ORGANIZER	1040	ПС	Client Information			1
2024	1040	US	Client Information			
			/E & CO., LLP 2.0. BOX 175	Tax Return App	ointment	
		ER IA 51301		Date:		
			: 712-262-3117	Time:		
	Fax nur		712-262-3159	Location:		
		address:	taxes@winther-stave.com			
CLIEN	IT INFOR	MATION	er will assist you in gathering in x return. Please add, change, o		opriate.	
Filing Status	-		and lived with spouse			
			fying surviving spouse (2022 or 2023)	38.00*	Filing	Status
		and initial	``		1 = Single	
					2 = Married fil 3 = Married fil	ling joint
		rity number			4 = Head of h	ousehold
Taxpayer					5 = Qualifying su	urviving spouse (QSS)
		h (m/d/y)				
	I .	ath (m/d/y)		-		
	1=blind					
	First name	and initial	er			
	Last name.		14			
	Title/suffix.		æ			
Spouse	Social secu	ırity number	8			
Оролоо						
	1	h (m/d/y)				
	1	th (m/d/y)				
						
	1 50					
		ess				
Address	· ·	number				
	City		\$1			

1

Foreign Address

2024	1040	US	Client Information (continued)		I p2
	, and a second		Please add, change or delete information for 2024.		
CLIEN	IT INFOI	RMATION			
	Home phor	ne			
	Work phon	e	194	Daytime	Phone
Taxpayer Contact	Work exter	nsion		1 = Wo	ork
Contact Information	Daytime ph	none (table)	9.00	2 = Ho	me
Illioilliation	1	пе		3 = Mc	bile
		er			
		iress			
		ne			
		e			
Spouse Contact	1	nsion			
Contact Information		none (table)			
		ne			
		eraan			
		lress			
		ense no ense state			
Taxpayer Authentication	Driver's lici				
Authentication	Expiration	(m/d/y)date (m/d/y)			
		ection PIN			
		ense no			
		ense state			
Spouse Authentication	1	(m/d/y)			
Authertication		date (m/d/y)			
		ection PIN			
					1 _{p2}
					- p2

Dependents US 2024 1040

Please add, change or delete information for 2024.

DEPENDENTS

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death		
Date of adoption		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
IRS theft protection PIN		
	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death		
Date of adoption		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
IRS theft protection PIN		
	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death		
Date of adoption.		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
IRS theft protection PIN		

Type of Dependent

2

- 1 = Child living w/taxpayer
 2 = Child not living w/taxpayer
 3 = Dependent other than child
 4 = Head of household or
 qualifying surviving
 spouse (QSS) only.
 not a dependent
 5 = Farend income credit only.
- 5 = Earned income credit only, not a dependent

Earned Income Credit

- 1 = When applicable (default)
- 2 = Student age 19 to 23 3 = Disabled
- 4 = Force
- 5 = Suppress

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:

- 1. School records or statement
- Landlord or property man-agement statement
- Health care provider statement
- 4. Medical records

- Neuronal Technique
 S. Child care provider records
 Placement agency statement
 Social service records or
- statement 8. Place of worship statement
- 9. Indian tribe office statement
- 0. Employer statement

NOTE: If your child is disabled, please provide one of the fol-lowing forms of proof of disability:

- 1. Doctor statement
- Other health care provider statement
- 3. Social services agency or program statement

2024	1040	US	Miscellaneous Questions
		I please o	f any of the following items pertain to you or your spouse for 2024, check the appropriate box and provide additional information if necessary.
	Yes	No	PERSONAL INFORMATION
			Did your marital status change during the year?
			Did your address change during the year?
			Could you be claimed as a dependent on another person's tax return for 2024?
			DEPENDENTS
			Were there any changes in dependents?
			Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2024?
			Did you have any children under age 19 or full-time students under age 24 at the end of 2024, with interest and dividend income in excess of \$1,300, or total investment income in excess of \$2,600?
			HEALTH CARE COVERAGE
			Did you have health insurance through the Health Insurance Marketplace? If so, please attach Form 1095-A.
			INCOME
			Did you receive unreported tip income of \$20 or more in any month?
			Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
			Did you receive any disability income?
			Did you have any foreign income or pay any foreign taxes?
			PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

2024	1040	US	Miscellaneous Questions
	Vas	No	
	Yes	NO	
			Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
			Did you buy or sell any stocks, bonds or other investment property in 2024?
			Did you purchase, sell, or refinance your principal home or second home, or did you receive a home equity loan?
			Did you purchase a home in 2024 and you were overseas on official extended duty?
			Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? If so, please provide documentation.
			Did you have any debts cancelled or forgiven?
			Does anyone owe you money which has become uncollectible?
			RETIREMENT PLANS
			Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
			Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
			Did you transfer or rollover any amount from one retirement plan to another retirement plan?
			Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2024?
			Did you receive a distribution from a retirement plan that was subsequently rolled over into another retirement account within 60 days of receiving the distribution?
			If you are age 70 1/2 or older, did you make a Qualified Charitable Distribution (QCD) directly from your IRA to a qualified charitable organization? If so, provide documentation.
			EDUCATION
			Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

2024	1040	US	Miscellaneous Questions
	Yes	No	
	П	П	Did you, your spouse, or a dependent incur any tuition expenses that are required
			to attend a college, university, or vocational school?
			Did you incur any expenses working as a teacher, counselor, or principal for classes kindergarten through grade 12?
			ITEMIZED DEDUCTIONS
			Did you purchase any motor vehicles or boats in 2024? If so, please note the sales tax paid on these items.
			Did you incur a loss because of damaged or stolen property?
			Did you incur a loss in a Federally Declared Disaster Area in 2024?
			Did you work out of town for part of the year?
		= 1	Did you use your car on the job (other than to and from work)?
			ESTIMATED TAXES
			Did you apply an overpayment of 2023 taxes to your 2024 estimated tax (instead of being refunded)?
			If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax (instead of being refunded)?
			Do you expect your 2025 taxable income and withholdings to be different from 2024?
			MISCELLANEOUS
	П	П	Do you want to sign your tax return via DocuSign e-signature (no printing
	<u>L</u>		needed) from your computer or phone? If so, please provide e-mail addresses on page 2 under client information.
			Do you want an electronic copy of your tax return?
			Do you want a paper copy of your tax return?
			Do you want to allocate \$3 to the Presidential Election Campaign Fund?
			Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
			May the IRS discuss your tax return with your preparer?

2024	1040	US	Miscellaneous Questions
	Yes	No	
			Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
			Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?
			Was your home rented out or used for business?
			Do you have any employees working for you or your business? If so, do you provide health insurance for your employees?
			Did you receive any crop insurance proceeds in 2024?
			Did you (or someone on your behalf, including your employer) make contributions to a Health Savings Account (HSA) this year? Or, did you receive an HSA distribution or acquire an interest in an HSA due to the death of the account beneficiary?
			Were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
			Did you pay interest on student loans during 2024?
			Did you incur any adoption expenses?
			Did you engage the services of any household employees?
			Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
			Did you or your spouse make any gifts to an individual that total more than \$18,000, or any gifts to a trust?
			Did your bank account information change within the last twelve months? If so, please provide a voided check.
			At any time during the tax year, did you: receive or sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset); such as NFTs?
			Did you receive, sell, exchange or otherwise dispose of any financial interest in virtual currency, such as Bitcoin or Ethereum?

2024 1040	US	Miscellaneous Questions
		HAVE YOU INCLUDED THE FOLLOWING ITEMS WITH YOUR TAX RETURN INFORMATION?
Yes	No	
		W-2 forms?
		1099 forms?
		Partnership and S corporation K-1 forms?
		A copy of your 2023 tax return if this is your first year with our firm?
		IOWA TAX RETURN INFORMATION
		Did you live in a state other than Iowa during 2024?
		Did you receive any income from sources outside of Iowa during 2024?
		Did you make any contributions to the Iowa Educational Savings Plan Trust during 2024? (For example, ISave 529, formerly College Savings IA). If yes, enter amount here
		Did you use fuel for an off-highway unlicensed vehicle (excluding personal use of a boat)? If yes, please detail gallons purchased, total cost, total sales tax paid, type of fuel, etc.
		Were you a volunteer firefighter, volunteer EMS personnel, or reserve peace officer in 2024? If so, how many months did you serve?
		Did you pay any tuition or textbook expenses for a dependent in grades kindergarten through twelve for any elementary or secondary school in Iowa that is not reimbursed by an educational savings account? If yes, then enter the amount here Eligible expenses include, not limited to: Books/textbook fees, tuition at an accredited school, rental of gowns or tuxedos, purchases of non-street costumes, driver's education, activity tickets, rental of musical instruments, and music lessons.

24	1040	US	Direc	t Depo	sit & Estimate	es (Form 10	40 ES)	-	3,		
DIDE	CT DEDO	SIT / EL I			all pertinent 2024	information.					
					MENT (3)						
							-48				
			(ax _{ii}	.85							
BANK	NAME O			ercent to Deposit (xx.xx)	Routing Number	Account N	lumber	Type of Account (Table 1)	Type o Invest. (Table 2		
	ESTIMATI	ED TAX /	1040-ES					2024	-		
Federa		, ,,,,,,,	_	Amo	unt Paid	Date Paid	TS	Voucher Amo	ount		
	ment applied		-		1.53						
-	ter payment rter payment.										
•	ter payment										
•	ter payment		_								
Till qual	tor paymont.								2.1.8		
	Additional Es	timated									
	Tax Paym	nents									
									2 407		
Paid with	h extension										
Former s	pouse SSN if j	oint estimates			12.2						
Ct-t-				A		Date Paid	TS	2024 Voucher Amo	nunt		
State		2022	F	Amo	unt Paid	Date Faiu	13	VOUCHEI AIIK	Julie Co		
, -	ment applied fr er payment										
	ter payment		_								
	ter payment										
•	ter payment										
in spanis	p.,								100		
	Additional Es	stimated					1.00				
	Tax Paym	nents					lu lu				
								t The			
Paid with	extension										
	1	Type of Acc	ount		2	Type of Investment					
					1 = Checking or savings (de	fault) 6 = Covero	dell savings acco	ount (ESA)			
	I = Savings 2 = Checking				1 = Checking or savings (default) 6 = Coverdell savings account (ESA) 2 = Taxpayer's IRA (next year limits) 7 = Other 3 = Spouse's IRA (next year limits) 8 = Taxpayer's IRA (current year limits) 4 = Health savings account (HSA) 9 = Spouse's IRA (current year limits)						
					4 = realth Sevillos account						
					4 = Health savings account 5 = Archer MSA	(Harry 3 – Space	O D III O I (GOITOIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

3, 6

ORGANIZER Direct Deposit & Estimates (Form 1040 ES) (cont.) 7.1 US 1040 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:

2024		US	∥ Wa [,]	aes	. P	ensic	ons, Gam	bling V	√inn	ings			10, 1	3.1, 13.
	1040										form	 s.	, -,	
WAC	GES, SALA				's an	nounts	nts & attach a are provided	for your r	eferei	nce.				
		1	1=retireme	ent V	Nage:	s, Tips,			Tax Wi					
No.	e of Employer	(2011 0)	olan (Box 1 =spouse	(3) C	compe	ther ensation ox 1)	Federal (Box 2)	Social Security (Box 4)		dicare ox 6)	State (Box 1		Local (Box 19)	2023 Wages
PEN	SIONS, IR	A DISTI	RIBUTI	ON!	S (1	3.1)							<u> </u>	
lo.	Name of Payer		Name of Payer		Name of Payer Distribution code #2 Distribution code #1 1=IRA/SEP/SIMPLE		#1	Gross Taxabl Distribution Amour (Box 1) (Box 2:	int	Federal State (Box 4)		ate	Value of all IRAs at 12/31/24	2023 Distributio
			pouse							<u> </u>		Pone.		
				+	+						_			
				1										
					-									
					+									
GAN	IBLING W	/INNING	S (W-2	 'G) (13.	 2)		1						
							Gross Winnings			Tax Withheld				
lo.	Name 	e of Payer			l=spo	use	(Box 1)	Federal (B	30x 4)	State (Box 15) Lo		Loca	ıl (Box 17)	2023 Winning
				1										
GAN	IBLING LO	neefs	e. WINI	MIN	25	MON.	W-2G)							

10, 13.1, 13.2

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 Payer			Interest Income		Tax-Exem	pt Interest	Early	
(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
	Name of Payer (also enter SSN & address for seller-financed mortgage)	Name of Payer (also enter SSN & address for seller-financed mortgage) 1=taxpayer 2=spouse	Name of Payer (also enter SSN & address for seller-financed mortgage) 1=taxpayer 2=spouse Banks, S&Ls, C/Us, etc. (Box 1)	Name of Payer (also enter SSN & address for seller-financed mortgage) 1=taxpayer 2=spouse Banks, Seller-Financed Mtg. (Box 1) Mtg. (Box 1)	Name of Payer (also enter SSN & address for seller-financed mortgage) 1=taxpayer 2=spouse Banks, S&Ls, C/Us, etc. (Box 1) Mtg. (Box 1) Comparison of Payer (also enter SSN & address for seller-financed mortgage) 1=taxpayer 2=spouse Banks, S&Ls, C/Us, etc. (Box 1) Comparison of Payer (also enter SSN & address for seller-financed mortgage) Banks, S&Ls, C/Us, etc. (Box 1) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortgage) Comparison of Payer (also enter SN & address for seller-financed mortg		Name of Payer (also enter SSN & address for seller-financed mortgage) Tax-Exempt Interest Income T	

DIVIDEND INCOME (12)

No. Name of Payer 1 = taxpayer 2 = spouse Total Ordinary Dividends (Box 1a) Dividends (Box 1b) Dividends (Box 2a) Dividends (Box 5) U.S. Bonds (% or amt.) Dividends (% or amt.) Dividends (% or amt.) Dividends (Box 5) Dividends (% or amt.) Dividends (Box 5)		
No. Name of Payer Total Ordinary Dividends (Box 1a) Total Capital Gain Distrib. (Box 2a) SubSection 199A (Box 5) U.S. Bonds (% or amt.) In-state Municipal Bonds In-state	t Foreign	
	Tax Paid (Box 7)	2023 Dividends
	+	
	+	

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 Ar	nount	2023 Am	ount
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins.				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=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				
Income 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)				
Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes				
Wages earned while incarcerated not on W-2				
Income subject to S/E tax: (1099-NEC, box 1)			-	
income subject to one tax. (1055 NEO, 50x.)				
ther income (1099-MISC, box 3, 8)				
Tiel Income (1099-1413C, box 3, b)				
\				
Form 1099-K				
[OIIII 1000-11				
Amount of sale proceeds from Form 1099-K for				
personal item(s) sold at a loss				
Amount from Form 1099-K that was incorrectly reported				
TAX WITHHELD (not entered elsewhere)				
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				
COOL HOUSE CAN THE HOUSE CO.				

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

	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)	
<u> </u>	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)	the second second
	Number of farm	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	
	State income (ax withheld (Box 11)	μ-
	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	
	Market gain (Box 9)	
	Number of farm	and the second
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	

2024	1040	US	Education Distributions (ESA's and QTP's)
------	------	----	---

14.3

Please enter all pertinent 2024 amounts and attach all 1099-Q forms. Enter qualified education expenses below that are not entered elsewhere. Last year's amounts are provided for your reference.

LJA J AI	ND QTP'S (Form 1099-Q)	2024 Amount	2023 Amount
	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits).		
	Form 1099-Q:		
	Gross distributions (Box 1)		
No.	Earnings (Box 2)		
140.	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2024 contributions to this ESA		
	Value of this account at 12/31/24 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/23		
	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits).		
	Form 1099-Q:		
	Gross distributions (Box 1)		
No.	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)		
	ESA's only:		
	2024 contributions to this ESA		
	Value of this account at 12/31/24 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/23		
	Busio III (III) Ed. (Go of Televice		
	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits).		
	Form 1099-Q:		
	Gross distributions (Box 1)		
No.	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)		
	ESA's only:		
	2024 contributions to this ESA		
	Value of this account at 12/31/24 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/23		

Series: 3000

2024	1040	US	ABLE Distributions	14.4
	*,			

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference. **ABLE DISTRIBUTIONS / CONTRIBUTIONS** 2024 Amount 2023 Amount Name of payer or issuer..... 1=spouse..... Distributions (1099-QA): Gross distributions (1)..... Earnings (2) No. 1=program to program transfer (4) 1=ABLE account terminated (5) 1=recipient is not the designated beneficiary (6) Qualified disability expenses paid Amount excluded from 10% tax Excess contributions: Excess contributions withdrawn by due date of return Earnings on excess contributions..... Name of payer or issuer Distributions (1099-QA): Gross distributions (1) Earnings (2) No. 1=program to program transfer (4) 1=ABLE account terminated (5) 1=recipient is not the designated beneficiary (6) Qualified disability expenses paid Amount excluded from 10% tax Excess contributions: Excess contributions withdrawn by due date of return Earnings on excess contributions Name of payer or issuer Distributions (1099-QA): Gross distributions (1) Earnings (2) No. 1=program to program transfer (4) 1=ABLE account terminated (5) 1=recipient is not the designated beneficiary (6) Qualified disability expenses paid Amount excluded from 10% tax Excess contributions: Excess contributions withdrawn by due date of return Earnings on excess contributions

14.4

24	1040	US	Business Income (Schedule C)	No.	16
	Please ent	er all perti	inent 2024 amounts. Last year's amounts are provided	for your reference.	
GEN	IERAL IN	FORMAT	TION		
Princir	oal business/p	rofession	(A) (B) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A		
	-				
Busine	ess name, if di	fferent from F	Form 1040		
Busine	ess address, if	different from	n Form 1040		
City, if	different from	Form 1040.	13.000		
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	-		accrual	5. 8. 1576.5 A	
			er cost/market, 3=other	- di Ui 3	
•			- 0.00 · · · · · 0.00 · · · · · · · · · ·		
			usiness		
			will you file all required Form(s) 1099: 1=yes, 2=no		
	•			55 S. K.	
			erial income producing factor		
1=min	ister's Schedu	le C	\$ (6000 £650 £7		
1=sing	le member lin	nited liability	company	19.0 mm	
1=trade	er in financial i	nstruments or	commodities	A 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 -1
INC	OME		2024 Amount	2023 Amount	t
Gross	receipts or sa	les (Form 109	99-NEC)		
Return	s and allowan	ces			
Other	income:				
+					
-					
-					
cos	T OF GO	ODS SO	LD		
Invent	ory at beginnir	ng of the year			
Other		03			
J 101					
,					
,					
Invent	ory at end of t	he year			

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1040 US

Business Income (Schedule C) (cont.)

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

XPENSES	2024 Amount	2023 Amount
counting		
dvertising		
nswering service		
ad debts from sales or service		
ank charges		
ar and truck expenses (not entered elsewhere)		
ommissions.		
ontract labor.		
elivery and freight		
ues and subscriptions.		
mployee benefit programs.		
surance (other than health)		
ortgage interest (paid to banks, etc.)		
ther interest (not entered elsewhere)		
anitorial		
aundry and cleaning		
egal and professional		
iscellaneous		
ffice expense		
utside services		
arking and tolls		
ension and profit sharing plans - contributions		
ension and profit sharing plans - admin. and education costs		
ostage		
rinting.		
ent - vehicles, machinery, & equipment (not entered elsewhere)		
ent - other		
epairs.		
ecurity		
upplies		
axes - real estate		
axes - payroll		
axes - sales tax included in gross receipts		
exes - other (not entered elsewhere)		
elephone		
ools		
avel		
eals in full (50%)		
epartment of Transportation meals in full (80%)		
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ther expenses:		
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2024 1040 US Capital Gains & Losses (Schedule D)

17

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 Incom Tax Withheld (Box 4)
									-
				1					
			_						
		1							
									17

RIOR		R INSTALLMENT SALE	2024 Amount	2023 Amount
		Description of property Date acquired (m/d/y)		Market Research
lo.		Date sold (m/d/y)	CALLED ACTOR OF CHILDREN	
		Gross profit ratio (.xxxx)		
		Current year principal payments (-1 if none)	************	
	- 1	Description of property		
		Date acquired (m/d/y)		
lo.		Date sold (m/d/y) Gross profit ratio (.xxxx)		
		Current year principal payments (-1 if none)		
		ourrent your principal paymonte (Timensy)		
		Description of property	W	
70		Date acquired (m/d/y)	100	
lo. 🗌		Date sold (m/d/y)		
		Gross profit ratio (.xxxx)		
		Current year principal payments (-1 if none)		
		Description of property		
		Date acquired (m/d/y)		THE PARTY.
lo.		Date sold (m/d/y)		
		Gross profit ratio (.xxxx)	erecentarion)	
		Current year principal payments (-1 if none)	44.1144.114.13.13	
		Description of property		
. –		Date acquired (m/d/y)		
lo.		Date sold (m/d/y)		
		Gross profit ratio (.xxxx)		
		current year principal payments (** 11 hone)		
		Description of property	292244444444	
		Date acquired (m/d/y)		
lo.		Date sold (m/d/y)	***************************************	
	11	Gross profit ratio (.xxxx)		
		Current year principal payments (-1 if none)		
	1	Description of property		
	1	Date acquired (m/d/y)		U.S. 18.04 3 W
No.		Date sold (m/d/y)		
		Gross profit ratio (.xxxx)		
		Current year principal payments (-1 if none)		

2024 1040 US Sale of Home & Moving Expenses

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If you sold your home or moved in 2024, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

the purchase and sale of your home.	
SALE OF HOME (17)	
escription of property (Box 3)	
ate acquired (m/d/y)	
ate sold (m/d/y) (Box 1)	
ales price (Box 2)	
=sale of home	
=owned and used property as main home for at least 2 of 5 years before sale	
=first-time homebuyer credit was previously taken on this home	
=business use in year of sale	
umber of days after December 31, 2008 that home was not used as principal residence	
umber of days after December 31, 2000 that home was not used as principal residence	
djusted Basis	
riginal cost	
nprovements:	
djusted basis	
Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)	
otal expenses of sale	
otal expenses of sale	ircumstances you either:
educed Exclusion lease complete the following information if due to a change in health, place of employment, or unforeseen of Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6,	sircumstances you either:
Reduced Exclusion lease complete the following information if due to a change in health, place of employment, or unforeseen of Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	eircumstances you either:
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lease complete the following information if due to a change in health, place of employment, or unforeseen of Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances ays used as main home - taxpayer ays used as main home - spouse ays property owned - taxpayer ays property owned - taxpayer ays property owned - spouse ays property owned - spouse for transportation and storage of station liles from old home to new work place (spenses for transportation and storage of household goods and personal effects codging and travel (excluding meals):	
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24 104	10 US	Rental & Royalty Income (Schedule E)	No 18
Pleas	e enter all per	tinent 2024 amounts. Last year's amounts are provided fo	or your reference.
GENERA	L INFORMA	TION 2024 Amount	2023 Amount
Description of	property		Type of Property
	5		
			1 = Single Family Residence 2 = Multi-Family Residence
-			3 = Vacation/Short-Term Rental
			4 = Commercial 5 = Land
			6 = Royalties
• • • •	rty (see table)		7 = Self-Rental
	property		
Number of day	ys rentea		
Percentage of own	ership	1=did not actively participate	
if not 100% (.xxxx) Percentage of tena	nt occupancy	1=real estate professional	
	oint	V2035	
1=nonpassive activ	nt venture	= I=Single memper limited	
2=passive royalty.	\$	liability company.	
If required to f	ile Form(s) 1099,	did you or will you file all required Form(s) 1099: 1=yes, 2=no	
INCOME		2024 Amount	2023 Amount
		ZUZ4 AIIIOURIT	ZUZS AMOUNT
ricinis or royal		7	
Association du	les		
Association du Auto and trave	ues el (not entered else		
Association du Auto and trave Cleaning and Commissions.	uesel (not entered else maintenance	ewhere)	
Association du Auto and trave Cleaning and Commissions. Gardening	uesel (not entered else maintenance	ewhere)	
Association du Auto and trave Cleaning and Commissions. Gardening Insurance	uesel (not entered else maintenance	ewhere)	
Association du Auto and trave Cleaning and Commissions. Gardening Insurance Legal and prof	les	ewhere)	
Association du Auto and trave Cleaning and Commissions. Gardening Insurance Legal and prof Licenses and	Jes. In tentered else maintenance fessional fees permits	ewhere)	
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ORGANIZER

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference, expense column should only be used for vacation homes or less than 100% tenant occupic GENERAL INFORMATION Foreign region. Foreign postal code. Foreign country. OIL AND GAS Production type (preparer use only) Cost depletion. Percentage depletion rate or amount. State cost depletion, if different (-1 if none) State % depletion rate or amount, if different (-1 if none). PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME) Number of days personal use. Number of days owned (forptional method elected) INDIRECT EXPENSES NOTE:indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities. Advertising. Association dues. Auto and travel (not entered elsewhere) Cleaning and maintenance Commissions Gardening. Insurance. Legal and professional fees. Licenses and permits. Management fees. Miscellaneous. Mortgage interest. Other interest (pot entered elsewhere) Painting and electrical. Repairs. Supplies. Taxes - real estate. Taxes - real estate. Taxes - real estate. Taxes - real estate. Utilities. Other:	024	1040	US	Rental & Royalty Income (Sch. E) (cont.) No. 18 p2				
Foreign region Foreign postal code Foreign country. OIL AND GAS Production type (preparer use only) Cost depletion. Percentage depletion rate or amount. State cost depletion, if different (-1 if none) State % depletion rate or amount, if different (-1 if none) PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME) Number of days personal use Number of days personal use Number of days owned (if optional method elected) INDIRECT EXPENSES NOTE:Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities. Advertising. Association dues Auto and travel (not entered elsewhere) Cleaning and maintenance. Commissions. Gardening. Insurance. Legal and professional fees Licenses and permits. Management fees Miscellaneous. Mortgage interest (poid to banks, etc.) Excess mortgage interest (poid to banks, etc.) Excess mortgage interest (not entered elsewhere) Painting and decorting. Pest control. Plumbing and electrical. Repairs. Supplies. Taxes - real estate. Taxes - tother (not entered elsewhere) Telephone. Utilities. Wages and salaries.	Pleas e	e enter all expense co	pertinent 2 lumn shou	2024 amounts. Last year's amounts a ald only be used for vacation homes o	re provided for your ref r less than 100% tenan	erence. The ir t occupied rer	direct tals.	
Foreign postal code Foreign country. OIL AND GAS Production type (preparer use only) Cost depletion. Percentage depletion rate or amount. State cost depletion, if different (-1 if none) State % depletion rate or amount, if different (-1 if none) PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME) Number of days personal use. Note include repairs, insurance, and utilities. Advertising. Advertising. Advertising. Association dues. Auto and travel (not entered elsewhere). Cleaning and maintenance. Commissions. Gardening. Insurance. Legal and professional fees. Licenses and permits. Management fees. Miscellaneous. Mortgage interest (paid to banks, etc.) Excess mortgage interest (paid to banks, etc.) Excess mortgage interest (not entered elsewhere) Painting and decorating. Pest control. Plumbing and electrical Repairs. Supplies. Taxes - real estate. Taxes - real estate. Taxes - other (not entered elsewhere) Telephone. Utilities. Wages and salaries.	GEN	NERAL IN	IFORMA ¹	FION				
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Production type (preparer use only) Cost depletion. Percentage depletion rate or amount. State cost depletion, if different (-1 if none). State % depletion rate or amount, if different (-1 if none). PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME) Number of days personal use. Number of days personal use. Number of days owned (if optional method elected). INDIRECT EXPENSES NOTE:Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities. Advertising. Association dues. Association dues. Auto and travel (not entered elsewhere). Cleaning and maintenance. Commissions. Gardening. Insurance. Legal and professional fees. Licenses and permits. Management fees. Miscellaneous. Mortgage interest (paid to banks, etc.). Excess mortgage interest. Other interest (not entered elsewhere). Painting and decorating. Pest control. Plumbing and electrical. Repairs. Supplies. Taxes - real estate. Taxes - other (not entered elsewhere). Telephone. Utilities. Wages and salaries.								
Cost depletion . Percentage depletion rate or amount. State cost depletion, if different (-1 if none) State % depletion rate or amount, if different (-1 if none) PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME) Number of days personal use. Number of days owned (if optional method elected) INDIRECT EXPENSES NOTE:indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities. Advertising. Association dues. Auto and travel (not entered elsewhere). Cleaning and maintenance. Commissions. Gardening. Insurance. Legal and professional fees. Licenses and permits. Management fees. Miscellaneous. Mortgage interest (paid to banks, etc.) Excess mortgage interest. Other interest (not entered elsewhere) Painting and decorating. Pest control. Plumbing and electrical. Repairs. Supplies. Taxes - real estate. Taxes - other (not entered elsewhere) Telephone. Utilities. Wages and salaries.	OIL	AND GA	S		2024 Amount	2023 Amou	nt	
Number of days personal use Number of days owned (if optional method elected) INDIRECT EXPENSES NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities. Advertising Association dues Auto and travel (not entered elsewhere) Cleaning and maintenance. Commissions. Gardening. Insurance. Legal and professional fees. Licenses and permits. Management fees. Miscellaneous. Mortgage interest (paid to banks, etc.) Excess mortgage interest. Other interest (not entered elsewhere) Painting and decorating. Pest control. Plumbing and electrical. Repairs. Supplies. Taxes - real estate. Taxes - other (not entered elsewhere) Telephone. Utilities. Wages and salaries.	Cost o Percel State	depletion ntage depletion cost depletion	on rate or amo	ount				
Number of days personal use. Number of days owned (if optional method elected) INDIRECT EXPENSES NOTE:Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities. Advertising. Association dues. Auto and travel (not entered elsewhere) Cleaning and maintenance. Commissions. Gardening. Insurance. Legal and professional fees. Licenses and permits. Management fees. Miscellaneous. Mortgage interest (paid to banks, etc.) Excess mortgage interest. Other interest (not entered elsewhere) Painting and decorating. Pest control. Plumbing and electrical. Repairs. Supplies. Taxes - real estate. Taxes - other (not entered elsewhere) Telephone. Utilities. Wages and salaries.	PER	RSONAL	USE OF I	DWELLING UNIT (INCLUDING VA	ACATION HOME)			
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Miscellaneous Mortgage interest (paid to banks, etc.) Excess mortgage interest Other interest (not entered elsewhere) Painting and decorating Pest control Plumbing and electrical Repairs Supplies Taxes - real estate Taxes - other (not entered elsewhere) Telephone Utilities Wages and salaries								
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Taxes - other (not entered elsewhere) Telephone Utilities Wages and salaries				4				
Telephone								
Utilities		•		1				
Wages and salaries								
Other:								
Other:								
	Other:	:						
						L		

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	1040	US	Farm Income (Schedule F	/Form 4835)	No.	19
	Please enter a	all pert	inent 2024 amounts. Last year's amo	unts are provided for	your reference.	
GEN	NERAL INFO					
Princi	pal product					
	oyer ID number					
•			}			
			-wa			
	_		ccrual			
			Life and American Section			
			tal only): 1=land, 2=self-rental, 3=other			
			r will you file all required Form(s) 1099: 1=yes, 2=no			
			(Schedule F only)			
			rm rental only)		Add Town	
			rental only)		Salation St.	
	·		company			
% of c	ownership if not 10	0% (.xxx	x) (Farm rental only)			
	RM INCOME					
				0004 4	2022 A	
	method:			2024 Amount	2023 Amount	
			resale items			
			other resale items			
	ales of products rai al method:	isea	490			
		roduce e	etc			
			ock, etc.			
	-		sed			
			, etc			
	farm income:					
Other						
	otal cooperative dis	stribution	S			
To Ta	axable cooperative	distribut	ions			
To Ta To	axable cooperative otal agricultural pro	distribut gram pa	yments (other than CRP)			
To Ta To Ta	axable cooperative otal agricultural pro axable agricultural	distribut gram pa program	yments (other than CRP) payments (other than CRP)			
To Ta To Ta	axable cooperative otal agricultural pro axable agricultural otal conservation re	distribut ogram pa program eserve pi	yments (other than CRP) payments (other than CRP) ogram payments			
To Ta To Ta To	axable cooperative otal agricultural pro axable agricultural potal conservation reaxable conservation	distribut ogram pa program eserve po n reserve	yments (other than CRP) payments (other than CRP) rogram payments			
To Ta To Ta To Co	axable cooperative otal agricultural pro axable agricultural potal conservation reaxable conservation ommodity credit loa	distribut ogram pa program eserve pi n reserve ans repo	payments (other than CRP) payments (other than CRP) pogram payments program payments program payments			
To Ta To Ta To Co	axable cooperative otal agricultural pro axable agricultural potal conservation reaxable conservation ommodity credit loadtal commodity credit loa	distribut ogram pa program eserve pi n reserve ans repo dit loans	payments (other than CRP) payments (other than CRP) pogram payments program payments program payments product of the control o			
To Ta To Ta To Ta Co Ta	axable cooperative otal agricultural pro axable agricultural potal conservation reaxable conservation ommodity credit loadstal commodity creaxable commodity creaxable commodity conservation of the commodity creaxable commodity	distribut ogram pa program eserve po n reserve ans repo dit loans credit loa	payments (other than CRP) payments (other than CRP) payments (other than CRP) payment payments program payments red under election forfeited or repaid			
To Ta To Ta To Co To Ta	exable cooperative otal agricultural pro exable agricultural potal conservation reexable conservation ommodity credit load otal commodity credit axable commodity credit axable commodity otal crop insurance	distribut ogram pa program esserve pi n reserve ans repo dit loans credit loa	yments (other than CRP) payments (other than CRP) payments (other than CRP) payments program payments red under election forfeited or repaid ans forfeited or repaid s received in 2024			
To Ta To Ta Co Ta To Ta	axable cooperative otal agricultural pro axable agricultural protal conservation reaxable conservation ommodity credit load commodity credit axable commodity cotal crop insurance axable crop insurance	distribut ogram pa program eserve pi n reserve ans repo dit loans credit loa proceed nce proce	yments (other than CRP) payments (other than CRP) payments (other than CRP) payments program payments red under election forfeited or repaid ans forfeited or repaid s received in 2024			

ORGANIZER

FARM INCOME (continued)		
Other income:	2024 Amount	2023 Amount
FARM EXPENSES		
Car and truck expenses (not entered elsewhere)		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel, and oil		
nsurance (other than health)		
Vortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
_abor hired		
Pension and profit sharing - contributions		
Pension and profit sharing plans - admin. and education costs		
Rent - vehicles, machinery, and equipment (not entered elsewhere)		
Rent - other (land, animals, etc.)		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Jtilities		
Veterinary, breeding, and medicine		
Capitalized preproductive period expenses (also enter below)		
Other expenses:		

RGANIZE									
2024	1040	US	Partnersh	ip and S corpora	tion Information		20.1,20.2		
			delete 2024 inf		e. Be sure to attach all S	chedule K-	1s.		
No.		ne of Partnersl		Employer Identification Number	Tax Shelter Registration Number	lnv	nal Amounts ested in tnership		
					- G				
S C	ORPORAT	TION INFO	ORMATION (2	20.2)					
No.	Name	e of S corpora	tion	Employer Identification Number	Tax Shelter Registration Number	Inv	nal Amounts rested in orporation		

20.1,20.2

OF	2	ΔI	N	17	FI	R
Or	w	_	м	-	_	

_	24	1040	US	Estate or Trust and REMIC	Information	20.3,20.4			
	Please add, change or delete 2024 information as appropriate. Be sure to attach all Schedule K-1s and Schedule Qs. ESTATE OR TRUST INFORMATION (20.3)								
No.			Nam	ne of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number			
	REMI	C INFOR	MATION	(20.4)					
No.				Name of REMIC		Employer Identification Number			
						20.3,20.4			

2024	1040	US	Asset Disposition List	22
2024	1040	U5	Asset Disposition List	

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
-						

22

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.

		5111	Preparer Use Only			Date Placed	Cost	Preparer U	se Only
No.	Description of Property	Related Business or Activity	Form	No. of Form	Category	Date Placed in Service	Cost or Basis	Current Section 179	Metho
									2 _{p2}

OF			

2024	1040	US	Vehicle Expenses		No 22 p3
	Please en	ter all perti	nent 2024 amounts. Last year's amo	ounts are provided for y	our reference.
GEN	IERAL IN	2024 Amount	2023 Amount		
1=no 6 1=no 1 1=veh 1=no 0 1=veh	. evidence to su written eviden icle is availab other vehicle i icle used prim	upport your de ce to support le for off-duty s available for narily by more	duction		
AUT	OMOBIL	E MILEA	GE		
Total r Busine Comm	mileage (for thess mileage	ne tax year) (for the tax y	ear)		
ACT	UAL EX	PENSES			
Gasoli Repair Tires. Insura Miscel Auto li Persor Interes Vehicl Inclusi	ne, lube, oil rs	than personal axes (based or for Schedule (e payments nter as positiv	property taxes) n car's value) C, E & F) le on Form W-2 (2106)		

2024 1040 US Adjustments to Income 24

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

PARITIONAL IRA CONTRIBUTIONS	2024 Amount	2023 An	ount
RADITIONAL IRA CONTRIBUTIONS Taxpayer	Spouse	Taxpayer	Spouse
RA contributions you made or expect to make			
ontributions made to date			
=covered by plan, 2=not covered			
024 payments from 1/1/23 to 4/15/23			
ROTH IRA CONTRIBUTIONS		4	
oth IRA contributions you made or expect to nake (1=maximum) (\$7,000/\$8,000 if 50 or older)			
contributions made to date			
SEP, SIMPLE AND QUALIFIED PLANS (KEOG	H)		
rofit-sharing (25%/1.25) contributions you			
nade or expect to make (1=maximum)			
loney purchase (25%/1.25) contributions you nade or expect to make (1=maximum)			
efined benefit contributions you expect to make			
elf-employed SEP (25%/1.25) contributions you nade or expect to make (1=maximum)			
lan contribution rate if not .25 (.xxxx)			
dividual 401k: SE elective deferrals (except Roth) (1=max.)			
dividual 401k: SE designated Roth contributions (1=max.)			
IMPLE contributions:		ř	
Self-employed SIMPLE contributions you			
made or expect to make (1=maximum)			
Employer matching rate if not .03 (.xxxx)			
ontributions made to date			
ADJUSTMENTS TO INCOME			
elf-employed health insurance:			
Total premiums (excluding long-term care)			
Long-term care premiums			
tudent loan interest paid (1098-E, box 1)			
iry duty pay given to employer			
torney fees and court costs for unlawful discrimination claims			
torney fees and court costs paid in connection with IRS award for information on tax law violations			
ontributions by certain chaplains to section 403(b) plans			
eforestation amortization and expenses			
epayment of supplemental unemployment benefits			
xpenses from rental of personal property			
ther adjustments to income:			
22,223,000			
×			

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 EXPENSES

NOTE:Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.	2024 Amount	TS	2023 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			
TAXES PAID (State and local withholding and 2024 estimates are a	automatic.)		
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 for prior years and/or to other state			
City/local income taxes - 1/24 payment on 2023 city/local estimate			
City/local income taxes - paid with 2023 city/local extension			
City/local income taxes - paid with 2023 city/local return			
SALES AND USE TAXES PAID			
State and local sales taxes (except autos and special items)			
Use taxes paid on 2024 purchases			
Use 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:		1 1	

25 p2

Home mortgage interest not reported on Form 1098:			2023 Amount
Payee's SSN or FEIN			
Payee's street address.			
Payee's city			
Payee's state			
Pavee's 7IP rode			
Payee's region			
Payee's postal code			
Payee's country			
Amount paid			
ints not reported on Form 1098:			
into not reported on room roos.			
estment interest (interest on margin accounts):			
oodinate morose (morose on mangare 2007)			
sive interest			
			e mortgage.
ASH CONTRIBUTIONS OTE: No deduction is allowed for cash or check contributions unless th from the donee, showing the name of the organization, contribution contributions, schools, hospitals, and other charitable organizations (60% limitable contributions by cash or check:	on date(s), and contribution a	cord. or a wri	
OTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution contribution. Urches, schools, hospitals, and other charitable organizations (60% limitable)	on date(s), and contribution a	cord. or a wri	
OTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution contributions, schools, hospitals, and other charitable organizations (60% limit	on date(s), and contribution a	cord. or a wri	
TE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution urches, schools, hospitals, and other charitable organizations (60% limitable).	on date(s), and contribution a	cord. or a wri	
OTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution contribution arches, schools, hospitals, and other charitable organizations (60% lime Contributions by cash or check:	on date(s), and contribution a	cord. or a wri	
TE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution urches, schools, hospitals, and other charitable organizations (60% limitable).	intation):	cord. or a wri	

	Please ent	er all ner	Itemized Deduct	st year's amounts are provide	d for you	ır reference.	
NOI	NCASH C			st year 3 amounts are provide	<u> </u>		
NOTE	:Use Sheet 26	if total none	ash contributions are over \$500.	No deduction is allowed for contribution a deduction for any item with minimal	ons of cloth	ing and househo	ld items
	that are not in	good used	condition or better. In addition,	a deduction for any item with minimal	monetary v		
50% l	imitation (see a	above):		2024 Amount	TS	2023 Amour	nt
							
30% I	imitation (see a	above):					
				7			
30% d	capital gain pro	perty (gifts	of capital gain property to 50% li	mit orgs.):	TI		
0004	71.1	/ .: (4	of capital gain property to non-50	New Limit orac):			
20% 0	capital gain pro	perty (gints	or capital gain property to non-oc	7% mmt orgs.).			
39							
STA	ATE MISC.	DEDS.	IF NON-CONFORMIN	G TO TAX CUTS & JOBS	ACT (st	ubject to 2% AGI	limit)
Union	and profession	nal dues	***************************************	2.0123.0110	ACT (st	ubject to 2% AGI	limit)
Union	and profession	nal dues		2.0123.0110	ACT (st	ubject to 2% AGI	limit)
Union	and profession	nal dues	***************************************	2.0123.0110	ACT (st	ubject to 2% AGI	limit)
Union	and profession	nal dues	***************************************	2.0123.0110	ACT (st	ubject to 2% AGI	limit)
Union	and profession	nal dues	***************************************	2.0123.0110	ACT (st	ubject to 2% AGI	limit)
Union	and profession	nal dues	***************************************	2.0123.0110	ACT (st	ubject to 2% AGI	limit)
Union Other profes	and profession unreimbursed ssional subscrip	employee e otions, empl	***************************************	2.0123.0110	ACT (st	ubject to 2% AGI	limit)
Union Other profes	and profession	employee e otions, empl	***************************************	2.0123.0110	ACT (st	ubject to 2% AGI	limit)
Union Other profes	and profession unreimbursed ssional subscrip	employee e otions, empl	***************************************	2.0123.0110	ACT (st	ubject to 2% AGI	limit)
Union Other profes	and profession unreimbursed ssional subscrip	employee e otions, empl	***************************************	2.0123.0110	ACT (st	ubject to 2% AGI	limit)
Union Other profes	and profession unreimbursed ssional subscrip	employee e otions, empl	***************************************	2.0123.0110	ACT (st	ubject to 2% AGI	limit)
Union Other profes	and profession unreimbursed ssional subscrip	employee e otions, empl	***************************************	2.0123.0110	ACT (st	ubject to 2% AGI	limit)
Union Other profes	and profession unreimbursed ssional subscrip	employee e otions, empl	***************************************	e clothing, edu. expenses):	ACT (st	ubject to 2% AGI	limit)
Union Other profes	and profession unreimbursed esional subscrip	employee e otions, empl	openses (uniforms and protective pyment agency fees, and certain	e clothing, edu. expenses):	ACT (st	ubject to 2% AGI	limit)
Union Other profes Invest	and profession unreimbursed ssional subscrip ment expense: eturn preparatio deposit box ren	employee e otions, empl	openses (uniforms and protective pyment agency fees, and certain	colothing, edu. expenses):	ACT (st	ubject to 2% AGI	limit)
Union Other profes Invest	and profession unreimbursed ssional subscrip tment expense:	employee e otions, empl	openses (uniforms and protective pyment agency fees, and certain	colothing, edu. expenses):	ACT (st	ubject to 2% AGI	limit)
Union Other profes Invest	and profession unreimbursed ssional subscrip ment expense: eturn preparatio deposit box ren	employee e otions, empl	openses (uniforms and protective pyment agency fees, and certain	colothing, edu. expenses):	ACT (st	ubject to 2% AGI	limit)
Union Other profes Invest	and profession unreimbursed ssional subscrip ment expense: eturn preparatio deposit box ren	employee e otions, empl	openses (uniforms and protective pyment agency fees, and certain	colothing, edu. expenses):	ACT (st	ubject to 2% AGI	limit)
Union Other profes Invest	and profession unreimbursed ssional subscrip ment expense: eturn preparatio deposit box ren	employee e otions, empl	openses (uniforms and protective pyment agency fees, and certain	colothing, edu. expenses):	ACT (st	ubject to 2% AGI	limit)

2024 1040 US Itemized Deductions (continued)	.25 բ	р4
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS	2024 Amount	TS	2023 Amount
Estate tax, section 691(c)	20		
Other miscellaneous deductions:			
	_		
	_		
	_		
		_	
•			
 			
· · · · · · · · · · · · · · · · · · ·			

2024 1040 US Itemized Deductions (continued)

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.

- 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.			
Home acquisition and grandfather debt on the date that the last debt was secured			
LOAN INFORMATION			
Loan #1			
Lender's name.			
Form (see table)			DURENT STATE
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			
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 #2			
Lender's name			
Form (see table)			
Number of form		mi	
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			
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 (defa	ult)		
2 = Business use of h 3 = Schedule E	nome		
0 - Ostrodulo E			

25 p5

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			
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			
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.

n	0	N	Λ	TE	П	DD	ΛD	CD	TY	IN	E	D	М	Δ	TH	n	N
		N	Δ			PK	UP	ΕК	1 1	ш	г.	JK	IVI	м		u	IV

	Name of ch	aritable organization (donee)					
		ess					
	1 -						
	1						
	1=spouse, 2	2=joint					
	Property de	scription (other than vehicle)					
		Identification number (VIN)					
		Year (yyyy)					
No.	Vehicle	Make	ALL DESCRIPTION OF THE PARTY.				
		Model	2.0000000000000000000000000000000000000				
		Odometer mileage					
	Date of con	tribution (m/d/y)		The Democratic Conference of			
	Date acquire	ed by donor (m/y)	. 24 - 24 - 24 - 24 - 24 - 24 - 24 - 24				
		ed by donor (Table 1 or describe)					
		t or basis					
	Fair market value						
	Method use	d to determine FMV (Table 2 or desc	ribe)				
	Name of ch	aritable organization (donee)	***************************************				
	Street address						
	City						
	- Preven	3					
	(50)						
		2=joint					
		scription (other than vehicle)					
	Property de	7					
		Identification number (VIN)					
	201299899990	Year (yyyy)					
No.	Vehicle	Make	2012 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
		Model					
		Odometer mileage					
	Date of con	tribution (m/d/y)					
	Date acquire	ed by donor (m/y)	- C1				
	How acquired by donor (Table 1 or describe)						
	Donor's cost or basis						
	Fair market value						
		d to determine FMV (Table 2 or desc					
	Ivieti iod use	1 to determine him (Table 2 or desc	1100)				
	How Pro	pperty was Acquired	2 Method Used	to Determine FMV			
		3 = Inheritance	1 - Annuario	3 = Catalog			
	l = Purchase	3 - milentance	1 = Appraisal	4 = Comparable sales			
		4 = Exchange	2 - Thriff abon value	4 = Comparable sales			
	2 = Gift	4 = Exchange	2 = Thrift shop value	ds, see IRS Pub. 561.			

26.1,26.2

O	D	C	۸	M	17	F	Þ

2024	1040	US	Business Use of Home (Form 8829)	No.	29
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Please enter 2024 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME	2024 Amount	2023 Amount
orm		
lumber of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
otal area of home (square footage)		
otal hours facility used (for daycare facilities only)		
otal hours available (if not 8,760)		
rea of home included above used exclusively for daycare business, if any (sq ft)		
6 (.xx) or amount of gross income from home if not 100% (-1 if none)		
6 (.xx) or amount of expenses from home if not 100% (-1 if none)		
(.xx) or amount of expenses from nome in not 100% (-1 in none)		
NDIRECT EXPENSES		
IOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.		
Nortgage interest		
Real estate taxes		
Casualty losses		
nsurance		
/iscellaneous		
Rent		
Repairs and maintenance		
Itilities.		
xcess mortgage interest		
xcess real estate taxes.		
Other indirect expenses:		
DIRECT EXPENSES		
IOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.		
Nortgage interest		
eal estate taxes		
Casualty losses		
asualty losses		
Real estate taxes Casualty losses Insurance Miscellaneous		
Casualty losses		
asualty losses		
asualty losses		
asualty losses		
asualty losses		
Casualty losses		
asualty losses		
Casualty losses		
Casualty losses		
Casualty losses		
Casualty losses		

ORGANIZER

2024	1040	US	Employee/Vehicle Bus. E	xp. (Form 2106)	No.	30
	Please en	ter all pert	inent 2024 amounts. Last year's am	ounts are provided for y	our reference.	
GEI	NERAL IN	IFORMAT	TION			
Occup	pation, if differ	ent from Forn	n 1040			
Numb 1=spc 1=per	per of form (1= puse formance artis	first Schedule st, 2=handicap	e C, 2=second, etc.) pped, 3=fee-basis government official			
EMI	PLOYEE	BUSINES	SS EXPENSES	2024 Amount	2023 Amour	t
Reimb 1=De _l Local Trave Reimb	bursements fo partment of Tr transportation I expenses wh	r meals not or ransportation of the constant transition of the constant transition of the constant of the constant of the cons	n W-2, box 1 (80% meal allowance) ain, etc.) home overnight Form W-2, box 1			
						30

ORG	A 1	 76	ъ
ORG			

24	1040	US	Vehicle Expenses (Form 2	106) (cont.)	No.	30 p2
	Please en	ınts are provided fo	or your reference.			
VEH	ICLE INF	ORMAT	ION	2024 Amount	2023 Amou	ınt
1-veb	icle used prim	arily by more	e than 5% owner	Low () will will	APPL IS THE	
			y personal use		March 1	
			or personal use			
			eduction			
			t your deduction			
	IICLE 1	oo to ooppo.	dy sets secondary			
			- (a)a		W 15	-1 7 -1- 0
						1 - 1/20
			year)			
			te		110 5 1 5 3	
			se if changed from 100% personal use			
Parkin	ng fees and to	ils (business	portion only)			
	l expenses:					
			£			
			sonal property taxes)			
			sed on car's value)			_
			dule C, E & F)			
			nts			
			positive)			
Va	alue of emplo	yer-provided	vehicle on Form W-2 (2106)			
VEH	IICLE 2					
		.I.				
			year)			
			te			
			use if changed from 100% personal use			
Parkir	ng fees and to	olls (business	portion only)			
	l expenses:					
G	asoline, lube,					
Re	epairs:		ERROLLING CONTRACTOR C			
Ti	ires	PL 200 100				
In	surance	2.82				
M	liscellaneous.					
Αι	uto license (o	ther than per	sonal property taxes)			
			sed on car's value)			
			dule C, E and F)			
	•		nts			
			positive)			
			vehicle on Form W-2 (2106)			
V	alue of citible					

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 Amo	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				

ORGANIZER

Depend		E EXPENSES (33.1) urred but not paid in 2024 .	Taxpayer	Spouse	Taxpayer	Spouse
	er-provided benefits fo					
ner.	CONC AND EV	DENSES OUAL IEVINO	EUD DEDEND	FNT CAPF CP	FDIT	
-EK		PENSES QUALIFYING	I OK DEFEND	LITI CAILL OF		
		(m/d/y)			16 - 15 15 15 1	Y
No.		ty number				
	Qualified dep incurred and	endent care expenses paid in 2024			2023 amt:	
		disabled at the time care was provided				To Mind
	1=spouse, 2=	-joint			STE FOREST	
		m/d/y)				
No.		y number				
L	22.00 (100	endent care expenses				
	incurred and p	paid in 2024			2023 amt:	
	100,00	disabled at the time care was provided				
	1=spouse, 2=j	joint				
		ANISATIONIC DDOLLE	INO CARE (22	2)		
ERS		ANIZATIONS PROVID	ING CARE (33.	.2)		
		vider				
		S				
	1 000					
No.		1				
		I code				
		ry				
		number (SSN or EIN)				
		to care provider in 2024			2023 amt:	
		=joint			5-1 - 3 3-	
		ind. above was a household employee			1	

OR	GA	N	17	FR	١

Please complete the information below if you paid qualified edu your spouse, or your dependents enrolled in an accredite Last year's amounts are provided for you STUDENT INFORMATION 1=taxpayer, 2=spouse First name Last name Social security number Number of prior years AOC claimed	cation expenses ed postsecondary ur reference.	in 2024 for you, v institution.
1=taxpayer, 2=spouse. First name. Last name. Social security number.		
1=taxpayer, 2=spouse. First name. Last name. Social security number.		
First name Last name Social security number		
Last name Social security number		
Social security number		
1=student was NOT enrolled at least half-time for at least one academic period that began in 2024 (or the first 3 months of 2025 if the qualified expenses were made in 2024) at an eligible institution in a qualified program		
=student completed first four years of post-secondary education before 2024 =student was convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance		
of a controlled substance		
EDUCATIONAL INSTITUTION ATTENDED (#1)		
Name		
Street address		
City.		
State		
ZIP code		
1=2024 Form 1098-T was NOT received		
1=2024 Form 1098-T received with Box 7 completed		
1=2023 Form 1098-T received with Box 7 completed		
Federal ID number from Form 1098-T		
EDUCATIONAL INSTITUTION ATTENDED (#2)		
Name		
Street address		
City		
State		
ZIP code		
1=2024 Form 1098-T was NOT received		
1=2024 Form 1098-T received with Box 7 completed		
1=2023 Form 1098-T received with Box 7 completed		
Federal ID number from Form 1098-T		
QUALIFIED EDUCATION EXPENSES 202	24 Amount	2023 Amount
Qualified tuition & fees paid in 2024 (net of refund or assistance, & not entered elsewhere)		
Books & supplies required to be purchased from institution		
Books & supplies not entered above		
Amount of prior year refund or assistance *		