
 Tuition, Books (work related) _____
 Entertainment _____
 Office in home:
 In Square a) Total home _____
 Feet b) Office _____
 c) Storage _____
 Rent _____
 Insurance _____
 Utilities _____
 Maintenance _____

23. Investment-Related Expenses (State use only)

Tax Preparation Fee _____
 Safe Deposit Box Rental _____
 Mutual Fund Fee _____
 Investment Counselor _____
 Other _____

24. Business Mileage

Do you have written records? Yes No

Did you sell or trade in a car used for business? Yes No

If yes, attach a copy of purchase agreement

Make/Year Vehicle _____
 Date purchased _____
 Total miles (personal & business) _____
 Business miles (not to and from work)
 From first to second job _____
 Education (one way, work to school) _____
 Job Seeking _____
 Other Business _____
 Round Trip commuting distance _____
 Gas, Oil, Lubrication _____
 Batteries, Tires, etc. _____
 Repairs _____
 Wash _____
 Insurance _____
 Interest _____
 Lease payments _____
 Garage Rent _____

25. Business Travel

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. _____
 Lodging _____
 Meals (no. of days _____) _____
 Taxi, Car Rental _____
 Other _____
 Reimbursement Received _____

26. Questions, Comments, & Other Information

Please answer the following questions to determine maximum deductions

1. Are you self-employed or do you receive hobby income? Yes* No
2. Did you receive income from raising animals or crops? Yes* No
3. Did you receive rent from real estate or other property? Yes* No
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? Yes* No
5. Did you withdraw or write checks from a mutual fund? Yes No
6. Do you have a foreign bank account, trust, or business? Yes No
7. Do you provide a home for or help support anyone not listed in Section 2 above? Yes No
8. Did you receive any correspondence from the IRS or State Department of Taxation? Yes No
9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? Yes No
10. Did you give a gift of more than \$18,000 to one or more people? Yes No
11. Did you have any debts canceled, forgiven, or refinanced? Yes No
12. Did you go through bankruptcy proceedings? Yes No
13. If you paid rent, how much did you pay? _____
14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? Yes No
15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? Yes No
16. Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act? Yes No
17. Did you have healthcare coverage (health insurance) for you, your spouse and dependents during this tax season? If yes, include Forms 1095-A, 1095-B, and 1095-C. Yes No
18. Did you or your spouse receive, sell, exchange, gift, or otherwise dispose of a digital asset or a financial interest in a digital asset? Yes No
19. Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$1,250? Yes No
20. Did you install any energy property to your residence such as solar water heaters, generators or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? Yes No
21. Did you own \$50,000 or more in foreign financial assets? Yes No
22. Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number.
_____ Taxpayer _____ Spouse

27. Direct Deposit of Refund / or Savings Bond Purchases

Would you like to have your refund(s) directly deposited into your account?

Yes No

(If so, please provide the following information.)

ACCOUNT 1

Owner of account

Taxpayer Spouse Joint

Type of account

Checking Traditional Savings Traditional IRA Roth IRA
 Treasury Direct Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer

Date

Spouse

Date

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2024

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

Attachment Sequence No. 09

Go to www.irs.gov/ScheduleC for instructions and the latest information.

Name of proprietor, Social security number (SSN), Principal business or profession, Business name, Business address, Accounting method, Did you materially participate, etc.

Part I Income

1 Gross receipts or sales, 2 Returns and allowances, 3 Subtract line 2 from line 1, 4 Cost of goods sold, 5 Gross profit, 6 Other income, 7 Gross income.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising, 9 Car and truck expenses, 10 Commissions and fees, 11 Contract labor, 12 Depletion, 13 Depreciation and section 179 expense deduction, 14 Employee benefit programs, 15 Insurance, 16 Interest, 17 Legal and professional services, 18 Office expense, 19 Pension and profit-sharing plans, 20 Rent or lease, 21 Repairs and maintenance, 22 Supplies, 23 Taxes and licenses, 24 Travel and meals, 25 Utilities, 26 Wages, 27a Other expenses, 27b Energy efficient commercial bldgs deduction, 28 Total expenses, 29 Tentative profit or (loss), 30 Expenses for business use of your home, 31 Net profit or (loss), 32 If you have a loss, check the box that describes your investment in this activity.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2024

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions. B If "Yes," did you or will you file required Form(s) 1099?

Table with 3 rows (A, B, C) for physical address of each property (street, city, state, ZIP code).

Table with 6 columns: 1b Type of Property, 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Days, Personal Use Days, QJV.

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, 8 Other (describe)

Main table for reporting income and expenses. Columns include Income (3 Rents received, 4 Royalties received), Expenses (5 Advertising, 6 Auto and travel, 7 Cleaning and maintenance, 8 Commissions, 9 Insurance, 10 Legal and other professional fees, 11 Management fees, 12 Mortgage interest paid to banks, etc., 13 Other interest, 14 Repairs, 15 Supplies, 16 Taxes, 17 Utilities, 18 Depreciation expense or depletion, 19 Other (list), 20 Total expenses), and Summary (21 Subtract line 20 from line 3, 22 Deductible rental real estate loss, 23a-e Totals, 24 Income, 25 Losses, 26 Total rental real estate and royalty income or (loss)).

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

Table with 7 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows A, B, C, D.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Rows A, B, C, D, 29a Totals, b Totals, 30, 31, 32 Total partnership and S corporation income or (loss).

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, b Totals, 35, 36, 37 Total estate and trust income or (loss).

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Rows 38, 39 Combine columns (d) and (e) only.

Part V Summary

Table with 2 columns: Description, Amount. Rows 40 Net farm rental income or (loss) from Form 4835, 41 Total income or (loss), 42 Reconciliation of farming and fishing income, 43 Reconciliation for real estate professionals.