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M**

## **2024 TAX ORGANIZER**

**T  
O**

**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**

**F  
R  
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M**

## **2024 TAX ORGANIZER**

**T  
O**

**I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.**

|                           |             |
|---------------------------|-------------|
| <b>Taxpayer Signature</b> | <b>Date</b> |
| <b>Spouse Signature</b>   | <b>Date</b> |

# Topic Index

1

|  | <u>Form</u>  |  | <u>Form</u> |
|--|--------------|--|-------------|
| Alimony Paid or Received .....                                   | 13           | Gambling Winnings .....                                      | 21          |
| Annuity Payments Received .....                                  | 9A           | Gifts .....  | 34, 35      |
| Application of Refund .....                                      | 20           | Health Savings Accounts .....                                | 13A         |
| Business Income and Expenses .....                               | 6, 6A        | Household Employment Taxes .....                             | 19          |
| Business Use of Home:  |              | Installment Sale Receipts .....                              | 7           |
| Business .....   | 6D           | Interest Income .....  | 5A          |
| Employee Business Expenses .....                                 | 17B          | Interest Paid .....  | 14A         |
| Farm .....   | 12E          | Investment Interest Expense .....                            | 14A         |
| Itemized Deductions .....  | 16A          | IRA Contributions .....                                      | 9           |
| Passthrough .....  | 11B          | IRA Distributions .....                                      | 9           |
| Rental .....   | 10E          | Keogh Plan Contributions .....                               | 9A          |
| Calendar .....   | 33           | Medical and Dental Expenses .....                            | 14          |
| Casualty or Theft Losses .....                                   | 16           | Ministerial Income .....                                     | 13B         |
| Child and Dependent Care Expenses .....                          | 18           | Miscellaneous Income and Adjustments .....                   | 13          |
| Consolidated Brokerage Statements:                               |              | Miscellaneous Itemized Deductions .....                      | 16          |
| Interest Income & Foreign Information .....                      | 5E           | Mortgage Interest Paid .....                                 | 14A         |
| Dividend Income & Foreign Information .....                      | 5F           | Moving Expenses .....  | 8           |
| Sales of Stocks, Securities, Capital Assets & Misc. Income ..... | 5G           | Partnership Income .....                                     | 11          |
| Contributions .....  | 15           | Pension Income .....   | 9A          |
| Dependent Information .....                                      | 3A           | Personal Information .....                                   | 3           |
| Depreciable Property and Equipment:                              |              | Railroad Retirement Benefits .....                           | 13          |
| Business .....   | 6A           | Real Estate Mortgage Investment Conduit Income (REMIC) ..... | 11          |
| Employee Business Expenses .....                                 | 17A          | Rental and Royalty Income and Expenses .....                 | 10, 10A     |
| Farm .....   | 12B          | Roth IRA Contributions/Conversions .....                     | 9           |
| Rental and Royalty .....   | 10B          | S Corporation Income .....                                   | 11          |
| Direct Deposit Information .....                                 | 4A           | Sale of Stock, Securities and Other Capital Assets .....     | 7           |
| Dividend Income .....  | 5B           | Sale of Your Home .....                                      | 8           |
| Education Expenses .....   | 18           | SEP/SIMPLE Plan Contributions .....                          | 9A          |
| Educator (Teacher) Expenses .....                                | 13A          | Social Security Benefits .....                               | 13          |
| Electronic Filing .....  | 4            | State and Local Tax Refunds .....                            | 13          |
| Employee Business Expenses .....                                 | 17, 17A      | Student Loan Interest .....                                  | 13A         |
| Estate Income .....  | 11           | Taxes Paid .....   | 14          |
| Farm Income and Expenses .....                                   | 12, 12A, 12B | Trust Income .....   | 11          |
| Federal, State and City Estimated Taxes .....                    | 20, 20A      | Unemployment Compensation .....                              | 13          |
| Foreign Assets .....   | 5C, 5D       | Vehicle/Other Listed Property Information:                   |             |
| Foreign Employment Information .....                             | 30, 30A, 30B | Business .....   | 6B, 6C      |
| Foreign Housing Expenses .....                                   | 30C          | Employee Business Expenses .....                             | 17A         |
| Foreign Taxes .....  | 32           | Farm .....   | 12C, 12D    |
| Foreign Travel and Workdays .....                                | 30D          | Rental and Royalty .....                                     | 10C, 10D    |
| Foreign Wages and Other Income .....                             | 31, 31A, 31B | Partnership/S Corporation .....                              | 11A         |
|  |              | Wages and Salaries .....                                     | 3A          |

# 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?

\_\_\_\_\_

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 unearned 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 Yes, include all Forms 1095-A.

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 on another taxpayer's return?

\_\_\_\_\_

Are any of your dependents required to file a tax return?

\_\_\_\_\_

## Questions (Page 2 of 5)

### Healthcare (continued):

**Yes    No**

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? \_\_\_\_\_
- 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)?  
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?  
If Yes, include Forms 1099-LTC. \_\_\_\_\_
- 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? \_\_\_\_\_
- 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? \_\_\_\_\_

### Education:

- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? \_\_\_\_\_
- Did you or your spouse pay any student loan interest? \_\_\_\_\_
- 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? \_\_\_\_\_

### 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?  
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? \_\_\_\_\_
- 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? \_\_\_\_\_
- 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)? \_\_\_\_\_
- If Yes, provide the number of gallons 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 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 doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? \_\_\_\_\_

## 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? \_\_\_\_\_

    If Yes, include closing statements.

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? \_\_\_\_\_

    If Yes, provide the transaction details.

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 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.

    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? \_\_\_\_\_

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:

**Yes    No**

Did you sell your home? \_\_\_\_\_

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 period prior to the sale? \_\_\_\_\_

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) to any person regardless of value? \_\_\_\_\_

Did you or your spouse make any gifts to a trust for any amount? \_\_\_\_\_

Did 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 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? \_\_\_\_\_

## Questions (Page 5 of 5)

**Miscellaneous:**

**Yes    No**

|  |       |       |
|--|-------|-------|
| Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,700 during the year for domestic services performed in or around your home to individuals who could be considered household employees? | _____ | _____ |
| 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 for damages other than for physical injuries or illness?  | _____ | _____ |
| Did you or your spouse engage in any bartering transactions?   | _____ | _____ |
| Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?  | _____ | _____ |
| 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?   | _____ | _____ |
| If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness.<br>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.<br>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) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Spouse:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Contact Information:

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Yes  No

Are you a U.S. citizen or Green Card holder?  Yes  No

**Personal Identification Numbers:**  Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit [IRS.gov](https://www.irs.gov) to retrieve it or apply.

| TS | State | City | Code | PIN |
|----|-------|------|------|-----|
|    |       |      |      |     |
|    |       |      |      |     |

### 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.**



2024

# Dependents and Wages

3A

## 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 |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A |                        |           |                        |                          |                          |                          |
| B |                        |           |                        |                          |                          |                          |
| C |                        |           |                        |                          |                          |                          |
| D |                        |           |                        |                          |                          |                          |
| E |                        |           |                        |                          |                          |                          |
| F |                        |           |                        |                          |                          |                          |
| G |                        |           |                        |                          |                          |                          |
| H |                        |           |                        |                          |                          |                          |

Did dependent have income over \$5,050?



|   | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A |                           |               |           |                         |
| B |                           |               |           |                         |
| C |                           |               |           |                         |
| D |                           |               |           |                         |
| E |                           |               |           |                         |
| F |                           |               |           |                         |
| G |                           |               |           |                         |
| H |                           |               |           |                         |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

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 |             |          |       |       |
|----|-----------------|---------------|--------------|-------------|----------|-------|-------|
|    |                 |               | Federal      | FICA/TIER 1 | Medicare | State | Local |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |



2024

# Electronic Filing

## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN? 

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

Taxpayer .....

Spouse .....

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse 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? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? _____ (Mo/Da/Yr)                                  |                          |                          |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? _____ (Mo/Da/Yr)                                  |                          |                          |
| 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 <u>federal</u> return using electronic withdrawal? .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes     No

Account owner                                       Taxpayer                                       Spouse                                       Joint

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

---

|   |                          |                          |
|---|--------------------------|--------------------------|
| Would you like any refunds owed to you directly deposited? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? _____ (Mo/Da/Yr)                                  |                          |                          |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? _____ (Mo/Da/Yr)                                  |                          |                          |
| 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 <u>federal</u> return using electronic withdrawal? .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes     No

Account owner                                       Taxpayer                                       Spouse                                       Joint

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





# Dividend Income

5B

## Dividend Information:

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

| TSJ          | Name of Payer | Box 1a<br>Total Ordinary<br>Dividends | Box 1b<br>Qualified<br>Dividends | Box 2a<br>Total Capital<br>Gain Distribution | U.S. Bond Interest<br>Amount or<br>Percent in Box 1a |
|--------------|---------------|---------------------------------------|----------------------------------|--|--|
| A            |               |                                       |                                  |  |  |
| B            |               |                                       |                                  |  |  |
| C            |               |                                       |                                  |  |  |
| D            |               |                                       |                                  |  |  |
| E            |               |                                       |                                  |  |  |
| F            |               |                                       |                                  |  |  |
| G            |               |                                       |                                  |  |  |
| H            |               |                                       |                                  |  |  |
| I            |               |                                       |                                  |  |  |
| J            |               |                                       |                                  |  |  |
| K            |               |                                       |                                  |  |  |
| L            |               |                                       |                                  |  |  |
| M            |               |                                       |                                  |  |  |
| N            |               |                                       |                                  |  |  |
| <b>Total</b> |               |                                       |                                  |  |  |

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

| Code         | Tax-Exempt<br>Interest | 2023 Gross<br>Dividends<br>Amount |
|--------------|------------------------|-----------------------------------|
| A            |                        |                                   |
| B            |                        |                                   |
| C            |                        |                                   |
| D            |                        |                                   |
| E            |                        |                                   |
| F            |                        |                                   |
| G            |                        |                                   |
| H            |                        |                                   |
| I            |                        |                                   |
| J            |                        |                                   |
| K            |                        |                                   |
| L            |                        |                                   |
| M            |                        |                                   |
| N            |                        |                                   |
| <b>Total</b> |                        |                                   |

## Enter Any Additional Information:

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

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



2024

# Brokerage Statement Details

5EA

|   | TSJ | Payer Name | Account No. | Information Included (X or ✓) |
|---|-----|------------|-------------|-------------------------------|
| A |     |            |             |                               |
| B |     |            |             |                               |
| C |     |            |             |                               |
| D |     |            |             |                               |
| E |     |            |             |                               |
| F |     |            |             |                               |
| G |     |            |             |                               |
| H |     |            |             |                               |
| I |     |            |             |                               |
| J |     |            |             |                               |
| K |     |            |             |                               |
| L |     |            |             |                               |
| M |     |            |             |                               |
| N |     |            |             |                               |
| O |     |            |             |                               |
| P |     |            |             |                               |
| Q |     |            |             |                               |
| R |     |            |             |                               |
| S |     |            |             |                               |
| T |     |            |             |                               |

|   | Interest Income | U.S. Bonds and Obligations | Code | Tax-Exempt Interest | 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 |
|---|-----------------|----------------------------|------|---------------------|---------------------------------|----------------------------|--|--|
| A |                 |                            |      |                     |                                 |                            |  |  |
| B |                 |                            |      |                     |                                 |                            |  |  |
| C |                 |                            |      |                     |                                 |                            |  |  |
| D |                 |                            |      |                     |                                 |                            |  |  |
| E |                 |                            |      |                     |                                 |                            |  |  |
| F |                 |                            |      |                     |                                 |                            |  |  |
| G |                 |                            |      |                     |                                 |                            |  |  |
| H |                 |                            |      |                     |                                 |                            |  |  |
| I |                 |                            |      |                     |                                 |                            |  |  |
| J |                 |                            |      |                     |                                 |                            |  |  |
| K |                 |                            |      |                     |                                 |                            |  |  |
| L |                 |                            |      |                     |                                 |                            |  |  |
| M |                 |                            |      |                     |                                 |                            |  |  |
| N |                 |                            |      |                     |                                 |                            |  |  |
| O |                 |                            |      |                     |                                 |                            |  |  |
| P |                 |                            |      |                     |                                 |                            |  |  |
| Q |                 |                            |      |                     |                                 |                            |  |  |
| R |                 |                            |      |                     |                                 |                            |  |  |
| S |                 |                            |      |                     |                                 |                            |  |  |
| T |                 |                            |      |                     |                                 |                            |  |  |

▲

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.



# Sales of Stocks, Securities, Capital Assets & Installment Sales

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

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Mutual fund transactions .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Exchange of any securities or investments for something other than cash .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of inherited property .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Commodity sales, short sales or straddles .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Reinvestment of the proceeds of gains in a qualified opportunity fund .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any investments in qualified opportunity funds .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Debts that became uncollectible .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Securities that became worthless .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any property where you will receive payments in future years .....   | <input type="checkbox"/> | <input type="checkbox"/> |

| TSJ | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|-----|----------------------------------|----------|--------------------------|----------------------|
| A   |                                  |          |                          |                      |
| B   |                                  |          |                          |                      |
| C   |                                  |          |                          |                      |
| D   |                                  |          |                          |                      |
| E   |                                  |          |                          |                      |
| F   |                                  |          |                          |                      |
| G   |                                  |          |                          |                      |
| H   |                                  |          |                          |                      |

|   | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A |                                      |                     |                      |                    |
| B |                                      |                     |                      |                    |
| C |                                      |                     |                      |                    |
| D |                                      |                     |                      |                    |
| E |                                      |                     |                      |                    |
| F |                                      |                     |                      |                    |
| G |                                      |                     |                      |                    |
| H |                                      |                     |                      |                    |

**Installment Sales:**    Do not include interest received in principal amount

| TSJ | Property Description | Date Sold (Mo/Da/Yr) | 2024 Principal Received | 2023 Principal Received |
|-----|----------------------|----------------------|-------------------------|-------------------------|
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |







# Pension, Annuity and Retirement Plan Information

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

| TSJ | Name of Payer | 2024 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2023 Gross Distributions |
|-----|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

| Taxpayer |    | Spouse |    |
|----------|----|--------|----|
| Yes      | No | Yes    | No |
|          |    |        |    |
|          |    |        |    |

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

| 2024 Amount | 2024 Amount |
|-------------|-------------|
|             |             |
|             |             |
|             |             |
|             |             |





# Miscellaneous Income, Adjustments and Alimony

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

**Miscellaneous Income and Adjustments:**

|  | TSJ _____   |             | TSJ _____   |             |
|--|-------------|-------------|-------------|-------------|
|  | 2024 Amount | 2023 Amount | 2024 Amount | 2023 Amount |
| Unemployment compensation received                 |             |             |             |             |
| Unemployment compensation repaid in 2024           |             |             |             |             |
| Social security benefits received                  |             |             |             |             |
| Social security benefits repaid in 2024            |             |             |             |             |
| Medicare premiums withheld                         |             |             |             |             |
| Tier 1 railroad retirement benefits received       |             |             |             |             |
| Tier 1 railroad retirement benefits repaid in 2024 |             |             |             |             |
| Total lump sum social security received            |             |             |             |             |
| Lump sum taxable social security                   |             |             |             |             |
| Other federal withholding                          |             |             |             |             |
| Other state withholding                            |             |             |             |             |

**State and Local Income Tax Refunds:**

| TSJ | State | City | Tax Year | Income Tax Refund |       |
|-----|-------|------|----------|-------------------|-------|
|     |       |      |          | State             | Local |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |

**Other Income:**

| TSJ | Nature and Source | 2024 Amount | 2023 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

**Alimony Paid or Received:**

| TSJ | Recipient's Name | Recipient's Social Security Number | Date of Original Divorce or Separation (Mo/Da/Yr) | Date Divorce or Separation Agreement Modified (Mo/Da/Yr) | Alimony Received? | 2024 Amount | 2023 Amount |
|-----|------------------|------------------------------------|---|--|-------------------|-------------|-------------|
|     |                  |                                    |   |  |                   |             |             |
|     |                  |                                    |   |  |                   |             |             |
|     |                  |                                    |   |  |                   |             |             |
|     |                  |                                    |   |  |                   |             |             |
|     |                  |                                    |   |  |                   |             |             |



# Miscellaneous Adjustments

## Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

| TS | 2024 Amount | 2023 Amount |
|----|-------------|-------------|
|    |             |             |
|    |             |             |

## Health Savings Accounts (HSAs) Include all Forms 1099-SA

| TS | Description                                  | 2024 Amount | 2023 Amount |
|----|--|-------------|-------------|
|    | Contributions made for 2024                  |             |             |
|    | Distributions received from all HSAs in 2024 |             |             |

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2? ..... 

|     |    |
|-----|----|
| Yes | No |
|     |    |

Were all distributions from your HSA for unreimbursed medical expenses? ..... 

|     |    |
|-----|----|
| Yes | No |
|     |    |

Did you or your spouse enroll in Medicare? ..... 

|     |    |
|-----|----|
| Yes | No |
|     |    |

If Yes, what month did you enroll? .....

What month did your spouse enroll? .....

## Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

| TSJ | Nature and Source | 2024 Amount | 2023 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |



# Itemized Deductions - Medical and Taxes

### Medical and Dental Expenses:

Prescription medicines and drugs .....  
 Total medical insurance premiums paid \* .....  
 Long-term care expenses .....  
 Total insurance reimbursement .....  
 Number of miles traveled for medical care .....  
 Personal protective equipment .....  
 Lodging .....  
 Doctors, dentists, etc. ....  
 Hospitals .....  
 Lab fees .....  
 Eyeglasses and contacts .....

| TSJ | 2024 Amount | 2023 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |

| 2024 Amount | 2023 Amount |
|-------------|-------------|
|             |             |
|             |             |

Taxpayer long-term care insurance premiums paid .....  
 Spouse long-term care insurance premiums paid .....

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

### Other Medical Expenses:

| TSJ | Description | 2024 Amount | 2023 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

### Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....  
 General sales taxes paid on specified items .....

| TSJ | 2024 Amount | 2023 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2024 Amount | 2023 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

### Other Taxes Paid:

| TSJ | Description | 2024 Amount | 2023 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

If you purchased or sold your home in 2024, did you include any taxes from your closing statement in the amounts above?  Yes  No



**Mortgage Questions for 2024:**

|   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? . . . . . _____   |                          |                          |
| Did you purchase a new home or sell your former home during the year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enclose the closing statements from the purchase and sale of your new and former homes.   |                          |                          |
| If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US<br>during the 3 year period prior to the purchase of this home? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence<br>in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Home Mortgage Interest Paid To Financial Institutions:**

| TSJ | Paid To | Did You Receive Form 1098? |    | 2024 Amount | 2023 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

**Other Home Mortgage Interest Paid:**

| TSJ | Paid To |         | ID Number | 2024 Amount | 2023 Amount |
|-----|---------|---------|-----------|-------------|-------------|
|     | Name    | Address |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |

**Deductible Points:**

| TSJ | Paid To | Did You Receive Form 1098? |    | 2024 Amount | 2023 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

**Investment Interest Expense:**

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2024 Amount | 2023 Amount |
|-----|---------|-------------|-------------|
|     |         |             |             |
|     |         |             |             |
|     |         |             |             |



# Itemized Deductions - Contributions

**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 | Organization or Description of Contribution | 2024 Amount | 2023 Amount |
|-----|---|-------------|-------------|
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |

| TSJ | Conservation Real Property | 2024 Amount | 2023 Amount |
|-----|----------------------------|-------------|-------------|
|     | 100% limit                 |             |             |
|     | 50% limit                  |             |             |

| TSJ | Description   | 2024 Miles | 2023 Miles |
|-----|---|------------|------------|
|     | Number of miles traveled performing volunteer work for qualified charitable organizations |            |            |

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

| TSJ | Description of Donated Property | 2024 Amount | 2023 Amount |
|-----|---------------------------------|-------------|-------------|
|     |                                 |             |             |
|     |                                 |             |             |

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

| TSJ | Property Description | Date Acquired | Date of Donation | Cost or Basis |
|-----|----------------------|---------------|------------------|---------------|
| A   |                      |               |                  |               |
| B   |                      |               |                  |               |
| C   |                      |               |                  |               |

|   | Fair Market Value (FMV) | Method Used to Determine FMV | Other Method Description | Method of Acquisition |
|---|-------------------------|------------------------------|--------------------------|-----------------------|
| A |                         |                              |                          |                       |
| B |                         |                              |                          |                       |
| C |                         |                              |                          |                       |

- 1 - Appraisal    3 - Comparable Sale    5 - Thrift Shop Value
- 2 - Catalog    4 - Other (Describe)

- 1 - Gift    3 - Exchange
- 2 - Inheritance    4 - Purchase

|   | Donee Organization Name | Donee Organization Address |
|---|-------------------------|----------------------------|
| A |                         |                            |
| B |                         |                            |
| C |                         |                            |





# Federal Tax Payments

## Refund Application:

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:

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)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--------------------------------------|-------------|
|            |                                      |             |
|            |                                      |             |
|            |                                      |             |
|            |                                      |             |

2023 overpayment applied to 2024 estimate .....

## Tax Planning Information for Tax Year 2025:

Do you expect any of the following to occur in 2025?

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A change in your marital status .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions .....        | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

|  |
|--|
|  |
|  |
|  |
|  |
|  |



2024

# State and City Tax Payments

20A

## 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  No

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 want the excess applied to your 2025 estimated tax liability? .....  Yes  No

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 want the excess applied to your 2025 estimated tax liability? .....  Yes  No

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 .....





**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 .....   | <input type="checkbox"/> Taxpayer        | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint |
| Name of person receiving the gift .....  | _____                                    |                                 |                                |
| Address of person .....  | _____                                    |                                 |                                |
| Your relationship to the person<br>(e.g., son, granddaughter or friend) .....                        | _____                                    |                                 |                                |
| Age of the person .....  | _____                                    |                                 |                                |
| Date(s) of gift(s) .....   | (Mo/Da/Yr) _____                         |                                 |                                |
| Description and amount of assets gifted<br>(e.g., \$18,000 in cash or 500 shares of ABC stock) ..... | _____                                    |                                 |                                |
| Cost basis of assets gifted if other than cash .....   | <input style="width:100%;" type="text"/> |                                 |                                |
| Value of assets gifted if other than cash .....  | <input style="width:100%;" type="text"/> |                                 |                                |

**Gift 2:**

|  |  |                                 |                                |
|--|--|---------------------------------|--------------------------------|
| Person giving the gift .....   | <input type="checkbox"/> Taxpayer        | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint |
| Name of person receiving the gift .....  | _____                                    |                                 |                                |
| Address of person .....  | _____                                    |                                 |                                |
| Your relationship to the person<br>(e.g., son, granddaughter or friend) .....                        | _____                                    |                                 |                                |
| Age of the person .....  | _____                                    |                                 |                                |
| Date(s) of gift(s) .....   | (Mo/Da/Yr) _____                         |                                 |                                |
| Description and amount of assets gifted<br>(e.g., \$18,000 in cash or 500 shares of ABC stock) ..... | _____                                    |                                 |                                |
| Cost basis of assets gifted if other than cash .....   | <input style="width:100%;" type="text"/> |                                 |                                |
| Value of assets gifted if other than cash .....  | <input style="width:100%;" type="text"/> |                                 |                                |



2024

Residency Information:

| Taxpayer        |               | Spouse          |               |
|-----------------|---------------|-----------------|---------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) | From (Mo/Da/Yr) | To (Mo/Da/Yr) |

If you did not live in Colorado for all of 2024, enter the dates you did live in Colorado

Enter the state names other than Colorado where you had income

Education Savings:

|     |    |
|-----|----|
| Yes | No |
|-----|----|

Did you or your spouse make any contributions to a Colorado 529 College Savings Plan account?

If Yes, enter the following:

| TS | Account Holder Name | Account Holder Social Security Number | Account Number | 2024 Amount Contributed |
|----|---------------------|---------------------------------------|----------------|-------------------------|
|    |                     |                                       |                |                         |
|    |                     |                                       |                |                         |
|    |                     |                                       |                |                         |

First-Time Home Buyer Savings Account Deduction:

Name of beneficiary \_\_\_\_\_  
 SSN of beneficiary \_\_\_\_\_  
 Name of bank or institution \_\_\_\_\_  
 Account number of the first-time home buyer account \_\_\_\_\_

Beginning of year balance in account   
 End of year balance in account

Voluntary Contributions:

Enter the amount you wish to contribute on your 2024 tax return to:

|   |                      |   |                      |
|---|----------------------|---|----------------------|
| Nongame Conservation and Wildlife Restoration Cash Fund                         | <input type="text"/> | Colorado Healthy Rivers Fund            | <input type="text"/> |
| Colorado Domestic Abuse Program Fund  | <input type="text"/> | Alzheimer's Association Fund            | <input type="text"/> |
| Homeless Prevention Activities Program Fund                                     | <input type="text"/> | Colorado Cancer Fund                    | <input type="text"/> |
| American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund | <input type="text"/> | Make-A-Wish Foundation of Colorado Fund | <input type="text"/> |
| Western Slope Military Veterans' Cemetery Fund                                  | <input type="text"/> | Unwanted Horse Fund                     | <input type="text"/> |
| Pet Overpopulation Fund   | <input type="text"/> | Feeding Colorado Fund                   | <input type="text"/> |
| Habitat for Humanity of Colorado Fund   | <input type="text"/> |   |                      |
| Military Family Relief Fund   | <input type="text"/> |   |                      |
| Special Olympics of Colorado Fund   | <input type="text"/> |   |                      |
| Colorado Nonprofit Fund*  | <input type="text"/> |   |                      |

\* Include name of organization and registration number

