

**2024 Tax Organizer
Personal Information**

Personal Information

Name		SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				

Name of Person to whom all information should be addressed if not the taxpayer.

Street address, City, State and ZIP

Occupation		Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayers Email				
Spouse Email				

Filing Status at the end Of 2023

Married Filing Jointly
 Married Filing Separately*
 Single
 Widowed**

* If married filing seperately, did you and your spouse live apart for the last six months of 2024? _____

** If widowed and your spouse died after December 31, 2022 enter the date of death: _____

Yes	No	
		Are you or your spouse blind?
		Are you or your spouse disabled?
		Are you or your spouse a full-time student?

Identification Information

Taxpayer's Type of Photo ID		Spouses Type of Photo ID	
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued Photo ID	<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued Photo ID
Photo ID Number:		Photo ID Number:	
State of Issuance:		State of Issuance:	
Date of Issuance:		Date of Issuance:	
Expiration Date:		Expiration Date:	

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Type of Account	
			Checking	Savings	Checking	Savings

Dependent and Other Information

Name:

SSN:

Dependent Information

First and Last Name and SSN	Relationship	Months in Home in 2024	Date of Birth	Disabled (Yes/No)	Full Time Student (Yes/No)	Childcare Expenses	Dependent Required to File a Return? (Yes/No)

Child and Other Dependent Care Expenses

Name of Care Provider	Address (Street, City, State, Zip)	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment Applied from 2023						
First Quarter						
Second Quarter						
Third Quarter						
Fourth Quarter						
Additional Payments						

Checklist

Name:

SSN:

Checklist

This checklist is provided to help you gather the information needed to prepare your 2024 income tax return. Return this list, along with any supporting documentation, to our office at least three days prior to your scheduled appointment. This will allow our team to review your situation and to develop a plan to meet your needs.

General Information and Prior Year Documentation:

- Proof of identity for those claimed on the return (driver’s licenses or state issued ID, Social Security Card, birth certificates, passports, etc.)
- Income Tax returns from the prior two years.
 - o If there were losses from business activities in prior years, include the prior five years of returns.
- Depreciation schedule from prior years for equipment, vehicles, buildings, etc.

Current Year Income Documentation:

- Wage and tax statements (Form W-2)
- Gambling Income (Form W-2 G)
- IRS distributions, pensions and annuities (Form 1099-R)
- Dividend Income (Form 1099-DIV)
- Interest Income (Form 1099-INT)
- Miscellaneous Income (Form 1099-MISC)
- Nonemployee Compensation (Form 1099-NEC)
- Unemployment Compensation and other government payments (Form 1099-G)
- Credit Card, Debit Card, and third-party network transactions (Form 1099-K)
- Reportable payment transactions. Reportable payment transactions include:
 - o Listed Transactions.
 - o Confidential Transactions.
 - o Transactions with Contractual Protection.
 - o Loss Transaction.
 - o Transactions of Interest.
- Social Security Benefits (Form SSA-1099)
- Railroad Retirement Benefits (Form RRB-1099)
- Income from Partnerships, S Corporations, Estates and Trusts (Schedule K-1)
 - o Basis information for any partnerships and S Corporations
- Documentation of brokerage transactions and disposition of capital assets (Form 1099-B)
- Proceeds from real estate transactions (Form 1099-S)
- Self-employment business income (Schedule C)
- Farm Income (Schedule F)
- Farm Rental Income (Form 4835)
- Income from rental real estate and royalties (Schedule E)

Other Income (Provide supporting documentation for income received from the following sources)

- Sales of assets or property
- Cancellation of debt
- Other Income _____

Payments (Provide supporting documentation for payments made for the following items)

- Educator classroom expenses
- Unreimbursed Employee business expenses
- Contributions to a Health Savings Account (HSA)
- Expenses related to work relocation with the military
- Alimony
- Student loan interest
- Refunded student loan interest payments
- Student loan forgiveness
- Tuition and fees for higher education
- Expenses related to child or dependent care
- Contributions to a Retirement Savings Account
- Medical and dental expenses
- Real estate taxes
- Other state and local taxes
- Mortgage interest
- Investment interest
- Charitable contributions
 - Cash
 - Non-Cash
- Investment expenses
- Gambling losses and expenses
- Other payments: _____

Questionnaire

Name:

SSN:

Questionnaire

Personal Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year? If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	Did your name change during the tax year? If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2024?
<input type="checkbox"/>	<input type="checkbox"/>	Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Were you, your spouse, or any dependents a victim of identity theft? If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	Were you, your spouse, or any dependents issued an Identity Protection Pin (IP PIN)? If yes, provide Notice CP01A from the IRS

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

Dependent Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any change in dependents during the year? If yes, explain.
<input type="checkbox"/>	<input type="checkbox"/>	Can another person qualify to claim any of your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any child or dependent care expenses during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any adoption expenses during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19, or a full-time student under the age of 24, with more than \$2,400 of unearned income?

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

Health Care Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did any member of your household have healthcare coverage through the Marketplace (Affordable Care Act (ACA)/Obamacare)? If yes, provide copies of Form 1095-A
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales and Debt Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any tips not reported to your employer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash in any U.S. Savings Bonds during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a new business or purchase any rental property during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell an existing business, rental property, or other property during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any business assets or convert any assets to business use? If yes, provide the cost of the asset, the date it was placed in service, and the business use percentage.
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any gasoline, diesel, or special fuels for off-road business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds, or other instruments during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell a principal residence during the year? If yes, provide closing documentation for the purchase and sale of the home.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a principal residence, or a piece of real property foreclosed on during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you abandon a principal residence or a piece of real property during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance your principal home, or second home, or take out a home equity loan during the year? If yes, provide all escrow, closing and other pertinent documentation and information.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any principal or interest during the year from property sold in prior years?
<input type="checkbox"/>	<input type="checkbox"/>	Did you rent out your home or use it for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell, exchange, or purchase any real estate during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you acquire a new or additional interest in a partnership or S Corporation?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone owe you money that has become uncollectible?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel cell vehicle, qualified commercial clean vehicle) during the year? If yes, provide the report the dealer or seller is required to provide to you.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive income or incur expenses associated with a fantasy sports league? If yes, provide documentation.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive income, or incur expenses associated with car sharing (e.g. Lyft or Uber)? If yes, attach form 1099-MISC, Form 1099-NEC, or Form 1099-K.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive income or incur expenses associated with freelancing (e.g. Upwork or TaskRabbit)? If yes, attach Form 1099-K or Form W-2.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive income or incur expenses associated with fashion sharing (e.g. Kickstarter or Indiegogo)? If yes, attach Form 1099-K
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive income or incur expenses associated with a short-term rental (e.g. Airbnb, VRBO or HomeAway)? If yes, provide documentation.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive income or incur expenses as an independent contractor (e.g. Shipt, Instacart, DoorDash)? If yes, provide documentation.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any other income you have not provided information for with this organizer? If yes, explain.

Itemized Deduction Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay out-of-pocket medical and/or dental expenses (insurance premiums, prescriptions, mileage) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any major purchases (vehicle, boat, etc.) during the year?

<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any real estate property taxes or personal taxes during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay mortgage interest during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make cash donations to charity during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make non-cash donations to charity (clothes, furniture, etc.) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you donate a boat or vehicle during the year? If yes, attach Form 1098-C.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have gambling winnings or losses during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town at any time during the year?

Retirement Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plans during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any withdrawals, or receive distributions, from a pension or profit-sharing plan, IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any Social Security benefits during the year?

Education Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone in your household attend a post-secondary school during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to, or receive a distribution from, an Education Savings Account or Qualified Tuition Program during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay student loan interest for yourself, your spouse, or your dependents during the year? If yes, provide the amount of interest that was paid or refunded.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive forgiveness of a qualifying federal student loan?

Foreign Tax Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a financial interest in, or signature authority over, a financial account or asset located in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a Schedule K-3 from a partnership or S Corporation?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have ownership in a foreign corporation at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you own property in a foreign country?

Refund, Withholding, and Estimated Tax Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	If you have an over payment of 2024 taxes, do you want the refund applied to your 2025 estimated taxes?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any estimated payments toward your 2024 taxes?
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of your 2023 taxes to your 2024 estimated taxes?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to have any refund, or balance due, directly deposited or withdrawn? If yes, provide a cancelled checking or savings slip.
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate your income or withholdings to be different in 2025?

Miscellaneous Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared disaster area? If yes, provide the incident date, value of the property, amount of insurance reimbursements, and the declaration number assigned by FEMA.
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you give gifts to any one person in excess of \$17,000 during the year? If yes, are you splitting the gift with your spouse?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses with the military during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any energy efficient improvements to your main home during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a business owner who paid health insurance premiums for your employees during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a cash payment or digital asset of more than \$10,000 in one transaction or two or more related transactions during the year? If yes, was Form 8300, Report of Cash Payment over \$10,000 Received in Trade or Business filed?
<input type="checkbox"/>	<input type="checkbox"/>	Do you own interest or shares in, or did you dispose of, a Qualified Opportunity Fund during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any purchase subject to use tax (e.g. out of state purchases, mail order catalogue purchases, auction sales, etc.) during the year? If yes, provide details.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any notices from the IRS or state taxing authority? If yes, explain.
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with Center staff?
<input type="checkbox"/>	<input type="checkbox"/>	Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Center Staff Notes:

Sale of Capital Assets

Name:

SSN:

Sale of Capital Assets (including items not reported on Form 1099-B)

Provide all brokerage statements. TSJ identifies the property as belonging to the Taxpayer (T), Spouse (S), or Joint (J).

TSJ*	Description of Property	Date Purchased	Date Sold	Sales Price	Cost

Installment Sale Income

TSJ:	Description of Property:				
Date Acquired:		Date Sold:		2023	Prior Years
	Selling Price:				
	Mortgages Assumed:				
	Cost of Property Sold:				
	Depreciation Allowed:				
	Commissions and Expense of Sale:				
	Gross Profit Percentage:				
	Interest Received:				
	Principal Payments Received:				

Income

Name:

SSN:

Wages and Salaries
(Provide all Copies of W-2)

Taxpayer (T) or Spouse (S)	Employer Name	2024 Federal Wages

Retirement
(Provide all Copies of Form 1099-R)

Taxpayer (T) or Spouse (S)	Payer Name	2024 Distribution

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you use any of the distributions for disaster relief?

Income

Name:

SSN:

Dividend Income

(Provide all Copies of Form 1099-DIV and other statements that report dividend income)

Taxpayer (T) or Spouse (S)	Account Number and Payor Name	2024 Ordinary Dividends	2024 Qualified Dividends

Interest Income

(Provide all Copies of Form 1099-INT, Form 1099-OID, and any other statements that report interest income)

Taxpayer (T) or Spouse (S)	Account Number and Payer Name <i>(If any interest listed below is from a seller-financed mortgage, provide the payer's ID number and address)</i>	2024 Interest

Other Income and Adjustments

Name:

SSN:

Other Income

Other Income	2024 Taxpayer	2024 Spouse
Social Security Benefits (Attach Form 1099-SSA)		
Railroad Retirement Benefits (Attach Form 1099-RRB)		
State Income Tax Refund (Attach Form 1099-G)		
Alimony Received Divorce or Separation Date:		
Unemployment Compensation (Attach Form 1099-G)		
Unemployment Compensation Repaid in 2024		
Gambling Winnings (Attach Form W2-G)		
Jury Duty Pay		
Scholarships or Grants not Reported on Form W-2		
Other Income:		

Adjustments

Adjustments	2024 Taxpayer	2024 Spouse
Educator Expense (if you are an educator, enter the amount you paid for classroom supplies)		
Contributions made to a Health Services Account (HSA)		
Payments made for Self-Employed Health Insurance for you, your spouse and your dependents.		
Alimony Paid: <input type="checkbox"/> Name: <input type="checkbox"/> SSN: <input type="checkbox"/> Divorce or Separation Date: <input type="checkbox"/> Name: <input type="checkbox"/> SSN <input type="checkbox"/> Divorce or Separation Date:		
Contributions made to a Self-Employed Pension Plan (SEP), SIMPLE, or Solo 401K.		
Contributions made to an Individual Retirement Account (IRA)		
Contributions made to a Roth IRA		
Interest paid on a student loan.		
Other Adjustments		

Schedule C. Profit or Loss from Business

Name:

SSN:

General Business Information

TSJ:	Professional Product or Service:	EIN:
Business Name:		
Business Address (Address, City, State, ZIP):		
Accounting Method:	<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual
	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Other
<input type="checkbox"/> This business started or was acquired in 2024.		<input type="checkbox"/> This business was disposed of in 2024.
Select if this business is for:	<input type="checkbox"/> Professional Gambler	<input type="checkbox"/> Exempt Notary Income
	<input type="checkbox"/> Newspaper delivery and you are under 18 years of age	<input type="checkbox"/> Clergy
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
<input type="checkbox"/>	<input type="checkbox"/>	If yes to the above, did you file a Form 1099 for this individual?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
<input type="checkbox"/>	<input type="checkbox"/>	If yes to the above, was any portion of the loan forgiven in 2024?

Income

	2024	2024
Gross Receipts or Sales:		Other Income:
Returns and Allowances:		

Expenses

	2024	2024
Advertising:		Repairs and Maintenance:
Car and Truck Expenses:		Supplies:
Commissions and Fees:		Taxes and Licenses:
Contract Labor:		Travel:
Employee Benefit Programs:		Utilities:
Insurance (Other than Health):		Wages:
Interest – Mortgage:		Family Health Coverage Payments for Taxpayer, Spouse or Dependents:
Interest – Other:		Other Expenses (List Below):
Legal and Professional Services:		Rent or Lease (Vehicles, Machinery & Equipment)
Office Expenses:		Rent (Other Business Property):
Pension and Profit-Sharing Plans:		Other Expenses (List Below):

Cost of Goods Sold

	2024	2024
Inventory at the Beginning of the Year (Value):		Materials and Supplies Purchased:
Purchases:		Other Costs:

Cost of Personal Use Items:		Inventory at the End of the Year (Value):			
Cost of Labor:		<input type="checkbox"/> There was a change in inventory methods from 2023.			
Schedule E – Income or Loss from Rental Real Estate and Royalties					
Name:		SSN:			
General Property Information					
TSJ:	Property Description:				
Address (Address, City, State, ZIP):					
Select the Property Type:	Number of Days Rented	Number of Days Personal Use		Number of Days Rented	Number of Days Personal Use
<input type="checkbox"/> Single Family Residence			<input type="checkbox"/> Vacation/Short Term Rental		
<input type="checkbox"/> Land			<input type="checkbox"/> Self-Rental		
<input type="checkbox"/> Multi-Family Residence			<input type="checkbox"/> Commercial		
<input type="checkbox"/> Royalties			<input type="checkbox"/> Other		
<i>If the rental is a multi-dwelling unit and you occupied part of the unit enter the percentage you occupied:</i>					
Income					
		2024			2024
Rent Income:			Royalties from Oil, Gas, Mineral, Copyright or Patent:		
Expenses					
	Rental Unit Expenses	Rental and Homeowner Expenses			
Advertising:				<p><i>If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and Homeowner Expenses" column to show expenses that apply to the entire property. Use the "Rental Unit Expenses column to show expenses that pertain ONLY to the rental portion of the property.</i></p> <p><i>If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental Unit Expenses" column</i></p>	
Auto and Travel:					
Cleaning and Maintenance:					
Commissions:					
Insurance					
Legal and Professional Fees:					
Management Fees:					
Mortgage Interest:					
Other Interest:					
Repairs:					
Supplies:					
Taxes:					
Utilities:					
Depletion:					
Other Expenses:					

Income or Loss from Investments in Partnerships, S Corporations, and Fiduciaries

Name:

SSN:

Schedule K-1 from Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and Attachments

TSJ	Entity Name	EIN

Schedule F – Profit or Loss from Farming

Name:

SSN:

General Information

Provide all copies of Schedule K-1 and Attachments

TSJ		Principal Product:		EIN	
Accounting Method:		<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Other
<input type="checkbox"/> This business started or was acquired in 2024.			<input type="checkbox"/> This business was disposed of in 2024.		
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>	Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.			
<input type="checkbox"/>	<input type="checkbox"/>	If yes to the above, did you file Forms 1099 for each individual?			
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?			
<input type="checkbox"/>	<input type="checkbox"/>	If yes to the above, was any portion of the load forgiven in 2024?			

Income

	2024		2024
Sale of Livestock/other items		Custom Hire Income	
Cost of Items Bought for Resale		Beginning Inventory for Accrual	
Sale of Products you Raised		Ending Inventory for Accrual	
Total Cooperative Distributions: (Provide 1099-PATR)		Other Income (List Below):	
Total Agricultural Payments:			
Commodity Credit Corporation (CCC) loans:			
o CCC Loans Reported:			
o CCC Loans Forfeited:			
Crop Insurance Proceeds:			
o Amount received in 2024:			
o Amount you elect to defer to 2025:			
o Amount deferred from 2023:			

Expenses

	2024		2024
Car and Truck Expenses:		Rent – other (land, animals, etc.):	
Chemicals:		Repairs and Maintenance:	
Conservation expenses:		Seeds and plants purchased:	
Custom hire (machine work):		Storage and warehousing:	
Employee benefit programs:		Supplies purchased:	
Feed purchased:		Taxes:	
Fertilizers and lime:		Utilities:	

Farm Expenses Continued

Freight and trucking:		Veterinary, breeding and medicines	
Gasoline, fuel and oil:		Family health coverage payments for taxpayer, spouse and dependents:	
Insurance (other than health):		Other expenses (please list below):	
Interest – mortgage (paid to banks):			
Non-W-2 labor hired:			
W-2 wages paid:			
Pension and profit-sharing plan:			
Rent – vehicles, machinery, and equipment:			

Form 4835 – Farm Rental Income and Expenses

Name:

SSN:

General Information

Provide all copies of Schedule K-1 and Attachments

TSJ		Description:		EIN	
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This farm was disposed of during 2024.

Income

	2024		2024
Income from production of livestock, produce, grains and other crops:		Total cooperative distributions (Provide 1099-PATR)	
Commodity Credit Corporation (CCC) Loans:			
<input type="checkbox"/> CCC Loans reported		Other Income (List Below):	
<input type="checkbox"/> CCC Loans forfeited			
Crop Insurance Proceeds:			
o Amount received in 2024:			
o Amount you elect to defer to 2025:			
o Amount deferred from 2023:			

Expenses

	2024		2024
Car and Truck Expenses:		Seeds and plants purchased:	
Chemicals:		Storage and warehousing:	
Conservation expenses:		Supplies purchased:	
Custom hire (machine work):		Taxes:	
Employee benefit programs:		Utilities:	
Feed purchased:		Veterinary, breeding and medicines:	
Fertilizers and lime:		Freight and trucking:	
Gasoline, fuel and oil:		Insurance (Other than health)	
Interest – mortgage (paid to banks, etc.):		Other expenses (please list below):	
Interest – other:			
Labore hired (less jobs credit):			
Pensions and profit-sharing plans:			
Rent – vehicles, machinery and equipment:			
Rent – other (land, animals, etc.)			
Repairs and maintenance:			

Expenses Related to Business

Name:

SSN:

Auto Expenses

Name of Business vehicle is used for:

Description of Vehicle(s):

Date Vehicle was placed in service:

Yes	No		Yes	No	Do you have evidence to support your deduction(s) (e.g. mileage logs, maintenance records)?
		Was this/these vehicle(s) available for use during off-duty hours?			
		Was another vehicle available for personal use?			

Mileage and Expenses

	2024		2024
Number of miles the vehicle(s) was/were driven during 2024:			
<input type="radio"/> For Business:		<input type="radio"/> Commuting:	
<input type="radio"/> Other:			
Expenses:			
Garage Rent:		Repairs:	
Gas:		Tires:	
Insurance:		Tolls:	
Licenses:		Lease Addback:	
Oil:		Parking Fees:	
Rental Fees:		Other expenses (please list below):	
Interest:			
Property Tax:			

Business Use of Home

Name of the business home is used for:	
What is the total square footage of your home that was used regularly and exclusively for business:	
What is the total square footage of your home:	

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

How many days during the year was the area used?		How many hours per day was the area used?	
Was the daycare in operation for the entire year (Yes/No)?		If no, how many months during the year was it in operation?	

Business Use of Home Expenses (Continued)

Expenses	Office Expenses	Home Expenses	
Mortgage Interest:			
Real estate taxes:			
Excess mortgage interest:			
Excess real estate taxes:			
Insurance:			
Rent:			
Repairs and maintenance:			
Utilities:			<p><i>In the "Office Expenses" column, enter those expenses that pertain exclusively to your office. In the "Home Expenses" column enter those expenses that pertain to the entire dwelling.</i></p>
Other Expenses (Please List Below):			

Household Employment

Name:

SSN:

TSJ: EIN:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any one household employee cash wages of \$2,700 or more in 2024?
<input type="checkbox"/>	<input type="checkbox"/>	Did you withhold federal income tax during 2024 for any household employee(s)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay unemployment contributions to only one state?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay all state unemployment contributions for 2024 by April 15, 2025?
<input type="checkbox"/>	<input type="checkbox"/>	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2024
Total cash wages subject to Social Security Tax	
Total cash wages subject to Medicare Tax	
Total Cash wages subject to Additional Medicare Tax withholding	
Federal Income Tax withheld	
Qualified sick leave wages	
Qualified family leave wages	
Qualified health plan expenses	

Other Information

Name:

SSN:

Mortgage Interest (Provide all copies of form 1098)

TSJ	Lender's Name	Mortgage Interest Paid	Mortgage Insurance Premiums	Real Estate Taxes Paid

Employee Business Expenses

TSJ:

Select if you are:

Select if you:

A qualified performing artist.

Used your personal vehicle for your job during 2024.

A fee-based state or local government official.

A disabled employee with impairment-related work expenses.

An Armed Forces Reservist.

A member of the Clergy.

	Not Reimbursed by your Employer	Reimbursed by your Employer but not included in Box 1 of your W-2
Parking fees, tolls, local transportation.		
Meals:		
Overnight business travel expenses (do not include meals or entertainment)		
Other business expenses (list):		

Casualties and Thefts

TSJ:	FEMA Code:	TSJ:	FEMA Code:
Property Description:		Property Description:	
Date property was acquired:		Date property was acquired:	
Date property was damaged or stolen:		Date property was damaged or stolen:	
Cost of property damaged or stolen:		Cost of property damaged or stolen:	
Fair market value prior to incident:		Fair market value prior to incident:	
Fair market value after incident:		Fair market value after incident:	
Insurance reimbursement:		Insurance reimbursement:	

Other Information- Continued

Name:

SSN:

Health Savings Account

TSJ

Is the taxpayer's or spouses' coverage under a high deductible plan for

Taxpayer Only

Family

2024

HSA contributions made for 2024.

Total distributions from all HSA's during 2024.

Distributions included above that were rolled over into another account.

Qualified medical expenses paid using HSA distributions.

Education Expenses (Provide all copies of 1098-T)

Student's Name:

Student's Name:

Type of Expense

Amount

Type of Expense

Amount

Student's Name:

Student's Name:

Type of Expense

Amount

Type of Expense

Amount

Job Related Moving Expenses

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

2024

Number of miles from old home to old workplace:

Number of miles from old home to new workplace:

Expenses to transport and store household goods and personal effects:

Travel and lodging expenses while traveling to your new home:

Total reimbursements received:

Income

Name:

SSN:

Form 1099-MISC Income

TSJ	Payer Name	2024 Amount

Form 1099-NEC Income

TSJ:	Payer Name	2024 Amount