Angelo A Cerbone Jr CPA LLC Angelo A Cerbone 69 Old Norwalk Road New Canaan, CT 06840

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General Information Spouse Taxpayer First Name Middle Initial Last Name Suffix Social Security Number . . . Date of Birth Date of Death Check ("X") which phone number to list on return. Home Phone Work Phone Cell Phone Fax Number Legally Blind Totally Disabled Claimed as a Dependent . . . Presidential Election Fund (\$3) Occupation E-mail address State of Residence as of 12/31 . . County of Residence as of 12/31. School District as of 12/31 . . Sales tax rate of locality in 2024 . If Part Year, Period of Residency . to Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster. ID type Driver's license OR State Issued ID Driver's license OR State Issued ID ID number ID issuing state _____ ID issue date _____ ID expiration date. Filing Status Status on 2023 return: Status as of 12/31/2024: Single Enter ("X") in the box 2 Married filing joint 3 Married filing separately (Enter spouse's name and SSN above) Head of Household Non-dependent name: Non-dependent SSN: 5 Qualifying surviving spouse (QSS) Year spouse died Taxpayer's Address Apt/Suite : _____ Street State Zip Code City If address is in a foreign country, enter that country . . . Foreign postal code Foreign province/county . . ____ If a bona fide resident of a U.S. territory, enter territory . . **Preparer's Information** Preparer's name Angelo A Cerbone Firm's name Angelo A Cerbone Jr CPA LLC Street 69 Old Norwalk Road New Canaan State Zip Code 06840 Attestation and Signature: To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records. Sign Date

here

		Name 55N
		Questions
Yes	No	Personal Information Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year? Did you purchase or sell your principal residence or did your address change? Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return? Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2024? Were either you or your spouse in the military or National Guard? Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence? Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?
Yes	No	Dependents Are there any changes in your dependents from last year? Did you have any children under 19 (or 24 if a full time student) who received more than \$1,300 in investment income? Did you pay education expenses for your dependent children? Did anyone in your family receive a scholarship of any kind during 2024? Did you pay any dependent care expenses for a child or a parent? Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent? Are all of your dependents either US residents or citizens?
Yes	No 1	Health Care Coverage Did you or a member of your family have minimum essential coverage in 2024? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
Yes	No 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Income (In 2024, did you or your spouse have any of the following?) Wages? (include form(s) W-2) Non-employee compensation? (include form(s) 1099-NEC) Miscellaneous Income? (include form(s) 1099-MISC) Interest income? (include form(s) 1099-INT) Dividend income? (include form(s) 1099-DIV) Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account? Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses. Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099) Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G) Disability income? (include form(s) W-2 or 1099) Unemployment compensation? (include form(s) 1099-G) Alimony? Did you receive tip income NOT reported to your employer? Did you barter your services for goods or services from someone else? Did you barter your services for goods or services from someone else? Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp? Did you receive employer-provided adoption benefits for a previous year? Did you receive a housing shonds? Did you make a loan to someone at an interest rate below market rate? Did you receive a housing allowance for ministerial services you provided? Did you receive any income not reported in this Organizer? Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)? Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?
Yes	No 1 2 3	Foreign Reporting Did you have an interest in or signature authority over a financial account in a foreign country? Were you the grantor of or transferor to a foreign trust? Did you receive income from a foreign source or pay taxes to a foreign government?
Yes	No	Retirement & Other Plans Did you receive any distributions from a retirement plan? (Include form(s) 1099-R) Did you rollover a retirement plan distribution into another plan? Did you convert a traditional IRA to a Roth IRA? Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA) Did you make any contributions to an HSA (Health Savings Account) in 2024? Did you receive a qualified disaster distribution in 2024? Did you receive an early distribution for a qualified birth or adoption distribution?

Yes	No	Purchases, Sales, Gains and Losses
	1	Did you exchange any securities or investments for something other than cash?
	2	Do you have any short sales, commodity sales, or straddles?
	3	Did you receive Form 2439?
	4	Did you buy or sell any bonds?
	5	Did you receive stock from a stock bonus plan with your employer?
	6	Did you sell any other personal assets at a gain?
	7	Did you sell any real estate (other than your home) during the year?
	8	Did you sell any assets using the installment method?
	9	Did you receive proceeds from a prior year installment sale?
	10	Did you purchase a rental property?
	11	Did you exchange any property for other property?
	12	Did you incur a loss because of damaged or stolen property?
	13	Did you purchase a new vehicle, aircraft or boat?
	14	Did any security become worthless during 2024?
	15	Did any debts become uncollectible during 2024?
	16	Did you puchase any items acquired out of state, online or by mail order that did not include sales tax?
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Vaa	Na	Dusiness and Dantal Dranamy Income & Dadustions
Yes	No	Business and Rental Property Income & Deductions
\vdash		If you own rental property, do you qualify as a Real Estate Professional? Did you start or acquire a new business?
\vdash	2 2	·
\vdash	3	Did you sell any part of an existing business, or sell business assets?
\vdash	4	Did you cease operating any business or rental property?
	5	Did you remove any of your business assets for personal use?
	6 7	Did you use part of your home for business purposes? Did you make any contributions to a Keogh or a self-employed SEP plan for 2024?
	8	Do you pay for any health or long term care insurance through your business?
	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
	10	Did you purchase any furniture or equipment for your business?
	11	Did you make any improvements to your rental properties?
	12	Did you receive income from raising animals or crops?
L		
V	N.	Other Deductions
Yes	No	Other Deductions Did you was your are at the jet (ather than to and from work)?
\vdash	1 2	Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year?
	3	Did you work out of town for part of the year? Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
	4	Did you incur any travel and entertainment expenses for business purposes?
	5	Did you pay expenses for the care of your child or other dependent so you could work?
	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2024?
	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024?
	8	Did you contribute less than an entire interest in any property to charity?
	9	Did you refinance a mortgage or take out a home equity loan during 2024?
	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
	11	Did you or your spouse pay any educational expenses for yourselves?
	12	Did you pay any student loan interest?
	13	Did you make any federal or state estimated payments?
	14	Did you pay alimony?
	15	Did you donate non-cash donations?
	16	Did you donate a vehicle?
_		
Yes	No	<u>Miscellaneous</u>
Ϊ́	1	Did you make gifts of more than \$18,000 to any one person?
\square	2	Did you engage the service of any household employees?
	3	Did your bank account information change within the last twelve months?
	4	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
	5	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2024?
	7	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
	8	Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Do you work in multiple States requiring multiple State income tax returns and income allocation?

Yes	No 1 2	Return preparation and filing Do you want to e-file your return? If you are due a refund, how do you want to rece	eive it?			
		Check sent to you in the mail		Other quick re	fund via a bank pro	oduct
		Apply to next year's estimates				
		Direct deposit (please provide voided b	lank check)	Type of account:	Checking	Savings
		If you owe taxes, how do you want to pay them?	?			
		Paper check sent with my return	Credit card	Installment Ag	reement	
		Direct debit (please provide a voided bl	ank check)	Type of account:	Checking	Savings
	3	Do you want to allow your tax preparer to discust fino, enter another person (if desired) to be allo	•			
		Designee's	Phone		Personal identific	
		name	Number		_ Number (5 digit F	PIN)

Name	SSN
Comments	

Name					SSN			
Federal, State and Local Estin	nated Taxes	Paid						
Federal Estimates		-:				0	h. D	
Enter Payment Information			ler and/or Joi Date Paid	Amount		Spouse On Date Paid	ly Payments Amo	unt
1 Overpayment from last year					1			
2 First quarter payment					2			
3 Second quarter payment					3			
4 Third quarter payment					4			
5 Fourth quarter payment					5			
6					6			
7					7			
State Estimates								
Enter two-letter state abbreviation	State		State		State		State	
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year	1							
2 First quarter payment	2							
3 Second quarter payment	3							
4 Third quarter payment 4	4							
5 Fourth quarter payment	5							
6	6							
7	7							
8 8	8							
Local Estimates								
Enter locality name	Locality		Locality		Locality		Locality	
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year .	1							
2 First quarter payment	2							
3 Second quarter payment	3							
4 Third quarter payment 4						_		
5 Fourth quarter payment								
6	6							
	7							
-	Q							

Name				S	SSN					
Dependent	Information									
		No. of						Enter "X	" if applicat	ole
		Months				Amount Paid	US	Full- time	Paid	Not a
		in Home		Date of		for Dependent	Citizen	Student or	Education	Dependent
First Name	Last Name	in 2024	Relationship	Birth	SSN	Care Expenses		Disabled	Expenses	this Year
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Wages

W-2 Information

"X" if ouse Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
	Other Comp	TUA TTIUITICIU	Hayes	TUX VVIIIITEIU
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35		+		
36		+		+
		+		
37		+		
38		+		
39		+		
40		+		+
41		 		
42				
43				

Name	SSN
Name	0011

Retirement Income

1099-R Information

"X" if		Box 1 Gross	Box 4 Federal Income	Box 16 State	Box 14 State Income
spous	e Payer's Name	Distribution	Tax Withheld	Distribution	Tax Withheld
	1				
	2				
	3				
	3				
	4			1	
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	35				
	36				
	37				
	38				
	39				
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	42				
	43			1	
	40			1 1	

Name			SSN			
Interest Income						
Please provide copies of all Form 1099-			orting interes	t income.		
* F/S/J - enter ownership (F)iler, (S)pouse,	Taxable Inte			pt Interest	Specified Priv	
or (J)oint.	Current Year		Current Year	Prior Year	Current Year	Prior Year
*F/S/J Payer	Amount	Amount	Amount	Amount	Amount	Amount
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	DIV or other s	tataments ro	norting dividor	nd incomo		
Please provide copies of all Form 1099-			porting divider	nd income.	Capital	Gains
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse,		Dividends	porting divider Qualified Current Year	nd income. Dividends Prior Year	Capital Current Year	
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.	Ordinary	Dividends	Qualified	Dividends		
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 13	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 13 14	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14 15	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14 15 16 17	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14 15 16 17	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year

mony Received F/S - enter ownership (F)iler or (S)pouse.	Date of Original		
:/S* Payer	Divorce or Sepa- ration Agreement	Current Year Amount	Prior Year Amount
11	1		
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
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Alimony Paid

F/S*

* F/S - enter ownership (F)iler or (S)pouse.

Recipient's Name

Name

Recipient's SSN	Date of Original Divorce or Sepa- ration Agreement	Current Year Amount	Prior Year Amount
	1		
	2	!	
	3	3	
	4		
	5	3	
	6	3	
	7	,	
		3	

SSN _____

Name	SSN

Business Assets Placed in Service in Prior Years

Activity	Description	Date Placed	Cont	Explain any assets no longer used by the business		
	Description	In Service	Cost	by the business		
1						
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3						
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	Name				SS	SN	
Self	-Employed Business Inco	me and E	Expenses (Sch	edule C)			
	Enter "X" in one box:	т г	Spouse	,			
Ge	eneral Information						
	Employer Identification Number			(do not en	ter Soci	al Security Numbe	r)
	Principal business or profession						
	Business name						
	Business address						
	City				State		Zip
	Foreign Country				D4-1	0-1-	
	Foreign Province/State		L.I \		Postal	Code	
Ge		" where applic					
1	Accounting Method	Cash	Accrual	Other - (Specify	′)		
2	Did you "materially participate" in this	business?	Yes	No			
3	Check ('X') if you started or acquired	this business	s in 2024.				
4	Did you make any payments in 2024	that would re	equire you to file Form	n(s) 10992		Yes	No
		triat Would Te	344110 704 10 1110 1 011	11(0) 1000.			
Вι	<pre>isiness Income * Report statutory income as W-2 income</pre>	ome.				Current Year Amount	Prior Year Amount
	Gross receipts or sales not reported of		9 or Form W-2			Amount	Amount
5					5		
6					6		
7					7		
8					8		
9					9		
10					10		
11					11		
12					12		
13					13		
14	Income reported on 1099 MISC				14		
15 16	Gross amount of payment card/third				15 16		
17	Professional gambler winnings from F	-			17		
18	Gross installment sales less cost of g				 18		
19	Returns and allowances				19		
20	Other income				20		
In	ventory (Enter "X" where applic	able)					
21	Method(s) used to value closing inver	ntory	Cost	Lower of cost or	market	Other	
22	Any change in determining quantities	, costs, or va	aluations between ope	ening and closing	invento	ory?	Yes No
						Current Year	Prior Year
						Amount	Amount
23	Inventory at the beginning of year .				23		
24	Purchases less cost of items withdray	•			24		
25	Cost of labor				25		
26 27	Materials and supplies				26		
27 28	Other Costs				27 28		
20	Inventory at end of year				20		
As	sets Placed in Service This Year					Date Placed	Purchase
	Description:					In Service	Amount
Α					A		
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	Name	SS	SN	
	Business			
Self	-Employed Business Expenses Cont. (Schedule C)			
			Current Year	Prior Year
Expe			Amount	Amount
29	Advertising	29		
30	Contract labor	30		
31	Commissions and fees	31		
32	Depletion	32		
33	Employee benefit programs (other than on line 39)	33		
34	Insurance (other than health)	34		
35	Mortgage (paid to banks, etc.)	35		
36	Other			
37	Legal and professional services	37		
38	Office expense			
39	Pension and profit-sharing plans	39		
40	Machinery rental or lease	40		
41	Equipment rental or lease			
42		42		
43		43		
44		44		
	Other business property rental or lease			
45		45		
46		46		
47		47		
48	Repairs and maintenance	48		
49	Supplies (not included in inventory cost of goods sold)	49		
50	Taxes and licenses	50		
	Travel and Meals:			
-4	Travel	-4		
51		51		
52		52		
53		53		
54	Meals	54		
55	Enter "X" in the box if subject to DOT hours of service limits	55		
56	Meals subject to the Standard meal allowance that are 100% deductible after			
	the federal M&IE rate is applied	56		
	Meals subject to percentage limitation		l.	
57		57		
58		58		
59		59		
60		60		
61		61		
	Meals not subject to percentage limitation (100% allowed)			<u> </u>
62		62		
63		63		
64		64		
65		65		
66	Utilities	66		
67	Wages	67		
	Other Expenses:			
68		68		
69		69		
70		70		
71		71		
72		72		
73		73		
74		74		
75		75		

Name			SSN	
Business				
icle Information (Schedule C)				
	Vehicle - Current Year Amount	Prior Year Amount	Vehicle - Current Year Amount	Prior Year Amount
Date vehicle was placed in service 1				
Cost of vehicle				
Total miles driven for the year 3				
Business miles driven during the year 4				
Commuting miles included on line 3 5				
Parking fees and tolls 6				
Vehicle Interest				
Vehicle Personal Property tax 8				
Gasoline, oil and repairs 9				
Vehicle Insurance				
Vehicle registration fees				
Vehicle lease or rental				
13				
Г		Drior Voor		Prior Year
				Amount
Date vehicle was placed in service 1				
Cost of vehicle				
Total miles driven for the year 3				
Business miles driven during the year . 4				
Commuting miles included on line 3 5				
Parking fees and tolls 6				
Vehicle Interest				
Vehicle Personal Property tax 8				
Gasoline, oil and repairs 9				
Vehicle Insurance				
Vehicle registration fees				
Vehicle lease or rental				
13				
	Business icle Information (Schedule C) Date vehicle was placed in service	Business Cicle Information (Schedule C) Vehicle -	Section Commutation Comm	Business

	Name	SSN _		
	Home Office Number			
	Description of Home Office			
	Address			
	City	s	tate Zip	
	Check ("X") box:			
Hor	ne Office Expenses			
			Current Year	Prior Year
Aı 1	rea of Home Area used regularly and exclusively for business, regularly for daycare, or for storage		Amount	Amount
	of inventory or product samples	1		
2 Da	Total area of home	2		
3	Multiply days used for daycare during year by hours used per day	3		
4 Ex	Enter total hours home was available for daycare during year	4		
5	Casualty losses	5		
6	Excess mortgage interest	6		
7	Excess real estate taxes	7		
8	Insurance	8		
9	Rent	9		
10	Repairs and maintenance	10		
11	Utilities	11		
12	Other Expenses:	_		
а		12a		
b		12b		
С		12c		
d		12d		
е		12e		
_	veloces Allegations		Current Year	Prior Year
В	usiness Allocation: Business 1:		Allocation %	Allocation %
	Business 2:			
	Business 3:			
	Business 4:			
				<u> </u>
	usiness:		Current Year	Prior Year
	dditional expenses related to business portion only (Direct)	42	Amount	Amount
13	Casualty losses			
15	Excess mortgage interest			
16	Insurance	16		
17	Rent	17		
18	Repairs and maintenance			
19	Utilities	19		
20	Other Expenses:	- L		
а		20a		
b		20b		
С		20c		
d		20d		
е		20e		

Name	N22	

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

	Name		SSI	N	
Rea	I Estate Rentals	and Royalties			
Pr	operty Description				
Ad	ddress				
Ci	ty	State Zip			
Fo	oreign Country				
Fo	oreign Province/State	Postal Code			
				Current Year	Prior Year
				Info	Info
1a	Owner of property (Enter	er Filer, Spouse, or Joint)	1a _		
1b	(1) Single-Family Resid	nber (1 to 8)			
2 3		participated?	2		
	than 14 days or 10% of	the total days rented?	3		
	3a If entered (")	("), enter the number of days of personal use?	3a		
	·	("), enter the number of days rented?			
Inco		t j, onto the number of days fortion.		Current Year	Prior Year
11100				Amounts	Amounts
4	Royalty received		4		
5	Rent received		5		
	a If rental real	estate, enter the percent of ownership if less than 100%.	5a		
		ercentage for property used partially for personal use only			
6					
D					
Prop	erty Expense			Current Year	Prior Year
_			7	Current Year Amounts	Prior Year Amounts
7	Advertising				
7	Advertising	nce	8		
7 8 9	Advertising	nce	8		
7 8 9 10	Advertising	nce	8 9 10		
7 8 9 10 11	Advertising	nce	8		
7 8 9 10 11	Advertising	nce	8		
7 8 9 10 11	Advertising	ional fees	8		
7 8 9 10 11 12 13	Advertising	ional fees	8		
7 8 9 10 11 12 13	Advertising	ional fees	8		
7 8 9 10 11 12 13	Advertising	ional fees	8		
7 8 9 10 11 12 13 14 15 16	Advertising	ional fees	8		
7 8 9 10 11 12 13	Advertising	ional fees	8		
7 8 9 10 11 12 13 14 15 16 17	Advertising	ional fees	8 9 10 12		
7 8 9 10 11 12 13 14 15 16	Advertising	ional fees	8 9 10 12		
7 8 9 10 11 12 13 14 15 16 17	Advertising	ional fees interest paid to banks, etc. erest paid to banks, etc.	8 9 10 12		
7 8 9 10 11 12 13 14 15 16 17	Advertising	ional fees interest paid to banks, etc. erest paid to banks, etc.	8 9 10 12	Amounts Date Placed	Amounts
7 8 9 10 11 12 13 14 15 16 17	Advertising	ional fees	8	Amounts Date Placed	Amounts
7 8 9 10 11 12 13 14 15 16 17 18	Advertising	ional fees	8	Amounts Date Placed	Amounts
7 8 9 10 11 12 13 14 15 16 17 18 A B	Advertising	ional fees	8	Amounts Date Placed	Amounts
7 8 9 10 11 12 13 14 15 16 17 18 A B C	Advertising	ional fees	8	Amounts Date Placed	Amounts
7 8 9 10 11 12 13 14 15 16 17 18 A B C	Advertising	ional fees	8	Amounts Date Placed	Amounts

Name	SSN
Property	
ner Expenses (Schedule E)	
er Expenses:	Current Year Prior Yea
el Expenses:	
er Expenses.	Current Year Prior Year
	27
	29
	30
	31
	32
	33
	34
ls Expenses:	
	Current Year Prior Year
	38
	39
	40
	41
	42

1 2 2 3 3 3 3 4 4 5 5 5 6 6 6 6 7 7 7 8 8 9 9 9 9 9 9 9 10 10 110 111 11 12 12 12 12 12 13 13 14 14 15 15 15 16 16 16 16 16 17 17 18 18 19 19 19 19 19 20 20 21 1 21 22 22 22 22 22 22 22 22 22 22 2	nreimbursed rtnership Exp Current Year
2	Jurrent Year
3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 11 11 12 12 13 14 15 16 17 18 18 18 19 20 21 21 22 22 23 23 24 24 25 26 27 27 28 26 27 27 28 29 30 30 31 31 32 33 33 33 34 34 35 35 36 36 37 37 38 38 39 39 40 40 41 41 42	
4 4 5 5 6 6 7 8 8 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 20 21 21 22 21 21 22 23 24 24 24 25 26 27 27 28 28 29 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 39 40 40 41 41 42 42	
5 6 7 7 8 8 9 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 19 20 20 21 20 22 21 22 22 23 24 24 24 25 25 26 25 28 28 29 29 30 30 31 31 32 33 33 33 34 34 35 35 37 37 38 39 40 40 41 41 42 42	
6 7 7 8 9 10 10 11 11 11 11 11 12 13 13 14 15 15 16 16 17 18 18 19 19 20 20 21 22 21 22 22 22 23 23 23 24 25 26 26 27 27 27 28 28 29 30 30 31 31 31 31 31 32 32 32 32 33 33 34 34 35 35 35 36 37 37 38 39 40 40 40 41 42 42	
7 8 9 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 19 20 20 21 21 22 22 23 22 23 24 25 25 26 26 27 27 28 28 29 30 31 31 32 32 33 33 34 34 35 35 36 37 38 39 40 40 41 41 42 42	
8 9 10 10 11 11 12 12 13 13 14 14 15 16 17 17 18 18 19 19 20 20 21 21 22 22 23 23 24 24 25 25 26 26 27 27 28 29 30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 39 40 40 41 41 42 42	
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11 12 11 12 13 13 13 14 15 16 16 16 17 17 17 18 18 18 19 19 20 20 21 22 22 22 22 22 23 23 24 24 24 24 24 25 26 26 27 27 22 28 28 29 30 30 31 31 32 33 33 33 33 33 33 34 34 34 34 34 34 34 35 35 35 36 37 37 38 38 39 39 39 39 39 39 39 39 39 39 39 39 39 30 31 31 32 32 33 33 33 33 33 33 33 33 33 34 34 34 34 34 34 34 34 34 34 34 34	
12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 19 20 20 21 21 22 21 23 23 24 24 25 25 26 26 27 27 28 29 30 30 31 31 32 32 33 33 34 34 35 35 36 35 37 37 38 38 39 39 40 40 41 41 42 42	
13 13 14 14 15 15 16 16 17 17 18 19 20 20 21 21 22 22 23 23 24 24 25 26 27 27 28 28 29 30 31 31 32 33 33 33 34 34 35 35 36 36 37 37 38 39 40 40 41 41 42 42	
14 15 15 15 16 16 16 17 18 18 18 19 12 <	
15 16 16 16 17 17 18 18 19 20 21 21 22 22 23 22 23 24 25 25 26 26 27 27 28 29 30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 38 39 40 41 41 42 42	
16 16 17 17 17 17 18 18 19 20 20 20 21 21 22 23 23 23 24 24 24 25 25 25 26 27 27 28 29 30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 38 39 40 41 41 42 42	
17 18 18 18 18 19 19 20 20 21 20 21 21 22 22 22 22 22 23 23 23 23 24 24 24 24 24 24 25 25 26 26 27 27 28 28 29 30 30 30 31 31 32 33 33 33 33 33 33 33 33 33 33 34 34 34 34 34 34 34 34 35 35 36 36 36 36 36 36 38 39 39 40 40 40 41 41 41 41 42 <td< td=""><td></td></td<>	
18 18 19 19 20 20 21 21 22 22 23 23 24 24 25 25 26 26 27 27 28 28 29 30 30 30 31 31 32 32 33 33 33 33 34 34 35 35 36 36 37 37 38 39 40 40 41 41 42 42	
18 18 19 19 20 20 21 21 22 22 23 23 24 24 25 26 27 27 28 28 29 29 30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 39 40 40 41 41 42 42	
20 20 21 21 22 22 23 23 24 24 25 25 26 26 27 27 28 28 29 30 30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 38 39 40 41 41 42 42	
20 20 21 21 22 22 23 23 24 24 25 25 26 26 27 27 28 28 29 30 30 31 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 38 39 40 41 41 42 42	
21 21 22 22 23 23 24 24 25 25 26 27 28 28 29 29 30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 38 39 40 41 41 42 42	
22 23 24 24 25 25 26 26 27 27 28 29 30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 38 39 40 41 41 42 42	
23 24 25 25 26 26 27 27 28 28 29 30 30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 38 39 40 40 40 41 41 42 42	
24 25 25 25 26 26 27 27 28 28 29 30 30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 39 40 40 41 41 42 42	
25 26 27 27 28 28 29 29 30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 39 40 40 41 41 42 42	
26 26 27 27 28 28 29 30 30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 38 39 40 41 41 42 42	
27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	
28 29 30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 38 39 40 41 41 42 42	
29 30 30 31 31 32 32 33 34 35 35 36 36 37 37 38 39 40 40 41 41 42 42	
30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 38 39 40 41 41 42 42	
31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 38 39 40 41 41 42 42	
32 32 33 33 34 34 35 35 36 36 37 37 38 38 39 40 41 41 42 42	
33 33 34 34 35 35 36 36 37 37 38 38 39 39 40 40 41 41 42 42	
34 35 36 37 38 39 40 41 42	
35 36 37 38 39 40 41 42	
36 37 38 39 40 41 42	
36 36 37 37 38 38 39 39 40 40 41 41 42 42	
37 37 38 38 39 39 40 40 41 41 42 42	
38 38 39 39 40 40 41 41 42 42	
39	
40 40 41 41 42 42 42 42 42 42 42 42 42 42 42 42 42	
41 41 42 42 42 42 42 42 42 42 42 42 42 42 42	
42 42	
43	

SSN ____

Name _____

Soc	ial Security and Railroad Retirement	_		
Filer			Current Year Amount	Prior Year Amount
1	Enter the total amount from box 5 of all your Forms SSA-1099	1		
2	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	2		
3	Enter the total amount from box 5 of all your Forms RRB-1099	3		
4	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	4		
5	Enter the total amount of Medicare B Premiums withheld	5		
6	Enter the total amount of Medicare D Premiums withheld	6		
Spou	se	_		
7	Enter the total amount from box 5 of all your Forms SSA-1099	7		
8	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	8		
9	Enter the total amount from box 5 of all your Forms RRB-1099	9		
10	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	10		
11	Enter the total amount of Medicare B Premiums withheld	11		
12	Enter the total amount of Medicare D Premiums withheld	12		

Name ____

SSN _____

Name	SSN	
Name	O O O	

Additional Income		Filer			Spouse		
		Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount	
1	Refund from state			1			
2	Unemployment compensation			2			
3	Other income (Prizes and Awards, etc.)			3			
4 5	Scholarships and fellowships			5			
6	Net operating loss carryover (negative no.)			6			
7	Canceled debts (1065 K-1)			7			
8				8			
9				9			
10				10			
11	Other income not provided for in this Organizer			11			

Adju	stments to Income	Filer			Spot		
		Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount	
1 2	Educator expenses			1 2			
3	Health Savings account deduction			3			
4 5	Moving expenses (members of armed forces) . Self-employed SEP, SIMPLE, or other qualified plans			4 5			
6	Self-employed health insurance deduction			6			
7	Penalty on early withdrawal of savings			7			
8	Alimony paid			8			
9	IRA contribution			9			
10	Student loan interest deduction			10			
11	Foreign housing deduction			11			
12	Jury duty pay given to your employer			12			
13	Reforestation amortization			13			
	Repayment of sub-pay under the Trade Act of 1974			14			
	Contributions to Section 501(c)(18)(D) pension plans			15			
	from such actions			16 17			
	Contributions by chaplains to section 403(b) plans			18 19			
	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the amount of the award includible in your gross income			20			
21	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money			21			
	Excess deductions on termination of an estate/trust - Section 67(e) expenses			22			
23				23			
24				24			
				25			
				26			

IRA	and Other Contribution Information			
Tradi	itional IRA Contributions	T		
Filer			Current Year Amount	Prior Year Amount
1	Enter total traditional IRA contributions made for 2024	1	Amount	Amount
2	Enter contributions, on line 1, made after 12/31/2024 and before 04/15/2025	2		
3	Enter value of all traditional IRAs on 12/31/2024	3		
4	Enter amount of any outstanding traditional rollovers as of 1/1/2025	4		
Spou	•	- т	l	
5	Enter total traditional IRA contributions made for 2024	5		
6	Enter contributions, on line 5, made after 12/31/2024 and before 04/15/2025	6		
7	Enter value of all traditional IRAs on 12/31/2024	7		
8	Enter amount of any outstanding traditional rollovers as of 1/1/2025	8		
Dath	IRA Contributions		<u> </u>	
Kotn	IRA Contributions	Ī	Current Year	Prior Year
Filer			Amount	Amount
1	Enter 2024 Roth IRA contributions	1		
2	Enter value of all Roth IRAs on 12/31/2024	2		
Spou	ise			
3	Enter 2024 Roth IRA contributions	3		
4	Enter value of all Roth IRAs on 12/31/2024	4		
SIMP	PLE IRA			
		Ī	Current Year	Prior Year
Filer		ł	Amount	Amount
1	Enter value of all SIMPLE IRAs on 12/31/2024	1 [
Spou	ise	Г	T	
2	Enter value of all SIMPLE IRAs on 12/31/2024	2		
Educ	cation (Coverdell ESA)			
Filer			Current Year Amount	Prior Year
	Enter 2024 Coverdell ESA contributions	1	Amount	Amount
2	Enter 2024 Coverdell ESA contributions Enter value of the Coverdell ESA on 12/31/2024	2		
Spou		<u> </u>		
3 3	Enter 2024 Coverdell ESA contributions	3		
4	Enter value of the Coverdell ESA on 12/31/2024	4		
	Litter value of the coverden LSA off 12/3/1/2024	- 1		
Othe	r	Γ	Current Year	Prior Year
Filer			Amount	Amount
1	Repayment of qualified reservist distributions	1		
Spou		<u>-</u>		
2	Repayment of qualified reservist distributions	2		
		_	l.	

Name

SSN ____

Name	SSN
Mario	0011

Medical and Dental - Itemized Deductions

	dical and Dental - Itemized Deductions	Current Year	Prior Year
		Amount	Amount
1	Prescription medications		
2	Fees for doctors, dentists, etc		
3	Fees for hospitals, clinics, etc		
4	Lab and X-ray fees		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc		
6	Medical equipment and supplies		
7	Medical mileage (number of miles driven) 7		
8	Medical parking, tolls and local transportation		
9	Lodging for medical purposes		
10	Health/Dental/Other ins. premiums (do not include self-employed plans) 10		
11	Long Term Care insurance premiums (taxpayer)		
12	Long Term Care insurance premiums (spouse)		
13	Expenses to stop smoking		
14	Health insurance premiums - coverage established under your business (1) 14		
15	Health insurance premiums - coverage established under your business (2) 15		
16	Long Term Care insurance premiums - coverage est. under your business (1) . 16		
17	Long Term Care insurance premiums - coverage est. under your business (2) . 17		
18	18		
19			
20	20		
21	21		
22	Insurance reimbursement for any medical and dental expense listed above 22		

Name	SSN
Name	3311

Taxes - Itemized Deductions

Iax	es - Itemizea Deductions	Г	Current Year	Prior Year
	Real Estate Taxes		Amount	Amount
23	Principal residence	23		
24	Real estate taxes from Schedule E properties	24		
25		25		
26		26		
27		27		
28		28		
29		29		
	Real Estate Held For Investment			
30		30		
31		31		
32		32		
33		33		
34		34		
	Personal property taxes	Г		
35	Non-business portion of vehicle personal property taxes	35		
36		36		
37		37		
38		38		
39		39		
40		40		
	Non-Personal Property Taxes	Г		
41	K1 (1065) - Other deductions/taxes	41		
42	K1 (1120S) - Other deductions/taxes	42		
43	K1 (1041) - Other deductions/taxes	43		
44	Foreign Taxes	44		
45	From Schedule E properties	45		
46		46		
47		47		
48		48		

	Name	SSN			
L. d	mantal Manusima di Da desatione				
inte	rest - Itemized Deductions		Current Year	Prior Year	
	Home Mortgage Interest and Points Reported on Form 1098		Amount	Amount	
49	Lender	49			
50	Lender	50			
51	Lender	51			
52	Lender	52			
	Home Mortgage Interest Not Reported on Form 1098				
53	Name:	53			
	Address:				
	SSN:				
54	Mortgage insurance premiums paid on 2024 acquisition indebtedness for				
04	principal residence	54			
	Refinancing Points	-			
55	Description	55			
00	Points paid				
	Date of loan				
	Total number of scheduled loan payments				
	Number of payments made in 2024				
56	Description				
	Points paid				
	Date of loan				
	Total number of scheduled loan payments				
	Number of payments made in 2024				
57	Description				
	Points paid				
	Date of loan				
	Total number of scheduled loan payments				
	Number of payments made in 2024				
58	Description	58			
	Points paid				
	Date of loan				
	Total number of scheduled loan payments				
	Number of payments made in 2024				
		_			
59	Investment interest paid	59			

Name						SSN	
nreimbursed	Employee Expe	nses	- Itemized Ded	uctions			
	transportation, meals an		tainment expenses o	n Employee E	xpenses to		
tate use only)		-	Current Year	ler Prior Y	oar	Spo Current Year	use Prior Year
iate use only)			Amount	Amou		Amount	Amount
0 Union and profe	essional dues	60					
1 Professional su	ubscriptions	61					
2 Uniform and pro	otective clothing	62					
3 Job search cos	sts	63					
4		64					
5		65					
6		66					
7		67					
8		68					
9		69					
ertain Miscell	aneous Deduction	ons -	Itemized Dedu	ıctions			
ortain imooon	anocao Boaach	01.0	nomizoa Boat	If investi	ment	Current Year	Prior Year
tate use only)				related en	ter "X"	Amount	Amount
0 Tax preparation	n fees				. 70		
1 Certain attorne	y and accounting fees				71		
2 Safe deposit bo	ox rental				72		
3 IRA Custodial f	ees				73		
4 Investment cou	insel and advisory fees				74		
5 Losses on depo	osits in insolvent or bank	krupt fir	nancial institutions .		75		
6 Convenience fe	ees paid with credit or de	ebit car	d for federal taxes in	2024 .	76		
7					77		
8					78		
9					79		
0					80		
1					81		
2					82		
3					83		
4					84		
5					85		
6					86		
	neous Deductior						
	tax on income in respec		acadant		. 87	<u> </u>	
	·				T T		
	and premiums on bonds	-			T		
-	es (if gambling income)				T		
	income						
-	Worksheet (1065 & 1120	•					
	vered investment in a pe	ension .			T		
4							
					95		
6					96		
7					97		
8					98		

lame	SSN	
ity - Itemized Deductions		
•	Current Year	Prior Year
Total contributions \$500 or less. See Non-Cash Charity if over \$500.	Amount	Amount
Sifts To Charity Other Than By Cash or Check*		
otal Miles driven for charitable activities		
Parking fees, tolls and local transportation for charitable activities		
1		
2		
3		
4		
5		
6		
7		
8		
9		
12		
13		
15		
18		
20		
25		
30		
32		

	Name									
	ncash Charitab	le Contributions	(Tota	al of Contr	ibutio	ons	more tha	ın \$500)		
111101	mation on Donateu I	(a) Name and Add		the			(b) Description of Donat	ed Property	
-		Donee Organi	zation							
1	Name									
	Address									
	City	Sta	te	Zip Code						
2	Name									
	Address									
	City	Sta	te	Zip Code						
3	Name			·						
	Address									
	City	Sta	te	Zip Code						
4	Name			•						
	Address									
	City	Sta	te	Zip Code						
5	Name			•						
	Address									
	City	Sta	te	Zip Code						
N1-4	. If the a factor we arrive to the			•	4		1	(-)		
Note	(c) Date of the	ue for an item is \$500 o	r iess, y	(e) How	to com		Columns (a), Cost or	(g) Fair Market Value	(h) Method Used to	
	Contribution	mm/dd/yyyy		Acquired			sted Basis	F. M. V.	Determine the F. M. V.	
1										
2										
3										
4										
_										

	Name						SSN		
CI	hild and	Depe	ndent Care E	xpenses					
1		-	ndent care benefits					_	
2	Amount	oi depei	ndent care expense	s incurred in 2023	and paid in 2024			. 2 _	
	Note: Ente	r qualifie	ed expenses for dep	pendents on the Or	ganizer dependent	sheet.			
File	er and/or S _l	oouse V	Vho Is a Student o	r Disabled					
			ne box for each mo						
	or partial month that the filer or spouse was a full-time student or disabled.			•	Filer's earned income for	S	Spouse's earned income for		
					each month		each month		
	F	iler Sp	ouse		Filer		Spouse		
			1				·		
			March						
			April					_	
			May					_	
		↓	June					_	
		↓	July					_	
		4	August						
		4						-	
		→						-	
		→ -						-	
		⅃	December					-	
1 2			Last			SSN	was ove	-	Amount incurred and paid in 2024
3									
4									
Pe	rsons or Or	ganizat	ions Who Provide	d the Care					
	Name		Address		SSN/EI	NI.	Amount incurred and paid in 2024		
	_				Address		3311/21	1	and paid in 2024
				Citv:			SSN:		
1	Business:			State:			EIN:		
					•				
				City:			SSN:		
2	Business:			State:	Zip:		EIN:		
	First:								
	Last:			City:			SSN:		
3	Business:			State:	Zip:		EIN:		
	First:]		
				City:			SSN:		
4	Business:			State:	Zip:		EIN:		
]		
_				0	 -		SSN:		
5	Business:			State:	Zip:		EIN:		

Cash and charge tips received						
Amount of tips subject to Medi	care Tax only	Total Tips Received		Total Tips Reported		
		Current Year	Prior Year	Current Year	Prior Year	
mployer Name	Employer ID Number	Amount	Amount	Amount	Amount	
•	se .					
Cash and charge tips received	Se I but not reported because total was icare Tax only				Donoutod	
	I but not reported because total was	Total Tips	Received	Total Tips	Reported Prior Year	
Cash and charge tips received Amount of tips subject to Medi	I but not reported because total was				Reported Prior Yeal Amount	
Cash and charge tips received Amount of tips subject to Medi	I but not reported because total was care Tax only	Total Tips Current Year	Received Prior Year	Total Tips Current Year	Prior Year	
eash and charge tips received mount of tips subject to Medi	I but not reported because total was care Tax only	Total Tips Current Year	Received Prior Year	Total Tips Current Year	Prior Year	
eash and charge tips received mount of tips subject to Medi	I but not reported because total was care Tax only	Total Tips Current Year	Received Prior Year	Total Tips Current Year	Prior Year	
ash and charge tips received mount of tips subject to Medi	I but not reported because total was care Tax only	Total Tips Current Year	Received Prior Year	Total Tips Current Year	Prior Year	
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SSN

Name

	Name	SSN	
Ηοι	usehold Employment Taxes Enter "X" in one box:		
	Filer Employer Identification Number		
	Spouse A household employee, generally, does not include spouse, children	n, parents or a person	under age 18.
Soci	al Security, Medicare, and Income Taxes	Enter "X" in the a	appropria <u>te bo</u> xes
1	Did you pay ANY ONE household employee cash wages of \$2,700 or more in 2024? If yes, skip to line 4.	. 1 Yes	No
2	Did you withhold Federal income tax during 2024 for any household employees? If yes, skip to line 5.	2 Yes	No
3	Did you pay TOTAL cash wages of \$1,000 or more in ANY calendar QUARTER		
	of 2023 or 2024 to household employees?	. 3 Yes	No
4	Enter the total amount of wages paid to all employees, who were each paid	Current Year Amount	Prior Year Amount
	in excess of \$2,700 during the year		
5	Total Federal income tax withheld		
Uner	nployment Tax - If wages above were in excess of \$1,000 in any one quarter, include the follow		appropriate boxes
6	Did you pay unemployment contributions to only one state?	. 6 Yes	No
7	Did you pay all state unemployment contributions by April 15, 2025?	. 7 Yes	No
8	Were all wages that are taxable for federal unemployment also taxable		
	for your state unemployment tax?	8 Yes	No
	If you checked the "Yes" box on ALL the lines above, complete Section A. Otherwise complete	te Section B.	
Sect	ion A		_
9	Name of State where you paid unemployment contributions		
10	State reporting number as shown on State unemployment return		
11	Amount of contributions paid to the State unemployment fund		
12	Total cash wages subject to FUTA 12		
			1
Sect	ion B	State Unemployment	State Unemployment
13	Name of State where you paid unemployment contributions	Chempleyment	Chempleyment
14	State reporting number as shown on State unemployment return		
15	Wages, subject to state unemployment tax, reported to State		
16	State experience rate		
17	State experience rate period a. From		
	b. To		
18	Amount of contributions paid to the State unemployment fund		