Foreign

Address

Region.....

Postal code.....

Country........

2024	1040	US	Client Information (continued)	4 = 1	1 _{p2}
			Please add, change or delete information for 2024.		
CLIE	NT INFO	RMATION			
Taynayar	Work phon	ne e		_	e Phone
Taxpayer Contact Information	Daytime pho	none (table) ne		1 = W 2 = H 3 = W	ome
	E-mail add	ress			
Spouse Contact Information	Work exter Daytime ph	e nsion none (table)			
	Fax number	ne er ress			
Taxpayer Authentication	Driver's lice	ense no ense state (m/d/y)			
	Theft prote	date (m/d/y) ction PIN ense no			
Spouse Authentication	Issue date Expiration	ense state (m/d/y) date (m/d/y)		_	
	Theft prote	ction PIN			
					,
					1 p2

2024 1040 US Dependents 2

Please add, change or delete information for 2024.

DEPENDENTS

	_	
Dependent	Dependent	
		Town of Burnets
		Type of Dependent
		1 = Child living w/taxpayer
		2 = Child not living w/taypaver
		3 = Dependent other than child 4 = Head of household or
		qualifying surviving
		spouse (QSS) only.
		5 = Earned income credit only,
		not a dependent
		Earned Income Credit
		1 Miles and inchis (defende)
		1 = When applicable (default) 2 = Student age 19 to 23
Dependent	Dependent	3 = Disabled
		4 = Force 5 = Suppress
		NOTE: If you alsies the sound
		NOTE: If you claim the earned income credit, please provide
		proof that your child is a res-
		ident of the U.S. This proof is typically in the form of:
		School records or statement
		2. Landlord or property man-
		agement statement 3. Health care provider
		statement
		4. Medical records 5. Child care provider records
-		6. Placement agency statement
Dependent	Dependent	7. Social service records or statement
		8. Place of worship statement
		9. Indian tribe office statement 10. Employer statement
		10. Employer statement
		NOTE: If your child is disabled,
		I blease provide one of the fol-
		please provide one of the fol- lowing forms of proof of disa-
	100	lowing forms of proof of disability:
		lowing forms of proof of disability: 1. Doctor statement
		iowing forms of proof of disability: 1. Doctor statement 2. Other health care provider statement
	1	iowing forms of proof of disability: 1. Doctor statement 2. Other health care provider statement 3. Social services agency or
		iowing forms of proof of disability: 1. Doctor statement 2. Other health care provider statement

2024	1040	US	Miscellaneous Questions
	If any	of the foll appi	owing items pertain to you or your spouse for 2024, please check the ropriate box and provide additional information if necessary.
YES	NO		DNAL INFORMATION narital status change during the year?
		Did your a	address change during the year?
		Could you	be claimed as a dependent on another person's tax return for \${Y+00}?
			NDENTS e any changes in dependents?
			of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or udent) at the end of 2024?
		Did you ha dividend in	ave any children under age 19 or full-time students under age 24 at the end of 2024, with interest and income in excess of \$1,300, or total investment income in excess of \$2,600?
		HEAL1	TH CARE COVERAGE
		Did you re	ceive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.
		INCOM	1E
		Did you re	ceive unreported tip income of \$20 or more in any month?
			ash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for your spouse, or your dependents?
		Did you re	ceive any disability income?
		Did you ha	ave any foreign income or pay any foreign taxes?
		PURCI	HASES, SALES AND DEBT
		Did you st	art a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, tion, trust, or REMIC?
			urchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any assets to business use?
		Did you bu	uy or sell any stocks, bonds or other investment property in \${Y+00}?
		Did you pu	urchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
			ake any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel
		Did you ha	ave any debts cancelled or forgiven?
		Does anyo	one owe you money which has become uncollectible?

2024	1040	US	Miscellaneous Questions (continued)
	If any	of the foll app	owing items pertain to you or your spouse for 2024, please check the ropriate box and provide additional information if necessary.
YES	NO		EMENT PLANS eceive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you m	nake a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you tr	ransfer or rollover any amount from one retirement plan to another retirement plan?
			eceive a distribution from an Education Savings Account or a Qualified Tuition Program?
			ZED DEDUCTIONS neur a loss because of damaged or stolen property?
		Did you w	ork out of town for part of the year?
		Did you u	se your car on the job (other than to and from work)?
		Did you ap If you hav refunded)	pply an overpayment of 2023 taxes to your 2024 estimated tax (instead of being refunded)? The an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax (instead of being refunded)? Repect your 2025 taxable income and withholdings to be different from 2024?
		MISCE Do you wa Does your May the If	ELLANEOUS ant to allocate \$3 to the Presidential Election Campaign Fund? r spouse want to allocate \$3 to the Presidential Election Campaign Fund? RS discuss your tax return with your preparer? ave an interest in or signature or other authority over a financial account in a foreign country, such as a bank securities account, or other financial account?

2024	1040	US	Miscellaneous Questions (continued)
***	If any	of the foll app	owing items pertain to you or your spouse for 2024, please check the ropriate box and provide additional information if necessary.
YES	NO	MISCE	ELLANEOUS (continued)
		Did you re	eceive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
		Was your	home rented out or used for business?
		Medicare	ave a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Advantage MSA because of the death of the account holder? Or, were you a policyholder who received under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life policy?
		Did you re	eceive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
		Are you a military or	member of the Armed Forces of the United States on active duty who moved pursuant to a rder related to a permanent change of station?
		Did you e	ngage the services of any household employees?
		Were you	notified or audited by either the Internal Revenue Service or the State taxing agency?
		Did you o	r your spouse make any gifts to an individual that total more than \$18,000, or any gifts to a trust?
		Did your b	pank account information change within the last twelve months?
			ne during 2024, did you receive, sell, send, exchange, or otherwise acquire any financial interest in all currency?
	<u> </u>		

	1040	110	D.		'. O E .: .	/E 10	40 EC\		ray
24	1040	US	Direc	t Depo	sit & Estimate	es (Form 10	40 ES)		3,
NIDE	CT DEDC	ISIT / FI			all pertinent 2024	information.			
	, ,								
i=electr	onic payment	or estimated	tax				11.00 (10)	Maria de la companya	Complete Telephone
BAN	K INFORM	NOITAN							
	Name o	of Bank		Percent to Deposit (xx.xx)	Routing Number	Account N	lumber	Type of Account (Table 1)	Type of Invest (Table
2024	ESTIMAT	ED TAX /	1040-ES	S (6)				2024	
Federa	al			Amo	unt Paid	Date Paid	TS	2024 Voucher Amo	ount
Overpay	ment applied	from 2023			EN N			BANGE THE SEC	
lst quar	ter payment.								
2nd qua	rter payment.								
3rd quar	rter payment.								
4th quar	ter payment.								
							100		
	Additional Es Tax Payn								1
	· ax · ay · ·						10		
Daid with	h extension								Ш
	spouse SSN if		⊢						0,2111
OHITICE S	spouse 3314 III	onit estimates	, [IIII as				
State				Amo	unt Paid	Date Paid	TS	2024 Voucher Ame	ount
Overpayı	ment applied for	rom 2023			14451				
	ter payment								
,	rter payment .		⊢					4 1	
	ter payment								
lth quart	ter payment								
									172
	Additional Es	stimated							
	Tax Paym	nents					111		
							100		LHP ho
aid with	n extension								
	1	Type of Acc	ount		2	Type of Investment			
					1 = Checking or savings (de	fault) 6 = Covero	dell savings acco	unt (ESA)	
		1 = Savings 2 = Checking	9		2 = Taxpayer's IRA (next ye 3 = Spouse's IRA (next year	ar limits) 7 = Other limits) 8 = Taxpa	ver's IRA (curren	t year limits)	
					4 = Health savings account 5 = Archer MSA	(HSA) 9 = Spous	e's IRA (current	year limits)	
	1			1 1				_	

ORGANIZER Page 9 Direct Deposit & Estimates (Form 1040 ES) (cont.) US 1040 7.1 2024 Please enter all pertinent 2024 information. **APPLICATION OF 2024 OVERPAYMENT (7.1)** If you have an overpayment of 2024 taxes, do you want the excess refunded? or applied to 2025 estimate? Other (please explain): 2025 ESTIMATED TAX INFORMATION Do you expect your 2025 taxable income to be different from 2024? If "yes" explain any differences in income, deductions, dependents, etc.: Do you expect your 2025 withholding to be different from 2024? If "yes" explain any differences: **7.**1

ORGANIZER Wages, Pensions, Gambling Winnings 10, 13.1, 13.2 1040 US 2024 Please enter all pertinent 2024 amounts & attach all W-2, W-2G and 1099-R forms. Last year's amounts are provided for your reference. WAGES, SALARIES, TIPS (10) Wages, Tips, Other Tax Withheld 1=retirement Social plan (Box 13) Name of Employer (Box c) Federal Medicare State Local Compensation Security (Box 4) No (Box 2) (Box 6) (Box 17) (Box 19) 2023 1=spouse (Box 1) Wages **PENSIONS, IRA DISTRIBUTIONS (13.1)** Tax Withheld Distribution code #2 Value of Gross Taxable Distribution code #1 all IRAs Name of Payer Distribution Amount Federal State at 12/31/24 2023 No. =IRA/SEP/SIMPLE (Box 1) (Box 2a) (Box 14) (Box 4) Distribution =spouse **GAMBLING WINNINGS (W-2G) (13.2)** Tax Withheld Gross Winnings Name of Payer 1=spouse 2023 (Box 1) No. Federal (Box 4) State (Box 15) Local (Box 17) Winnings **GAMBLING LOSSES & WINNINGS (NON W-2G)** (13.2)2024 Amount 2023 Amount TS Total gambling losses.....

2024 1040 US Interest & Dividend Income 11, 12

Please enter all pertinent 2024 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

INTEREST INCOME (11)

	Name of Paver	1		Interest Income		Tax-Exem	pt Interest	Early Withdrawal	
lo.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds	Penalty (Box 2)	2023 Interest
							_		

DIVIDEND INCOME (12)

		1-taypaya		Di	vidend Incor	ne			pt Interest	Foreign	
No.	Name of Payer	2=spouse	Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	l otal Municipal Bonds	In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 7)	2023 Dividends
<u> </u>											
	•			-			•				

2024 1040 US Miscellaneous Income 14.1

Please enter all pertinent 2024 amounts and attach all 1099-MISC, 1099-NEC, 1099-K, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME	2024 Am	ount	2023 Amount		
	Taxpayer	Spouse	Taxpayer	Spouse	
Social security benefits (SSA-1099, box 5)					
Medicare premiums paid (SSA-1099)					
I=treat Medicare premiums paid as SE health ins					
Tier 1 RR retirement benefits (RRB-1099, box 5)					
I=lump-sum election for SS benefits					
Alimony received					
Taxable scholarships and fellowships					
Jury duty pay					
Household employee income not on W-2					
Excess minister's allowance					
Alaska permanent fund dividends					
ncome from rental of personal property					
Activity not engaged in for profit income					
Olympic & Paralympic medals & USOC prize money					
Prizes and awards					
Stock Options				-	
Strike or lockout benefits (other than bona fide gifts)					
lon-tuition fellowship and stipend payments entered above to nclude as taxable compensation for IRA purposes					
Vages earned while incarcerated not on W-2					
ncome subject to S/E tax: (1099-NEC, box 1)					
(1000) (1000)					
		-			
			·		
			· -		
			ł		
-			<u> </u>		
				l	
ner income (1099-MISC, box 3, 8)			1	1	
Town 1000 K					
Form 1099-K					
Amount of sale proceeds from Form 1099-K for					
ersonal item(s) sold at a loss					
mount from Form 1099-K that was incorrectly reported	W 35 C		J		
TAX WITHHELD (not entered elsewhere)					
ederal income tax withheld]		
State income tax withheld					
Local income tax withheld		· · ·			

JRGANIZER					 <u>rage 1.</u>	2
	4040				440	

State & Local Tax Refunds / Unemployment Compensation 2024 1040 US 14.2

Please add, change or delete 2024 information as appropriate. Be sure to attach all 1099-G forms.

STATE AND LOCAL TAX REFUNDS / UNEMPLOYMENT COMPENSATION (Form 1099-G)

2024 1099-G Amount

		2024 1095-G AMOUNT
	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Total received (Box 1)	
	2024 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2) .	
	1=city or local income tax refund	
	Tax year for box 2 if not 2023 (Box 3)	
No.	Federal income tax withheld (Box 4)	
No.	RTAA payments (Box 5)	
	Taxable grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Farm amounts:	
	Agriculture payments (Box 7)	
	1=agriculture payments are from conservation reserve program	
	Market gain (Box 9)	
	Number of farm	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	
		<u> </u>
	Name of payer	-
	1=spouse.	
	Unemployment compensation:	
	Total received (Box 1)	
	2024 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2023 (Box 3)	
	Federal income tax withheld (Box 4)	
No.	RTAA payments (Box 5)	
	Taxable grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Farm amounts:	
	Agriculture payments (Box 7)	
	1=agriculture payments are from conservation reserve program	To see that the country of the
	Market gain (Box 9)	
	Number of farm.	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	

4	1040	US	Education Distributions (ES	A's and QTP's	s) 14
ESA	'S AN		enter all pertinent 2024 amounts and attallified education expenses below that a Last year's amounts are provided for corm 1099-Q)	tach all 1099-Q form ire not entered else your reference.	vhere. 2023 Amount
		Name of payer.		EULT PHIOGHT	
		1=spouse			
		Qualified expens	ses:		
		Higher educ	cation (net of nontaxable benefits)		
		Elementary	& secondary education (net of nontaxable benefits)		
		Form 1099-Q:			
		Gross distri	butions (Box 1)		
No.		Earnings (E	3ox 2)		
		Basis (Box	3)		
		Rollover: 1:	=nontaxable, 2=taxable (Box 4)		
		Distribution ty	pe: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	-	ESA's only:			
		2024 contri	butions to this ESA		
		Value of thi	s account at 12/31/24 (plus outstanding rollovers)		
		Basis in thi	s ESA as of 12/31/23		
		Name of payor			
		Qualified expens			
		•	cation (net of nontaxable benefits)		
		-	& secondary education (net of nontaxable benefits)		
		Form 1099-Q:	a secondary education (liet of holitaxable beliefits)		
			butions (Box 1)		
No.	I		30x 2)		
		• '	3)		
		*	=nontaxable, 2=taxable (Box 4)		
			pe: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
		ESA's only:			
		-	butions to this ESA		
			s account at 12/31/24 (plus outstanding rollovers)	<u> </u>	
		Basis in this	ESA as of 12/31/23		
			·		
		Name of payer.			
	ļ	1=spouse			
	ļ	Qualified expens	ses:		
	ļ	•	cation (net of nontaxable benefits)		
		Elementary	& secondary education (net of nontaxable benefits)		
		Form 1099-Q:			

Gross distributions (Box 1).....

Earnings (Box 2)..... Basis (Box 3)..... Rollover: 1=nontaxable, 2=taxable (Box 4) Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) . . .

2024 contributions to this ESA

(plus outstanding rollovers)

Value of this account at 12/31/24

Basis in this ESA as of 12/31/23

No.

ESA's only:

16

24	1040	US	Business Income (Sched	ule C)	No.	16
	Please en	ter all pert	inent 2024 amounts. Last year's amo	ounts are provided for	your reference.	
GEN	NERAL IN	FORMA	FION			
	•					
	•		Form 1040			
			m Form 1040	· · · · · · · · · · · · · · · · · · ·		
	·					
)			
			040			
	n region					
_						
_						
Accou	untina method:	1=cash, 2=a	accrual			al United
	-		ver cost/market, 3=other			
	-					
	-	•				
			usiness			
			will you file all required Form(s) 1099: 1=yes, 2=no			
			tax			
			erial income producing factor			
1=inve	estment					
1=min	nister's Schedu	le C				
1=sing	gle member lin	nited liability	company			
			commodities			,
1110	0115					Á
INC	OME			2024 Amount	2023 Amount	
Gross	receipts or sa	les (Form 109	99-NEC)			
Return	ns and allowar	ices				
		.000				
	income:					
Other	income:					
Other	ST OF GO	ODS SO				
CO:	ST OF GO	ODS SO	r			
CO:	ST OF GO tory at beginningses	ODS SO	r			
COS Invent Purch: Cost of	ST OF GO tory at beginningses	ODS SO	r			
COS Invent Cost of Cos	ST OF GO tory at beginningses	ODS SO	r			
COS Invent Purch Cost of Cost of Material	ST OF GO tory at beginning lases	ODS SO	r			
COS Invent Purch Cost of Cost of Material	ST OF GO tory at beginningses	ODS SO	r			
COS Invent Purch Cost of Cost of Material	ST OF GO tory at beginning lases	ODS SO	r			
COS Invent Purch Cost of Cost of Material	ST OF GO tory at beginning lases	ODS SO	r			
COS Invent Purch Cost of Cost of Material	ST OF GO tory at beginning lases	ODS SO	r			
COS Invent Purch Cost of Cost of Material	ST OF GO tory at beginning lases	ODS SO	r			
COS Invent Purch Cost of Cost of Materio Other	ST OF GO tory at beginning lases of items for per of labor ials and supplicosts:	ODS SO	r			

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference. EXPENSES Accounting. Accounting. Advertising. Advertising. Advertising. Bad debts from sales or service. Bark charges. Car and truck expenses (not entered elsewhere). Commissions. Contract labor. Delivery and freight. Dues and subscriptions. Employee benefit programs. Insurance (other than health). Mortagee interest (paid to banks, etc.). Other interest (not entered elsewhere). Janitorial. Legal and professional. Miscellaneous. Office expense. Outside services. Persion and profit sharing plans - contributions. Pension and profit sharing plans - admin. and education costs. Pension and profit sharing plans - admin. and education costs. Postage. Printing. Rent - vehicles, machinery, & equipment (not entered elsewhere). Rent - other. Repairs. Security. Security. Security. Taxes - real estate. Taxes - payroll Taxes - real estate. Taxes - spyroll Taxes - real estate included in gross receipts. Taxes - solver (not entered elsewhere).	24	1040	US	Business Income (Schedu	No.	16 p	
Accounting. Advertising. Advertising. Advertising. Bad debts from sales or service. Bank charges Car and truck expenses (not entered elsewhere) Commissions. Contract labor. Contract labor. Contract labor. Contract labor. Dues and subscriptions. Employee benefit programs. Insurance (other than health). Mortgage interest (paid to banks, etc.). Other interest (not entered elsewhere) Janitorial. Laundry and cleaning. Legal and professional. Miscellaneous. Office expense. Outside services. Parking and tolls. Pension and profit sharing plans - contributions. Pension and profit sharing plans - admin. and education costs. Postage. Printing. Rent - vehicles, machinery, & equipment (not entered elsewhere) Rent - other. Repairs. Security. Supplies. Taxes - palyerli. Taxes - salestate. Taxes - palyerli. Taxes - salestate included in gross receipts. Taxes - solver (not entered elsewhere) Travel. Meals in full (60%). Department of Transportation meals in full (80%). Uniforms. Uniforms. Uniforms.		Please en	ter all pert	inent 2024 amounts. Last year's amou	ınts are provided for	your reference.	
Advertising	EXP	ENSES			2024 Amount	2023 Amou	nt
Answering service. Bad debts from sales or service Bank charges. Car and truck expenses (not entered elsewhere) Commissions. Contract labor. Delivery and freight. Dues and subscriptions. Employee benefit programs Insurance (other than health) Mortgage interest (paid to banks, etc.) Other interest (not entered elsewhere) Janitorial. Legal and professional Miscellaneous. Office expense. Outside services. Pension and profit sharing plans - admin. and education cost. Pension and profit sharing plans - admin. and education cost. Pension and profit sharing plans - admin. and education cost. Pension and profit sharing plans - admin. and education cost. Pension and profit sharing plans - admin. and education cost. Pension and profit sharing plans - admin. and education cost. Pension and profit sharing pl	Accou	nting					
Answering service. Bad debts from sales or service Bank charges. Car and truck expenses (not entered elsewhere) Commissions. Contract labor. Delivery and freight. Dues and subscriptions. Employee benefit programs Insurance (other than health) Mortgage interest (paid to banks, etc.) Other interest (not entered elsewhere) Janitorial. Legal and professional Miscellaneous. Office expense. Outside services. Pension and profit sharing plans - admin. and education cost. Pension and profit sharing plans - admin. and education cost. Pension and profit sharing plans - admin. and education cost. Pension and profit sharing plans - admin. and education cost. Pension and profit sharing plans - admin. and education cost. Pension and profit sharing plans - admin. and education cost. Pension and profit sharing pl	Advert	tising					
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Bank charges Car and truck expenses (not entered elsewhere) Commissions Contract labor Delivery and freight Delivery and freight Dese and subscriptions Employee benefit programs Insurance (other than health) Insurance (other than health) Mortgage interest (paid to banks, etc.) Other interest (not entered elsewhere) Janitorial Laundry and cleaning Legal and professional Miscellaneous Office expense. Outside services Parking and toils Pension and profit sharing plans - contributions Pension and profit sharing plans - admin. and education costs Postage. Printing Rent - vehicles, machinery, & equipment (not entered elsewhere) Rent - other Repairs. Security. Supplies Taxes - real estate Taxes - payroll. Taxes - sales tax included in gross receipts Taxes - sales tax included in gross receipts Taxes - faxes - fax of the first of the		_		├			
Commissions. Contract labor Contract labor Delivery and freight. Dues and subscriptions Employee benefit programs Insurance (other than health) Mortgage interest (paid to banks, etc.) Other interest (not entered elsewhere) Janitorial. Laundry and cleaning. Legal and professional. Miscellaneous Office expense. Outside services. Parking and tolls. Pension and profit sharing plans - contributions Pension and profit sharing plans - admin. and education costs Postage. Printing. Rent - vehicles, machinery, & equipment (not entered elsewhere) Rent - other. Repairs. Security. Supplies. Taxes - sales tax included in gross receipts. Taxes - other (not entered elsewhere) Telephone. Tools. Travel. Meals in full (50%) Department of Transportation meals in full (80%) Uniforms. Utilities.					<u> </u>		
Commissions. Contract labor. Contract labor. Delivery and freight. Dues and subscriptions Employee benefit programs Insurance (other than health). Mortgage interest (paid to banks, etc.). Other interest (not entered elsewhere) Janitorial. Laundry and cleaning. Legal and professional. Miscellaneous. Office expense. Outside services. Parking and tolls. Pension and profit sharing plans - contributions Pension and profit sharing plans - admin. and education costs Postage. Printing. Rent - vehicles, machinery, & equipment (not entered elsewhere) Rent - other. Repairs. Security. Supplies. Taxes - sales tax included in gross receipts. Taxes - stake tax included in gross receipts. Taxes - other (not entered elsewhere) Telephone. Tools. Travel. Meals in full (50%) Department of Transportation meals in full (80%) Uniforms. Utilities.		_					
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Department of Transportation meals in full (80%) Uniforms Utilities.		_					
Uniforms. Utilities.							
Utilities	•		•	` '			
Wages							

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

2024 1040 US Capital Gains & Losses (Schedule D)

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If you sold any stocks, bonds, or other investment property in 2024, please list the pertinent information for each sale below or provide a spreadsheet file with this information. Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
						£			
						-			
	,								
									17

24	1040	US	Rental & Royalty Income	(Schedule E)	No.	18
	Please ente	r all perti	nent 2024 amounts. Last year's am	ounts are provided for	r your reference.	
GEN	IERAL INF	ORMAT	ON	2024 Amount	2023 Amou	nt
Descri	ption of property	,[Type of Pro	norty.
Street	address			18.4-11		· · ·
City			11 11 11 11 11 11 11 11 11 11 11 11 11	***	1 = Single Family R 2 = Multi-Family Re	esidence esidence
State.		[3 = Vacation/Short- 4 = Commercial	-Term Rental
ZIP co	de	[5 = Land	
Type o	of property (see	table) [6 = Royalties 7 = Self-Rental	
Other	type of property	[/ = Self-Kelital	
Numbe	er of days rented	1		34		
Percents	age of ownership	-				
if not 10	age of ownership 0% (.xxxx) age of tenant occupar			not actively participate		
if not 10	0% (.xxxx)			estate professional		
1=spoi	use, 2=joint			al other than real estate		
1=nonpa	lified joint ventur assive activity,	-	1=inve:	stment		
2=passiv	ve royalty		liability o	ompany		
If requ	ired to file Form	(s) 1099, di	you or will you file all required Form(s) 1099	: 1=yes, 2=no		
INC	OME			2024 Amount	2023 Amou	nt
Rents	or rovalties rece	ived	Г			
NOTE Advert Associ Auto a	isingisingiation dues ind travel (not er	es are relate	d only to the rental activity. These include re	ntal agency fees, advertising,	, and office supplies.	
Advert Associ Auto a Cleanii Comm	: Direct expense ising	es are relate	here)	ntal agency fees, advertising,	, and office supplies.	
Advert Associ Auto a Cleanii Comm Garder	: Direct expense ising	es are relate	nere)	ntal agency fees, advertising,	, and office supplies.	
Advert Associ Auto a Cleanii Comm Garder Insurai	: Direct expense ising	es are relate	nere)	ntal agency fees, advertising,	, and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai	i: Direct expense ising	es are relate	nere)	ntal agency fees, advertising,	, and office supplies.	
Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licens	i: Direct expense ising	es are relate	nere)	ntal agency fees, advertising,	, and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licens Manag	i: Direct expense ising	es are relate	mere)	ntal agency fees, advertising,	, and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licensi Manag Miscell	i: Direct expense ising	es are relate	here)	ntal agency fees, advertising,	, and office supplies.	
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NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licensi Manag Miscell Mortga Excess	is Direct expense ising	ntered elsewance	here)	ntal agency fees, advertising,	, and office supplies.	
Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licens Manag Miscell Mortga Excess Other i	is Direct expense ising	es are relate	here)	ntal agency fees, advertising,	, and office supplies.	
Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licens Manag Miscell Mortga Excess Other i Paintir Pest co	is Direct expense ising	es are relate	tc.)	ntal agency fees, advertising,	, and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licens: Manag Miscell Mortga Excess Other i Paintir Pest of	is Direct expense ising	at to banks, or est.	nere)	ntal agency fees, advertising,	, and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licensi Manag Miscell Mortga Excess Other i Paintir Pest co Plumbi Repair	is Direct expense ising	at to banks, of the standard of the same o	nere)	ntal agency fees, advertising,	, and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licensi Manag Miscell Mortga Excess Other i Paintir Pest co Plumbi Repair Supplie	is Direct expense ising	es are relate	nere)	ntal agency fees, advertising,	, and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a License Manag Miscell Mortga Excess Other i Paintir Pest co Plumb Repair Supplie Taxes	is Direct expense ising	es are relate	nere)	ntal agency fees, advertising,	, and office supplies.	
Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licens Manag Miscell Mortga Excess Other i Paintir Pest or Plumb Repair Supplii Taxes Taxes	is Direct expense ising	es are relate	nere) ttc.)	ntal agency fees, advertising,	, and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insural Legal a Licens Manag Miscell Mortga Excess Other i Paintir Pest or Plumbi Repair Supplie Taxes Taxes	is Direct expense ising	es are relate	nere) ttc.) re)	ntal agency fees, advertising,	, and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licens Manag Miscell Mortga Excess Other i Paintir Pest or Plumb Repair Supplie Taxes Taxes Teleph Utilities	is Direct expense ising	es are relate	nere) ttc.) re)	ntal agency fees, advertising,	, and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licens: Manag Miscell Mortga Excess Other i Paintir Pest or Plumbi Repair Supplie Taxes Taxes Teleph Utilities Wages	is Direct expense ising	es are relate	nere) ttc.) re)	ntal agency fees, advertising,	, and office supplies.	
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NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licens: Manag Miscell Mortga Excess Other i Paintir Pest or Plumbi Repair Supplie Taxes Taxes Teleph Utilities Wages	is Direct expense ising	es are relate	nere) ttc.) re)	ntal agency fees, advertising,	, and office supplies.	

18

е	xpense co	lumn shou	024 amounts. Last year's amounts Id only be used for vacation homes	or less than 100% tena	nt occupied rentals.
GEN	IERAL IN	FORMAT	ION		
Foreig	n region			<u>.</u>	
Foreig	n postal code				
Foreig	n country				
OIL	AND GAS	S		2024 America	2022 A
			γ)	2024 Amount	2023 Amount
		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	•		unt		
			1 if none)		
State '	% depletion ra	ate or amount	if different (-1 if none)		
PFR	SONAL I	ISF OF I	WELLING UNIT (INCLUDING	VACATION HOME)	
				TAGATION HOME,	
	, ,		I method elected)		
	RECT EX				•
				_14	
NOTE	These includ	enses are rela le repairs, ins	ted to operating or maintaining the dwelling unurance, and utilities.	ш.	
	=				
			vhere)		
	•				
	•				
	•				
			etc.)		
_				-	
	0 0		ere)		-
	ng and decora		· · · · · · · · · · · · · · · · · · ·		
Plumb	ing and electr	ical			
Repair	s			****	
Suppli	es				
Taxes	- real estate.				
Taxes	- other (not e	ntered elsewh	ere) [
Teleph	one				
Utilitie	S				
Wages	and salaries			<u></u>	
Other:					
ouler:			Г		
-					
-	-				
-					
-				.	

2024	1040	US	Asset Disposition List	22

If you disposed of any business assets in 2024, please enter date sold, sales price, and expenses of sale. For real estate transactions, be sure to attach all 1099-S forms and closing statements.

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale
				_		

2024 1040 US Asset Acquisition List

22 p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2024, please enter all pertinent information below.

1		Dalatad	Preparer Use Only			Date Placed	d Cost	Preparer Use C	
No.	Description of Property	Related Business or Activity	Form	No. of Form	Category	Date Placed in Service	Cost or Basis	Current Section 179	Metho
						_			
+							-		
									_
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
_									

2024	1040	US	Vehicle Expenses			22 p3
	Please en	ter all pert	inent 2024 amounts. Last year's amo	ounts are provided for	r your reference.	
GEI	NERAL IN	IFORMA ⁻	TION	2024 Amount	2023 Amount	
Descr	iption of vehic	le				
			eduction			
			your deduction			
		_	or personal use			No.
			than 5% owner			
Numb	er of months	of business us	se if changed from 100% personal use			
AU	ГОМОВІЬ	E MILEA	GE			
Total	mileage (for the	ne tax year)				
	-		/ear)			Mille
Avera	ge daily round	I-trip commute	e			
ACT	TUAL EXI	PENSES				
Parkii	ng fees and to	lls (business	portion only)			
Gasol	ine, lube, oil.					
Repai	rs	· · · · · · · · · · · · · · · ·				
			I property taxes)	····		
			on car's value)			
			C, E & F)			
			ve)			
value	or employer-	orovided verile	Lie on Form W-2 (2100)			
						2

MUANIZER					Page 23
2024	1040	US	Adjustments to Income	**	24

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

DADITIONAL IDA CONTRIBUTIONS	2024 Amount	2023 An	nount
RADITIONAL IRA CONTRIBUTIONS Taxpayer	Spouse	Taxpayer	Spouse
A contributions you made or expect to make =maximum) (\$7,000/\$8,000 if 50 or older)			
ontributions made to date			
covered by plan, 2=not covered			
24 payments from 1/1/23 to 4/15/23			
OTH IRA CONTRIBUTIONS			
oth IRA contributions you made or expect to ake (1=maximum) (\$7,000/\$8,000 if 50 or older)			
ntributions made to date			
EP, SIMPLE AND QUALIFIED PLANS (KEOG	H)		
ofit-sharing (25%/1.25) contributions you			
ade or expect to make (1=maximum)			
ney purchase (25%/1.25) contributions you de or expect to make (1=maximum)			
fined benefit contributions you expect to make			
If-employed SEP (25%/1.25) contributions you add or expect to make (1=maximum)			
an contribution rate if not .25 (.xxxx)			
vidual 401k: SE elective deferrals (except Roth) (1=max.)			
vidual 401k: SE designated Roth contributions (1=max.)			
MPLE contributions:			
Self-employed SIMPLE contributions you			
made or expect to make (1=maximum)		<u> </u>	
Employer matching rate if not .03 (.xxxx)			
1=nonelective contributions (2%)			
ntributions made to date			
DJUSTMENTS TO INCOME			
If-employed health insurance:			
Total premiums (excluding long-term care)			
Long-term care premiums			
udent loan interest paid (1098-E, box 1)			
ucator expenses (kindergarten thru grade 12)			
ry duty pay given to employer			
orney fees and court costs for unlawful discrimination claims			
orney fees and court costs paid in connection with IRS award for information on tax law violations			
atributions by certain chaplains to section 403(b) plans			
forestation amortization and expenses			
payment of supplemental unemployment benefits			
Pot-			
penses from rental of personal property			
her adjustments to income:		,	

ORGANIZER					Page 24
2024	1040	US	Adjustments to Incom	е	24 p2
		er all pertir		's amounts are provided for you	r reference.
Alimony	paid:	Tax	payer	Spouse	
Date of divo	rce or sep. ag	greement			
Rec	ipient's first n	ame			
Red	ipient's last n	ame			
Rec	ipient's SSN.				
Ame	ount paid		2023 amt:	2023	amt:

2024 1040 US Itemized Deductions 25

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

MEDICAL	AND DENTAL	EVDENCES	

Medicare insurance premiums on Sheet 14.	2024 Amount	TS	2023 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
nsurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)			
ong-term care premiums - taxpayer			
ong-term care premiums - spouse			
nsurance reimbursement (enter as a positive number)			
odging and transportation:			
Out-of-pocket expenses	·		
Medical miles driven			
'			
hther medical and dental expenses:			
	<u></u>		
			
TAXES PAID (State and local withholding and 2024 estimates are auto	matic)		
State income taxes - 1/24 payment on 2023 state estimate			
State income taxes - paid with 2023 state return extension			
State income taxes - paid with 2023 state return			
State income taxes - paid with 2023 state return State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/24 payment on 2023 city/local estimate			<u> </u>
City/local income taxes - paid with 2023 city/local extension			
City/local income taxes - paid with 2023 city/local return			
	96		
SALES AND USE TAXES PAID			
State and local sales taxes (except autos and special items)			
Use taxes paid on 2024 purchases			
Jse taxes paid with 2023 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			
OTHER TAXES PAID			
Real estate taxes - principal residence:			
Real estate taxes - held for investment :			
_			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)			
Foreign income taxes			
Other taxes:			
I			

ORGANIZER Itemized Deductions (continued) 1040 US 25 p2 2024 Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference. **INTEREST PAID** 2023 Amount Home mortgage int. (Box 1) and points (Box 5) reported on Form 1098: 2024 Amount Home mortgage interest not reported on Form 1098: Payee's name...... Payee's SSN or FEIN... Payee's street address.. Payee's city..... Payee's state..... Payee's ZIP code Payee's region..... Payee's postal code.... Payee's country..... Amount paid..... Points not reported on Form 1098: Investment interest (interest on margin accounts): Passive interest..... NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans. CASH CONTRIBUTIONS NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s). Churches, schools, hospitals, and other charitable organizations (60% limitation): Contributions by cash or check: Number of charitable miles..... Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation): Contributions by cash or check: Number of charitable miles.....

	1040	US	Itemized Deductions (co	ntinued)		25
	NCASH C	ONTRIB	inent 2024 amounts. Last year's am UTIONS ash contributions are over \$500. No deduction condition or better. In addition, a deduction fo			
50%	limitation (see	above):	Г	2024 Amount	тѕ	2023 Amount
30%	limitation (see	above):				
0070						
30% (capital gain pro	operty (gifts o	of capital gain property to 50% limit orgs.):			
20% (canital gain pro	operty (gifts (of capital gain property to non-50% limit orgs.):			
2070			Formula guilt property to non-35% mint organia			
			IF NON-CONFORMING TO TAX	CUTS & JOBS	ACT (st	ubject to 2% AGI limit)
Union	and professio	nal dues			ACT (st	ubject to 2% AGI limit)
Union	and professio	nal dues	-		ACT (st	ubject to 2% AGI limit)
Union	and professio	nal dues			ACT (st	ubject to 2% AGI limit)
Union	and professio	nal dues			ACT (st	ubject to 2% AGI limit)
Union Other profes	and professio	nal dues employee ex ptions, emplo			ACT (st	ubject to 2% AGI limit)
Union Other profes	and professio unreimbursed ssional subscri	nal dues employee ex ptions, emplo			ACT (st	ubject to 2% AGI limit)
Union Other profes	and professio unreimbursed ssional subscri	nal dues employee ex ptions, emplo			ACT (st	ubject to 2% AGI limit)
Union Other profes	and professio unreimbursed ssional subscri	employee exptions, employee	spenses (uniforms and protective clothing, byment agency fees, and certain edu. expenses		ACT (st	ubject to 2% AGI limit)
Union Other profess Invess	and profession unreimbursed ssional subscri	employee exptions, employee:			ACT (su	ubject to 2% AGI limit)

ORGANIZER Page 28

2024 1040 US Itemized Deductions (continued) 25 p4

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

2024 Amount	TS	2023 Amount
_	\rightarrow	
_	-+-	
_		
		· · · · · · · · · · · · · · · · · · ·
- }	-++	
-	- 	
_	\rightarrow	
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_		-
	\rightarrow	
	\rightarrow	
-		
-		
_	\rightarrow	

2024 1040 US Itemized Deductions (continued) 25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- 1. Total home equity debt exceeded \$100,000 at any time during 2024 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
- Total home acquisition debt exceeded \$750,000 at any time during 2024 (\$375,000 if married filing separate). For this purpose, home
 acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve
 your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

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

	2024 Amount	TS	2023 Amount
Fair market value of the property on the date that the last debt was secured.			
lome acquisition and grandfather debt on the date that the last debt was secured			
LOAN INFORMATION			
oan #1			
Lender's name			
Form (see table)		1/4	METUKATAN MEMBU
Number of form			
1=taxpayer, 2=spouse, blank=joint		1	
Interest paid.			
Points paid			
Total principal paid		1-1-	
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2024			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2024			
Grandfather debt balance - beginning of year			
oan #2			
Lender's name.			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			,
Lump sum principal payment (if paid off)			***************************************
Months outstanding (if not 12)	-		
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)			
Home acquisition debt balance - beginning of year	ATMAN BUTTO		
Home acquisition debt borrowed in 2024			***
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2024			
Grandfather debt balance - beginning of year		1	
Form			
1 = Schedule A (defau			
2 = Business use of h	ome		

Itemized Deductions (continued) 1040 US 2024

25 p5 cont

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

LOAN INFORMATION (continued)

Loan #3	2024 Amount	TS	2023 Amount
Lender's name		15,1755	T-21_
Form (see table)		14.	
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2024			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2024			
Grandfather debt balance - beginning of year			
Loan #4			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2024			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2024			
Grandfather debt balance - beginning of year			

Form

1 = Schedule A (default) 2 = Business use of home 3 = Schedule E

2024 1040 US Noncash Contributions (Form 8283) 26.1,26.2

If your total noncash contributions are in excess of \$500 in 2024, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED	DDODEDTY	INICADMA	TION
DUNAILD	PROPERTY	HALOKIMA	TIIOIA

No.	City	=joint =cription (other than vehicle)				
No.	State ZIP code 1=spouse, 2 Property des	=joint =cription (other than vehicle)				
No.	ZIP code 1=spouse, 2 Property des	=joint joint (other than vehicle)				
No.	ZIP code 1=spouse, 2 Property des	=joint joint (other than vehicle)		MANAGEMENT CONTRACTOR		
No.	1=spouse, 2 Property des	=joint		dissipation scaling assistant		
No.	Property des	cription (other than vehicle)				
No		7				
No	Vehicle	Traction dumper (VIIV)				
No.	Vehicle	Year (yyyy)				
140.		1				
	Verlicie	Make				
		Model				
	Data of said	Odometer mileage				
		ribution (m/d/y)				
	Date acquire	d by donor (m/y)				
		d by donor (Table 1 or describe)				
		or basis				
		value				
	Method used	I to determine FMV (Table 2 or describe)				
	Name of cha	ritable organization (donee)				
	1	ss				
	1 '					
	I			10.500		
		=joint				
	1 '	· ·				
	Froperty des	cription (other than vehicle)				
		Identification number (VIN)				
A4.		Year (yyyy)	7111-32	11 15		
No.	Vehicle	Make		445		
		Model		-		
		Odometer mileage				
	Date of contribution (m/d/y)					
	Date acquired by donor (m/y)					
		d by donor (Table 1 or describe)		11112241 5		
	Donor's cost or basis					
	Fair market value					
		to determine FMV (Table 2 or describe)				
·-·			T_			
	How Pro	perty was Acquired	2 Method Used to	Determine FMV		
	1 = Purchase	3 = Inheritance	1 = Appraisal	3 = Catalog		
	2 = Gift	4 = Exchange	2 = Thrift shop value	4 = Comparable sales		
				, see IRS Pub. 561.		

ORGANIZER Page 32 Employee/Vehicle Bus. Exp. (Form 2106) 2024 1040 US 30 Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference. **GENERAL INFORMATION** Number of form (1=first Schedule C, 2=second, etc.) 1=spouse..... 1=performance artist, 2=handicapped, 3=fee-basis government official 1=minister's expenses **EMPLOYEE BUSINESS EXPENSES** 2023 Amount 2024 Amount Reimbursements for meals not on W-2, box 1 Local transportation (bus, taxi, train, etc.) Reimbursements not included on Form W-2, box 1 Other business expenses:

24	1040	US	Vehicle Expenses (Form 2	2106) (cont.)	No 30
	Please ent	er all pert	inent 2024 amounts. Last year's amo	unts are provided for	your reference.
VEH	ICLE INF	ORMATI	ION	2024 Amount	2023 Amount
1=vehi	icle used prim	arily by more	e than 5% owner		
1=vehi	icle is availabl	e for off-duty	personal use		
1=no c	other vehicle is	available fo	or personal use		
1=no e	evidence to su	pport your de	eduction		
1=no v	written evidend	e to support	your deduction		
VEH	ICLE 1				
Descri	ntion of vehicle	e			
					With the state of
•					
	• •				
			year)		YEAR THE THE TAXABLE PROPERTY.
			e		
			se if changed from 100% personal use		
			portion only)		
		,			
Actual	expenses:				
Ga	isoline, lube, d	oil			
Re	pairs				
Tir	es				
Ins	surance			····	
Mis	scellaneous				
Au	to license (oth	er than pers	onal property taxes)		
Pe	rsonal propert	y taxes (base	ed on car's value)		
			ule C, E & F)		
			nts		
Inc	lusion amoun	t (enter as po	ositive)		
Va	lue of employe	er-provided v	vehicle on Form W-2 (2106)		
	ICLE 2	,	` '		
Descrip	ption of vehicle	e			
Date p	laced in service	e (m/d/y)			
Total n	nileage (for the	e tax year)			
Busine	ess mileage				
Comm	uting mileage	(for the tax y	year)		
			e		
_			se if changed from 100% personal use		
			portion only)		
Actual	expenses:				
	•	oil			
Re	pairs				
Tire	es				
Ins	surance				
				· · · · · · · · · · · · · · · · · · ·	
Au	to license (oth	er than pers	onal property taxes)		
			ed on car's value)		
			ule C, E and F)		
			nts		
			<u> </u>		
	dusion amoun	t (enter as or	ositive)		

30 _{p2}

2024 1040 US Health Savings Accounts (8889) 32.1

Please enter all pertinent 2024 amounts & attach all 1099-SA forms.

Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE:Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2024, a high deductible health plan is one with an annual deductible that is not less than \$1,600 for self-only coverage or \$3,200 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$8,050 for self-only coverage or \$16,100 for family coverage.

	2024 Am	ount	2023 Am	ount
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				
HSA DISTRIBUTIONS				
Total HSA distribution received (1099-SA, box 1)				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

	1040	US	Child and Depe	ndent Car	Expenses (Form 2441)	33.1,
ase e paid	enter all pe for the ca	ertinent 202 are of one o	4 information. Last yea r more dependents ena	r's amounts a bling you to w	re provided for yo ork or attend sch	our reference. You ool to qualify for t	must hav
DFP	FNDFN	T CARE F	XPENSES (33.1)		Amount	2023 Amou	
				Taxpayer	Spouse	Taxpayer	Spouse
		rpenses incurre I benefits forfei	ed but not paid in 2024 .				
Embio	iyer-provided	benents forter	ted in 2024				
PER	SONS A	ND EXPE	NSES QUALIFYING	FOR DEPE	NDENT CARE	CREDIT	
	Fi	rst name					
	La	ast name					
	Ti	tle or suffix					
_	D:	ate of birth (m/e	d/y)				
No.	Si	ocial security n	umber				
	Q	ualified depend	ent care expenses				
						2023 amt:	
		•	bled at the time care was provided				
	1=	-spouse, z=join	t				
	Fi	rst name					
	La	st name					
	Ti	tle or suffix					
	Da	ate of birth (m/d	/y)				
No.	So	ocial security nu	mber				
_		ualified depende	ent care evnenses				
	in	curred and paid	ent care expenses in 2024			2023 amt:	
	1=	over age 12 & disa	bled at the time care was provided				
	1 1					The latter with the	
		spouse, 2=joint					
PER	SONS C	OR ORGAI	NIZATIONS PROVID	ING CARE (33.2)		
PER	SONS C	OR ORGAI	r	ING CARE (33.2)		
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	SONS C	oreign country	de	ING CARE (33.2)		
	RSONS C	P code	de	ING CARE (33.2)	2023 amt	
	RSONS C	preign country entification numerount paid to content of the country and the country are the country and the country are the country and the country are the c	de	ING CARE (33.2)	2023 amt:	
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First name				Education Credits		No.
I=taxpayer, 2=spouse. First nameast name. Social security number. Number of prior years AOC claimed. I=student was NOT encolled at least half-time for all least one academic period that began in the control of 2039 if the goalified expenses were made in 2024). I=student completed first four years of post-accordary education before 2024 I=student completed first four years of post-accordary education before 2024 I=student completed first four years of post-accordary education before 2024 I=student completed first four years of post-accordary education before 2024 I=student completed first four years of post-accordary education before 2024 I=student completed first four years of post-accordary education before 2024 I=student completed first four years of post-accordary education before 2024 I=student completed first four years of post-accordary education before 2024 I=student completed first four years of post-accordary education before 2024 I=student completed first four years of post-accordary education before 2024 I=student completed first four years of post-accordary education before 2024 I=student completed first four years of post-accordary education before 2024 I=student completed first four years of post-accordary education before 2024 I=student completed first four years of post-accordary education before 2024 I=student completed first four years of post-accordary education before 2024 I=student completed first four years of post-accordary education began in 2024 (red of refund or assistance, & not entered elsewhere) I=student was NOT received with Box 7 completed first four years of post-accordary education for post-accordary education for post-accordary education for post-accordary education began in 2024 (red of refund or assistance, & not entered elsewhere) I=student first four years of post-accordary education for post-accor		Please com your	plete the spouse, o	information below if you paid qual or your dependents enrolled in an Last year's amounts are provide	ified education expense accredited postsecond ed for your reference.	es in 2024 for you, ary institution.
Last name. Social security number Number of prior years AOC claimed =suddent was NOT encided at least half-time for at least one academic period that began in at an eligible insultation in a spallful programmed expenses were made in 2009.) =suddent was NOT encided at least half-time for at least one academic period that began in at an eligible insultation in a spallful programmed expenses were made in 2009.) =suddent was plannicitied, before the end of 2004, ord a fellow for prosession or distribution of a controlled substance.	STL	JDENT IN	FORMAT	TION		
Social security number Number of prior years AOC claimed. Insubsert was NOT revoked at least half time for at least one exademic period that began in at an eligible institution in a qualified program. I=student completed first four years of post-secondary education before 2024 I=student completed first four years of post-secondary education before 2024 I=student was consided, before the end of 2024, of a fellony for possession or distribution of a controlled substance. EDUCATIONAL INSTITUTION ATTENDED (#1) Name Street address City. State. ZIP code I=2024 Form 1098-T veceived with Box 7 completed I=2023 Form 1098-T received with Box 7 completed Federal ID number from Form 1098-T was NOT received I=2024 Form 1098-T received with Box 7 completed I=2024 Form 1098-T received with Box 7 completed Federal ID number from Form 1098-T was NOT received I=2024 Form 1098-T received with Box 7 completed Federal ID number from Form 1098-T was NOT received I=2024 Form 1098-T received with Box 7 completed Federal ID number from Form 1098-T was NOT received I=2024 Form 1098-T received with Box 7 completed Federal ID number from Form 1098-T received with Box 7 completed I=2023 Form 1098-T received with Box 7 completed I=2024 Form 1098-T received with Box 7 completed I=2025 Form 1098-T received with Box 7 completed I=2024 Form 1098-T received with Box 7 completed I=2024 Form 1098-T received with Box 7 completed I=2025 Form 1098-T received with Box 7 completed I=2024 Form 1098-T received with Box 7 completed I=2025 Form 1098-T received with Box 7 completed I=2026 Form 1098-T received with Box 7 completed I=2027 Form 1098-T received with Box 7 completed lesswhere) Books & supplies required to be purchased from institution	1=tax	payer, 2=spous	se			
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QUALIFIED EDUCATION EXPENSES Qualified tuition & fees paid in 2024 (net of refund or assistance, & not entered elsewhere) Books & supplies required to be purchased from institution.	Name Street City State ZIP co 1=202 1=202 T=202 Federa	address	was NOT rece received with received with om Form 1098	eived Box 7 completed Box 7 completed 3-T TUTION ATTENDED (#2)		
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Books & supplies not entered above	City State ZIP cc 1=202 1=202 1=202 Federa QUA	ode	was NOT received with Execeived with Exempton 1098 DUCATION in 2024 (net of received)	ived Box 7 completed	2024 Amount	2023 Amount
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