

2024

1040

US

Client Information

1

CATES & COMPANY CPA

1380 LEWIS STREET

KINGSBURG CA 93631

Telephone number: 559-238-3808

Fax number:

E-mail address:

Tax Return Appointment

Date:

Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2024 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

| | | |
|-----------------|---|--|
| Filing Status | Filing status (table)..... | |
| | 1=married filing separate and lived with spouse | |
| | Year spouse died, if qualifying surviving spouse (2022 or 2023) ... | |
| Taxpayer | First name and initial..... | |
| | Last name..... | |
| | Title/suffix..... | |
| | Social security number..... | |
| | Occupation..... | |
| | Date of birth (m/d/y)..... | |
| | Date of death (m/d/y)..... | |
| | 1=blind..... | |
| Spouse | First name and initial..... | |
| | Last name..... | |
| | Title/suffix..... | |
| | Social security number..... | |
| | Occupation..... | |
| | Date of birth (m/d/y)..... | |
| | Date of death (m/d/y)..... | |
| | 1=blind..... | |
| Address | In care of..... | |
| | Street address..... | |
| | Apartment number..... | |
| | City..... | |
| | State..... | |
| | ZIP code..... | |
| Foreign Address | Region..... | |
| | Postal code..... | |
| | Country..... | |

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying surviving spouse (QSS)

1

2024

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Client Information (continued)

1 p2

Please add, change or delete information for 2024.

CLIENT INFORMATION

Taxpayer
Contact
InformationHome phone.....
Work phone.....
Work extension.....
Daytime phone (table).....
Mobile phone.....
Fax number.....
E-mail address.....Spouse
Contact
InformationHome phone.....
Work phone.....
Work extension.....
Daytime phone (table).....
Mobile phone.....
Fax number.....
E-mail address.....Taxpayer
AuthenticationDriver's license no.....
Driver's license state.....
Issue date (m/d/y).....
Expiration date (m/d/y).....
Theft protection PIN.....Spouse
AuthenticationDriver's license no.....
Driver's license state.....
Issue date (m/d/y).....
Expiration date (m/d/y).....
Theft protection PIN.....

Daytime Phone

1 = Work
2 = Home
3 = Mobile

1 p2

| | | | | |
|-------------|-------------|-----------|---------------------------|----------|
| 2024 | 1040 | US | Client Information | 1 |
|-------------|-------------|-----------|---------------------------|----------|

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Fax Return Appointment

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CLIENT INFORMATION

| | | |
|-----------------|--|--|
| Filing Status | Filing status (table) 1=married filing separate and lived with spouse Year spouse died, if qualifying surviving spouse (2022 or 2023) | |
| Taxpayer | First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind | <p>Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying surviving spouse (QSS)</p> |
| Spouse | First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind | |
| Address | In care of Street address Apartment number City State ZIP code | |
| Foreign Address | Region Postal code Country | |
| | | |

| | | | | |
|--|---|--------------|---|-------------|
| 2024 | 1040 | US/CA | Client Information (continued) | 1 p2 |
| Please add, change or delete information for 2024. | | | | |
| CLIENT INFORMATION | | | | |
| Taxpayer Contact Information | Home phone | | Daytime Phone 1 = Work 2 = Home 3 = Mobile | |
| | Work phone | | | |
| | Work extension | | | |
| | Daytime phone (table) | | | |
| | Mobile phone | | | |
| | Fax number | | | |
| | E-mail address | | | |
| Spouse Contact Information | Home phone | | RDP Filing Status 1 = Not applicable 2 = Joint 3 = Separate | |
| | Work phone | | | |
| | Work extension | | | |
| | Daytime phone (table) | | | |
| | Mobile phone | | | |
| | Fax number | | | |
| | E-mail address | | | |
| Taxpayer Authentication | Driver's license no. | | | |
| | Driver's license state. | | | |
| | Issue date (m/d/y) | | | |
| | Expiration date (m/d/y) | | | |
| | Theft protection PIN | | | |
| Spouse Authentication | Driver's license no. | | | |
| | Driver's license state. | | | |
| | Issue date (m/d/y) | | | |
| | Expiration date (m/d/y) | | | |
| | Theft protection PIN | | | |
| CA State Information | Registered domestic partner filing status (see table) | | | |
| | 1=PMB no. in address. | | | |
| | NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information. | | | |

| | | | |
|------|------|----|-------------------------|
| 2024 | 1040 | US | Miscellaneous Questions |
|------|------|----|-------------------------|

If any of the following items pertain to you or your spouse for 2024, please 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 \${Y+00}?

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 (or 24 years or older if student) 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 receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

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?

☐☐

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 \${Y+00}?

☐☐

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

☐☐

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

☐☐

Did you have any debts cancelled or forgiven?

☐☐

Does anyone owe you money which has become uncollectible?

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US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary.

YES

NO

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?

EDUCATION☐☐

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

☐☐

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS☐☐

Did you incur a loss because of damaged or stolen property?

☐☐

Did you work out of town for part of the year?

☐☐

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☐☐

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?

☐☐

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?

2024**1040****US****Miscellaneous Questions (continued)**

If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary.

YES**NO****MISCELLANEOUS (continued)**☐☐

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

☐☐

Was your home rented out or used for business?

☐☐

Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, 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 receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?

☐☐

Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?

☐☐

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?

☐☐

At any time during 2024, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

| 2024 | 1040 | US | Dependents | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------|-----------|---|----------|--|-----------|-----------|--|-----------------|--|--|--|----------------|--|--|-------------------|--|--|----------------------------|--|--|--------------------|--|--|-----------------------|--|--|-----------------------------|--|--|-------------------|--|--|---------------------------|--|--|------------------------------------|--|--|---------------------------------------|--|--|---------------------------------------|--|--|-------------------------------|--|--|--|-----------|-----------|---|-----------------|--|--|----------------|--|--|-------------------|--|--|----------------------------|--|--|--------------------|--|--|-----------------------|--|--|-----------------------------|--|--|-------------------|--|--|---------------------------|--|--|------------------------------------|--|--|---------------------------------------|--|--|---------------------------------------|--|--|-------------------------------|--|--|--|-----------|-----------|--|-----------------|--|--|--|----------------|--|--|--|-------------------|--|--|--|----------------------------|--|--|--|--------------------|--|--|--|-----------------------|--|--|--|-----------------------------|--|--|--|-------------------|--|--|--|---------------------------|--|--|--|------------------------------------|--|--|--|---------------------------------------|--|--|--|---------------------------------------|--|--|--|-------------------------------|--|--|--|
| Please add, change or delete information for 2024. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEPENDENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">Dependent</th> <th style="width: 20%;">Dependent</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr><td>First name.....</td><td></td><td></td><td rowspan="13"> Type of Dependent 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 = Earned income credit only, not a dependent </td></tr> <tr><td>Last name.....</td><td></td><td></td></tr> <tr><td>Title/suffix.....</td><td></td><td></td></tr> <tr><td>Date of birth (m/d/y).....</td><td></td><td></td></tr> <tr><td>Date of death.....</td><td></td><td></td></tr> <tr><td>Date of adoption.....</td><td></td><td></td></tr> <tr><td>Social security number.....</td><td></td><td></td></tr> <tr><td>Relationship.....</td><td></td><td></td></tr> <tr><td>Months lived at home.....</td><td></td><td></td></tr> <tr><td>Type of dependent (see table).....</td><td></td><td></td></tr> <tr><td>Earned income credit (see table).....</td><td></td><td></td></tr> <tr><td>Claimed by: 1=taxpayer, 2=spouse.....</td><td></td><td></td></tr> <tr><td>IRS theft protection PIN.....</td><td></td><td></td></tr> <tr> <td></td><td style="text-align: center;">Dependent</td><td style="text-align: center;">Dependent</td><td rowspan="13"> 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 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement 2. Other health care provider statement 3. 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Social services agency or program statement | 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..... | | | |
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| 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 | 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 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

2024 1040 US/CA Direct Deposit & Estimates (Form 1040 ES)**3, 6**

Please enter all pertinent 2024 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account

1=electronic payment of balance due

1=electronic payment of estimated tax

1=direct deposit CA refund to one account, 2=split deposit between two accounts

1=electronic payment of CA state tax balance due

1=electronic payment of CA estimated tax

18

34

36

103

876

982

BANK INFORMATION

| Name of Bank | | Percent to Deposit (xx.xx) | Routing Number | | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|--------------|--|----------------------------|----------------|----|----------------|---------------------------|---------------------------|
| 19 | | 24 | 20 | 21 | | 22 | 71 |
| 44 | | 45 | 47 | 48 | | 49 | 72 |
| 50 | | 51 | 67 | 68 | | 69 | 73 |

2024 ESTIMATED TAX / 1040-ES (6)**Federal**

Overpayment applied from 2023

1st quarter payment

2nd quarter payment

3rd quarter payment

4th quarter payment

Additional Estimated
Tax Payments

Paid with extension

Former spouse SSN if joint estimates

| Amount Paid | | Date Paid | TS | 2024 Voucher Amount |
|-------------|--|-----------|-----|---------------------|
| 1 | | | | |
| 2 | | 3 | 13 | |
| 4 | | 5 | 14 | |
| 6 | | 7 | 15 | |
| 8 | | 9 | 16 | |
| 38 | | 39 | | |
| 40 | | 41 | | |
| 42 | | 43 | | |
| 44 | | 45 | | |
| 10 | | 11 | 802 | |
| 12 | | | | |

State

Overpayment applied from 2023

1st quarter payment

2nd quarter payment

3rd quarter payment

4th quarter payment

Additional Estimated
Tax Payments

Paid with extension

| Amount Paid | | Date Paid | TS | 2024 Voucher Amount |
|-------------|--|-----------|-----|---------------------|
| 101 | | | | |
| 102 | | 103 | 113 | |
| 104 | | 105 | 114 | |
| 106 | | 107 | 115 | |
| 108 | | 109 | 116 | |
| 138 | | 139 | | |
| 140 | | 141 | | |
| 142 | | 143 | | |
| 144 | | 145 | | |
| 110 | | 111 | 804 | |

1**Type of Account**

1 = Savings
2 = Checking

2**Type of investment**

1 = Checking or savings (default)
2 = Taxpayer's IRA (next year limits)
3 = Spouse's IRA (next year limits)
4 = Health savings account (HSA)
5 = Archer MSA
6 = Coverdell savings account (ESA)
7 = Other
8 = Taxpayer's IRA (current year limits)
9 = Spouse's IRA (current year limits)

3, 6

| | | | | |
|------|------|----|---|-----|
| 2024 | 1040 | US | Direct Deposit & Estimates (Form 1040 ES) (cont.) | 7.1 |
|------|------|----|---|-----|

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? Yes ☐ No ☐

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2025 withholding to be different from 2024? Yes ☐ No ☐

If "yes" explain any differences: _____

7.1

| | | | | |
|-------------|-------------|--------------|---|-----------------------|
| 2024 | 1040 | US/CA | Wages, Pensions, Gambling Winnings | 10, 13.1, 13.2 |
|-------------|-------------|--------------|---|-----------------------|

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)

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) | | Wages, Tips, Other Compensation (Box 1) | Tax Withheld | | | | | 2023 Wages | |
|-----|--------------------------|----------------------------|---|---|-----------------|-------------------------|------------------|----------------|--------------|------------|--|
| | | 1=spouse | | | Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | SDI (Box 14) | | |
| | | 1 | 2 | | | | | | | | |
| | 800 | | 1 | 2 | 3 | 4 | 6 | 8 | 14 | 15 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

PENSIONS, IRA DISTRIBUTIONS (13.1)

| No. | Name of Payer | Distribution code #2 | | | | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld | | Value of all IRAs at 12/31/24 | 2023 Distribution |
|-----|---------------|----------------------|---|-----|-----|-------------------------------|----------------------------|--------------------|-------------------|-------------------------------------|----------------------|
| | | Distribution code #1 | | | | | | Federal (Box 4) | State (Box 14) | | |
| | | 1=IRA/SEP/SIMPLE | | | | | | | | | |
| | | 1=spouse | | | | | | | | | |
| | 800 | 1 | 2 | 810 | 196 | 3 | 4 | 6 | 9 | 34 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

GAMBLING WINNINGS (W-2G) (13.2)

| No. | Name of Payer | 1=spouse | Gross Winnings (Box 1) | Tax Withheld | | | 2023 Winnings |
|-----|---------------|----------|------------------------|-----------------|----------------|----------------|---------------|
| | | | | Federal (Box 4) | State (Box 15) | Local (Box 17) | |
| | 800 | 1 | 3 | 6 | 9 | 152 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

Total gambling losses.....
Winnings not reported on Form W-2G.....

| | 2024 Amount | TS | 2023 Amount |
|----|-------------|----|-------------|
| 12 | | | |
| 10 | | | |

10, 13.1, 13.2

| | | | |
|-------------|-------------|-----------|-----------------------------|
| 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 Amount | | 2023 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Social security benefits (SSA-1099, box 5) | 2 | 52 | | |
| Medicare premiums paid (SSA-1099) | 13 | 63 | | |
| 1=treat Medicare premiums paid as SE health ins. | 34 | 84 | | |
| Tier 1 RR retirement benefits (RRB-1099, box 5) ... | 3 | 53 | | |
| 1=lump-sum election for SS benefits | 12 | 62 | | |
| Alimony received | 5 | 55 | | |
| Taxable scholarships and fellowships | 8 | 58 | | |
| Jury duty pay | 28 | 78 | | |
| Household employee income not on W-2 | 9 | 59 | | |
| Excess minister's allowance | 24 | 74 | | |
| Alaska permanent fund dividends | 21 | 71 | | |
| Income from rental of personal property | 23 | 73 | | |
| Activity not engaged in for profit income | 43 | 93 | | |
| Olympic & Paralympic medals & USOC prize money | 45 | 95 | | |
| Prizes and awards | 42 | 92 | | |
| Stock Options | 44 | 94 | | |
| Strike or lockout benefits (other than bona fide gifts) | 929 | 930 | | |
| Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes | 927 | 928 | | |
| Wages earned while incarcerated not on W-2 | 48 | 98 | | |
| Income subject to S/E tax: (1099-NEC, box 1) | | | | |
| _____ | 10 | 60 | | |
| _____ | 10 | 60 | | |
| _____ | 10 | 60 | | |
| _____ | 10 | 60 | | |
| _____ | 10 | 60 | | |
| _____ | 10 | 60 | | |
| Other income (1099-MISC, box 3, 8) | | | | |
| _____ | 11 | 61 | | |
| _____ | 11 | 61 | | |
| _____ | 11 | 61 | | |
| _____ | 11 | 61 | | |
| _____ | 11 | 61 | | |
| _____ | 11 | 61 | | |

Form 1099-K

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

| | | | |
|-----|--|-----|--|
| 931 | | 932 | |
| 933 | | 934 | |

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

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld

State income tax withheld

Local income tax withheld

| | | | |
|----|--|----|--|
| 14 | | 64 | |
| 15 | | 65 | |
| 16 | | 66 | |

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

| |
|-------------|
| 14.1 |
|-------------|

2024

1040

US

State & Local Tax Refunds / Unemployment Compensation

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

| | | | |
|---|--|-----|--|
| No. <input type="text"/> | Name of payer..... | 800 | |
| | 1=spouse..... | 1 | |
| | Unemployment compensation: | | |
| | Total received (Box 1)..... | 2 | |
| | 2024 Overpayment repaid | 3 | |
| | State and local refunds: | | |
| | State and local income tax refund, credit or offsets (Box 2) . | 4 | |
| | 1=city or local income tax refund | 9 | |
| | Tax year for box 2 if not 2023 (Box 3) | 5 | |
| | Federal income tax withheld (Box 4)..... | 6 | |
| | RTAA payments (Box 5)..... | 25 | |
| | Taxable grants: | | |
| | Federal taxable amount (Box 6)..... | 12 | |
| | State taxable amount, if different | 17 | |
| | Farm amounts: | | |
| | Agriculture payments (Box 7)..... | 13 | |
| | 1=agriculture payments are from conservation reserve program | 24 | |
| Market gain (Box 9)..... | 26 | | |
| Number of farm..... | 15 | | |
| 1=box 2 is trade or business income (Box 8) | 14 | | |
| State income tax withheld (Box 11)..... | 11 | | |

| | | | |
|---|--|-----|--|
| No. <input type="text"/> | Name of payer..... | 800 | |
| | 1=spouse..... | 1 | |
| | Unemployment compensation: | | |
| | Total received (Box 1)..... | 2 | |
| | 2024 Overpayment repaid | 3 | |
| | State and local refunds: | | |
| | State and local income tax refund, credit or offsets (Box 2) . | 4 | |
| | 1=city or local income tax refund | 9 | |
| | Tax year for box 2 if not 2023 (Box 3) | 5 | |
| | Federal income tax withheld (Box 4)..... | 6 | |
| | RTAA payments (Box 5)..... | 25 | |
| | Taxable grants: | | |
| | Federal taxable amount (Box 6)..... | 12 | |
| | State taxable amount, if different | 17 | |
| | Farm amounts: | | |
| | Agriculture payments (Box 7)..... | 13 | |
| | 1=agriculture payments are from conservation reserve program | 24 | |
| Market gain (Box 9)..... | 26 | | |
| Number of farm..... | 15 | | |
| 1=box 2 is trade or business income (Box 8) | 14 | | |
| State income tax withheld (Box 11)..... | 11 | | |

14.2

2024

1040

US/CA

Business Income (Schedule C)

No.

16

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

GENERAL INFORMATION

| | | |
|---|-----|--|
| Principal business/profession | 800 | |
| Principal business code | 801 | |
| Business name, if different from Form 1040 | 802 | |
| Business address, if different from Form 1040 | 803 | |
| City, if different from Form 1040 | 804 | |
| State, if different from Form 1040 | 828 | |
| ZIP code, if different from Form 1040 | 829 | |
| Foreign region | 830 | |
| Foreign postal code | 831 | |
| Foreign country | 832 | |
| Employer identification number | 805 | |
| Other accounting method | 806 | |

Accounting method: 1=cash, 2=accrual

Inventory method: 1=cost, 2=lower cost/market, 3=other

1=change of inventory method

1=spouse, 2=joint

1=first Schedule C filed for this business

If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..

1=not subject to self-employment tax

1=did not "materially participate"

1=personal services is not a material income producing factor

1=investment

1=minister's Schedule C

1=single member limited liability company

1=trader in financial instruments or commodities

CA FTB Form 3805V:

1=eligible small business

Qualified new business year: 1=1st, 2=2nd, 3=3rd

Principle business code (SIC 1987)

| | | |
|-----|--|--|
| 7 | | |
| 6 | | |
| 8 | | |
| 10 | | |
| 44 | | |
| 112 | | |
| 39 | | |
| 22 | | |
| 220 | | |
| 37 | | |
| 302 | | |
| 418 | | |
| 95 | | |

| | | |
|-----|--|--|
| 114 | | |
| 117 | | |
| 826 | | |

INCOME

Gross receipts or sales (Form 1099-NEC)

Returns and allowances

Other income:

| | 2024 Amount | 2023 Amount |
|----|-------------|-------------|
| 51 | | |
| 52 | | |
| 54 | | |
| 54 | | |

COST OF GOODS SOLD

Inventory at beginning of the year

Purchases

Cost of items for personal use

Cost of labor

Materials and supplies

Other costs:

Inventory at end of the year

| | | |
|----|--|--|
| 14 | | |
| 15 | | |
| 16 | | |
| 17 | | |
| 18 | | |
| 19 | | |
| 19 | | |
| 20 | | |

2024

1040

US/CA

Business Income (Schedule C) (cont.)

No.

16 p2

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

EXPENSES

| | 2024 Amount | 2023 Amount |
|--|-------------|-------------|
| Accounting..... | 201 | |
| Advertising..... | 56 | |
| Answering service..... | 202 | |
| Bad debts from sales or service..... | 57 | |
| Bank charges..... | 203 | |
| Car and truck expenses (not entered elsewhere)..... | 59 | |
| Commissions..... | 60 | |
| Contract labor..... | 87 | |
| Delivery and freight..... | 204 | |
| Dues and subscriptions..... | 205 | |
| Employee benefit programs..... | 64 | |
| Insurance (other than health)..... | 66 | |
| Mortgage interest (paid to banks, etc.)..... | 12 | |
| Other interest (not entered elsewhere)..... | 67 | |
| Janitorial..... | 206 | |
| Laundry and cleaning..... | 207 | |
| Legal and professional..... | 69 | |
| Miscellaneous..... | 208 | |
| Office expense..... | 70 | |
| Outside services..... | 209 | |
| Parking and tolls..... | 210 | |
| Pension and profit sharing plans - contributions..... | 71 | |
| Pension and profit sharing plans - admin. and education costs..... | 53 | |
| Postage..... | 211 | |
| Printing..... | 212 | |
| Rent - vehicles, machinery, & equipment (not entered elsewhere)..... | 58 | |
| Rent - other..... | 72 | |
| Repairs..... | 73 | |
| Security..... | 213 | |
| Supplies..... | 74 | |
| Taxes - real estate..... | 45 | |
| Taxes - payroll..... | 41 | |
| Taxes - sales tax included in gross receipts..... | 43 | |
| Taxes - other (not entered elsewhere)..... | 75 | |
| Telephone..... | 214 | |
| Tools..... | 215 | |
| Travel..... | 76 | |
| Meals in full (50%)..... | 81 | |
| Department of Transportation meals in full (80%)..... | 86 | |
| Uniforms..... | 216 | |
| Utilities..... | 77 | |
| Wages..... | 78 | |

Other expenses:

| | | |
|----------------------|----|--|
| <input type="text"/> | 90 | |
| <input type="text"/> | 90 | |
| <input type="text"/> | 90 | |
| <input type="text"/> | 90 | |
| <input type="text"/> | 90 | |

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

16 p2

2024

1040

US/CA

Rental & Royalty Income (Schedule E)

No.

18

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

GENERAL INFORMATION

| | 2024 Amount | 2023 Amount |
|----------------------------------|-------------|--|
| Description of property..... | 800 | Type of Property 1 = Single-Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental |
| Street address..... | 801 | |
| City..... | 820 | |
| State..... | 821 | |
| ZIP code..... | 822 | |
| Type of property (see table).... | 802 | |
| Other type of property..... | 803 | |
| Number of days rented..... | 34 | |

| | | |
|---|-----|---|
| Percentage of ownership if not 100% (.xxxx)..... | 500 | 1=did not actively participate... 38 |
| Percentage of tenant occupancy if not 100% (.xxxx)..... | 503 | 1=real estate professional..... 32 |
| 1=spouse, 2=joint..... | 33 | 1=rental other than real estate.. 71 |
| 1=qualified joint venture..... | 108 | 1=investment..... 48 |
| 1=nonpassive activity, 2=passive royalty..... | 39 | 1=single member limited liability company..... 418 |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no | | 112 |

CA FTB Form 3805V:

| | | |
|--|-----|--|
| 1=eligible small business..... | 105 | |
| Qualified new business year: 1, 2 or 3 | 107 | |
| Principle business code (SIC 1987)..... | 826 | |

INCOME

| | 2024 Amount | 2023 Amount |
|----------------------------------|-------------|-------------|
| Rents or royalties received..... | 110 | |

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

| | | |
|---|----|--|
| Advertising..... | 4 | |
| Association dues..... | 16 | |
| Auto and travel (not entered elsewhere) | 5 | |
| Cleaning and maintenance | 6 | |
| Commissions..... | 7 | |
| Gardening..... | 18 | |
| Insurance..... | 8 | |
| Legal and professional fees..... | 10 | |
| Licenses and permits..... | 23 | |
| Management fees..... | 19 | |
| Miscellaneous..... | 24 | |
| Mortgage interest (paid to banks, etc.) | 9 | |
| Excess mortgage interest | 67 | |
| Other interest (not entered elsewhere) | 29 | |
| Painting and decorating | 20 | |
| Pest control..... | 21 | |
| Plumbing and electrical..... | 17 | |
| Repairs..... | 11 | |
| Supplies..... | 12 | |
| Taxes - real estate..... | 13 | |
| Taxes - other (not entered elsewhere) | 25 | |
| Telephone..... | 22 | |
| Utilities..... | 14 | |
| Wages and salaries..... | 15 | |
| Other: | | |
| | 27 | |

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

18

2024

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region.....
 Foreign postal code.....
 Foreign country.....

| | |
|-----|--|
| 823 | |
| 824 | |
| 825 | |

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).....

| | 2024 Amount | 2023 Amount |
|-----|-------------|-------------|
| 42 | | |
| 43 | | |
| 502 | | |
| 76 | | |
| 506 | | |

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use.....
 Number of days owned (if optional method elected).....

| | | |
|----|--|--|
| 35 | | |
| 53 | | |

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.....

| | | |
|-----|--|--|
| 204 | | |
| 216 | | |
| 205 | | |
| 206 | | |
| 207 | | |
| 218 | | |
| 208 | | |
| 210 | | |
| 223 | | |
| 219 | | |
| 224 | | |
| 209 | | |
| 267 | | |
| 229 | | |
| 220 | | |
| 221 | | |
| 217 | | |
| 211 | | |
| 212 | | |
| 213 | | |
| 225 | | |
| 222 | | |
| 214 | | |
| 215 | | |

Other:

.....

| | | |
|-----|--|--|
| 227 | | |
| 227 | | |
| 227 | | |
| 227 | | |
| 227 | | |
| 227 | | |

18 p2

2024 1040 US Adjustments to Income

24

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

TRADITIONAL IRA CONTRIBUTIONS

| | 2024 Amount | | 2023 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| IRA contributions you made or expect to make (1=maximum) (\$7,000/\$8,000 if 50 or older) | 1 | 51 | | |
| Contributions made to date | 3 | 53 | | |
| 1=covered by plan, 2=not covered | 5 | 55 | | |
| 2024 payments from 1/1/23 to 4/15/23 | 8 | 58 | | |

ROTH IRA CONTRIBUTIONS

| | 2024 Amount | | 2023 Amount | |
|--|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Roth IRA contributions you made or expect to make (1=maximum) (\$7,000/\$8,000 if 50 or older) | 27 | 77 | | |
| Contributions made to date | 30 | 80 | | |

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

| | 2024 Amount | | 2023 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) | 10 | 60 | | |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) | 11 | 61 | | |
| Defined benefit contributions you expect to make | 13 | 63 | | |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) | 12 | 62 | | |
| Plan contribution rate if not .25 (.xxxx) | 501 | 551 | | |
| Individual 401k: SE elective deferrals (except Roth) (1=max.) | 44 | 94 | | |
| Individual 401k: SE designated Roth contributions (1=max.) | 144 | 194 | | |
| SIMPLE contributions: | | | | |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum) | 22 | 72 | | |
| Employer matching rate if not .03 (.xxxx) | 502 | 552 | | |
| 1=nonelective contributions (2%) | 24 | 74 | | |
| Contributions made to date | 14 | 64 | | |

ADJUSTMENTS TO INCOME

Self-employed health insurance:

| | | | | |
|--|-----|-----|--|--|
| Total premiums (excluding long-term care) | 16 | 66 | | |
| Long-term care premiums | 26 | 76 | | |
| Student loan interest paid (1098-E, box 1) | 23 | 73 | | |
| Educator expenses (kindergarten thru grade 12) | 28 | 78 | | |
| Jury duty pay given to employer | 43 | 93 | | |
| Attorney fees and court costs for unlawful discrimination claims | 243 | 293 | | |
| Attorney fees and court costs paid in connection with an IRS award for information on tax law violations | 244 | 294 | | |
| Contributions by certain chaplains to section 403(b) plans | 242 | 292 | | |
| Reforestation amortization and expenses | 240 | 290 | | |
| Repayment of supplemental unemployment benefits | 241 | 291 | | |
| Expenses from rental of personal property | 37 | 87 | | |
| Other adjustments to income: | | | | |
| | 19 | 69 | | |
| | 19 | 69 | | |
| | 19 | 69 | | |

24

| | | | | |
|------|------|----|-----------------------|-------|
| 2024 | 1040 | US | Adjustments to Income | 24 p2 |
|------|------|----|-----------------------|-------|

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

ADJUSTMENTS TO INCOME

| | | | | |
|-----------------------------------|----------|-----------|----------|-----------|
| Alimony paid: | Taxpayer | | Spouse | |
| Date of divorce or sep. agreement | 102.____ | | 103.____ | |
| Recipient's first name | 39.____ | | 89.____ | |
| Recipient's last name | 40.____ | | 90.____ | |
| Recipient's SSN | 41.____ | | 91.____ | |
| Amount paid | 18.____ | 2023 amt: | 68.____ | 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 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 | 4 | | |
| Doctors, dentists and nurses | 5 | | |
| Hospitals and nursing homes | 6 | | |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .. | 7 | | |
| Long-term care premiums - taxpayer | 17 | | |
| Long-term care premiums - spouse | 58 | | |
| Insurance reimbursement (enter as a positive number) | 8 | | |
| Lodging and transportation: | | | |
| Out-of-pocket expenses | 9 | | |
| Medical miles driven | 52 | | |
| Other medical and dental expenses: | | | |
| _____ | 10 | | |
| _____ | 10 | | |
| _____ | 10 | | |

TAXES PAID (State and local withholding and 2024 estimates are automatic.)

| | | | |
|--|-----|--|--|
| State income taxes - 1/24 payment on 2023 state estimate | 11 | | |
| State income taxes - paid with 2023 state return extension | 12 | | |
| State income taxes - paid with 2023 state return | 13 | | |
| State income taxes - paid for prior years and/or to other state | 14 | | |
| City/local income taxes - 1/24 payment on 2023 city/local estimate | 211 | | |
| City/local income taxes - paid with 2023 city/local extension | 212 | | |
| City/local income taxes - paid with 2023 city/local return | 213 | | |

SALES AND USE TAXES PAID

| | | | |
|--|-----|--|--|
| State and local sales taxes (except autos and special items) | 91 | | |
| Use taxes paid on 2024 purchases | 92 | | |
| Use taxes paid with 2023 state return | 96 | | |
| Sales tax on autos not included above | 349 | | |
| Sales tax on boats, aircraft, other special items | 93 | | |

OTHER TAXES PAID

Real estate taxes - principal residence:

| | | | |
|-------|----|--|--|
| _____ | 15 | | |
| _____ | 15 | | |

Real estate taxes - held for investment :

| | | | |
|-------|----|--|--|
| _____ | 16 | | |
| _____ | 16 | | |
| _____ | 16 | | |

Personal property taxes (including auto fees in some states. Provide a copy of tax notice) . . .

| | | | |
|-------|----|--|--|
| _____ | 18 | | |
|-------|----|--|--|

Foreign income taxes

| | | | |
|-------|----|--|--|
| _____ | 19 | | |
|-------|----|--|--|

Other taxes:

| | | | |
|-------|----|--|--|
| _____ | 20 | | |
|-------|----|--|--|

25

2024

1040

US

Itemized Deductions (continued)

25 p2

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

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 5) reported on Form 1098:

2024 Amount

TS

2023 Amount

| | | | |
|--|----|--|--|
| | 21 | | |
| | 21 | | |
| | 21 | | |

Home mortgage interest not reported on Form 1098:

| | | |
|--------------------------|-----------|--|
| Payee's name..... | 85.____ | |
| Payee's SSN or FEIN... | 86.____ | |
| Payee's street address.. | 87.____ | |
| Payee's city..... | 88.____ | |
| Payee's state..... | 106.____ | |
| Payee's ZIP code..... | 108.____ | |
| Payee's region..... | 1350.____ | |
| Payee's postal code.... | 1351.____ | |
| Payee's country..... | 1352.____ | |

| | | |
|------------------|---------|--|
| Amount paid..... | 22.____ | |
|------------------|---------|--|

Points not reported on Form 1098:

| | | | |
|--|----|--|--|
| | 23 | | |
| | 23 | | |

Investment interest (interest on margin accounts):

| | | | |
|-----------------------|----|--|--|
| | 24 | | |
| | 24 | | |
| Passive interest..... | 27 | | |

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:

| | | | |
|--|----|--|--|
| | 32 | | |
| | 32 | | |
| | 32 | | |
| | 32 | | |
| | 32 | | |
| Volunteer expenses (out-of-pocket) | 31 | | |
| Number of charitable miles | 53 | | |

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

| | | | |
|--|----|--|--|
| | 41 | | |
| | 41 | | |
| | 41 | | |
| | 41 | | |
| | 41 | | |
| Volunteer expenses (out-of-pocket) | 40 | | |
| Number of charitable miles | 54 | | |

25 p2

2024

1040

US/CA

Itemized Deductions (continued)

25 p3

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

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

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

| | 2024 Amount | TS | 2023 Amount |
|----|-------------|----|-------------|
| 33 | | | |
| 33 | | | |
| 33 | | | |
| 33 | | | |

30% limitation (see above):

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

| | 2024 Amount | TS | 2023 Amount |
|----|-------------|----|-------------|
| 34 | | | |
| 34 | | | |
| 34 | | | |
| 34 | | | |

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

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

| | 2024 Amount | TS | 2023 Amount |
|----|-------------|----|-------------|
| 35 | | | |
| 35 | | | |
| 35 | | | |
| 35 | | | |

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

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

| | 2024 Amount | TS | 2023 Amount |
|----|-------------|----|-------------|
| 36 | | | |
| 36 | | | |
| 36 | | | |
| 36 | | | |

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

| | | | |
|----|--|--|--|
| 42 | | | |
|----|--|--|--|

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

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

| | 2024 Amount | TS | 2023 Amount |
|----|-------------|----|-------------|
| 43 | | | |
| 43 | | | |
| 43 | | | |
| 43 | | | |

Investment expense:

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

| | 2024 Amount | TS | 2023 Amount |
|----|-------------|----|-------------|
| 44 | | | |
| 44 | | | |
| 44 | | | |
| 44 | | | |

Tax return preparation fee

| | | | |
|----|--|--|--|
| 44 | | | |
|----|--|--|--|

Safe deposit box rental

| | | | |
|----|--|--|--|
| 44 | | | |
|----|--|--|--|

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

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

| | 2024 Amount | TS | 2023 Amount |
|----|-------------|----|-------------|
| 47 | | | |
| 47 | | | |
| 47 | | | |
| 47 | | | |

Federal only:

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

| | 2024 Amount | TS | 2023 Amount |
|-----|-------------|----|-------------|
| 109 | | | |
| 109 | | | |

State only:

| |
|--|
| |
| |

| | 2024 Amount | TS | 2023 Amount |
|-----|-------------|----|-------------|
| 110 | | | |
| 110 | | | |

25 p3

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.
2. 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 | 493 | | |
| Home acquisition and grandfather debt on the date that the last debt was secured | 494 | | |

LOAN INFORMATION

Loan #1

| | | | |
|---|-----|--|--|
| Lender's name | 820 | | |
| Form (see table) | 416 | | |
| Number of form | 417 | | |
| 1=taxpayer, 2=spouse, blank=joint | 496 | | |
| Interest paid | 401 | | |
| Points paid | 402 | | |
| Total principal paid | 404 | | |
| Lump sum principal payment (if paid off) | 403 | | |
| Months outstanding (if not 12) | 405 | | |
| 1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17) | 418 | | |
| Home acquisition debt balance - beginning of year | 407 | | |
| Home acquisition debt borrowed in 2024 | 408 | | |
| Home equity debt balance - beginning of year | 410 | | |
| Home equity debt borrowed in 2024 | 411 | | |
| Grandfather debt balance - beginning of year | 413 | | |

Loan #2

| | | | |
|---|-----|--|--|
| Lender's name | 830 | | |
| Form (see table) | 436 | | |
| Number of form | 437 | | |
| 1=taxpayer, 2=spouse, blank=joint | 497 | | |
| Interest paid | 421 | | |
| Points paid | 422 | | |
| Total principal paid | 424 | | |
| Lump sum principal payment (if paid off) | 423 | | |
| Months outstanding (if not 12) | 425 | | |
| 1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17) | 438 | | |
| Home acquisition debt balance - beginning of year | 427 | | |
| Home acquisition debt borrowed in 2024 | 428 | | |
| Home equity debt balance - beginning of year | 430 | | |
| Home equity debt borrowed in 2024 | 431 | | |
| Grandfather debt balance - beginning of year | 433 | | |

Form

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

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2024 1040 US Itemized Deductions (continued)
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

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.....

| | 2024 Amount | TS | 2023 Amount |
|-----|-------------|----|-------------|
| 840 | | | |
| 456 | | | |
| 457 | | | |
| 498 | | | |
| 441 | | | |
| 442 | | | |
| 444 | | | |
| 443 | | | |
| 445 | | | |
| 458 | | | |
| 447 | | | |
| 448 | | | |
| 450 | | | |
| 451 | | | |
| 453 | | | |

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.....

| | | | |
|-----|--|--|--|
| 850 | | | |
| 476 | | | |
| 477 | | | |
| 499 | | | |
| 461 | | | |
| 462 | | | |
| 464 | | | |
| 463 | | | |
| 465 | | | |
| 478 | | | |
| 467 | | | |
| 468 | | | |
| 470 | | | |
| 471 | | | |
| 473 | | | |

Form

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

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Series: Additional Information