

# **Hartwig, Norman & Shannon LLP**

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## **2024 Tax Returns Client Organizer**

**Please note:**

*Completion of this organizer is entirely optional.*

*To accurately prepare your tax returns, we need your tax documents, a listing of  
estimated tax payments and relevant expenses.*

*You may provide this information using this organizer or in a less formal format.*

General: 1040

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) \_\_\_\_\_

Mark if you were married but living apart all year \_\_\_\_\_ Mark if your nonresident alien spouse does not have an ITIN \_\_\_\_\_

**Taxpayer** **Spouse**

Social security number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Occupation \_\_\_\_\_

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) \_\_\_\_\_

Mark if legally blind \_\_\_\_\_

Mark if dependent of another taxpayer \_\_\_\_\_

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of death \_\_\_\_\_

Work/daytime telephone number/ext number \_\_\_\_\_

Do you authorize us to discuss your return with the IRS (Y, N) Y

General: 1040, Contact

**Present Mailing Address**

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City/State postal code/Zip code \_\_\_\_\_

Foreign country name \_\_\_\_\_

Foreign phone number \_\_\_\_\_

Home/evening telephone number \_\_\_\_\_

Taxpayer email address \_\_\_\_\_

Spouse email address \_\_\_\_\_

General: 1040

**Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

**Child and Dependent Care Expenses**

Provider information:

Business name \_\_\_\_\_

First and Last name \_\_\_\_\_

Street address \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) \_\_\_\_\_

Amount paid to care provider in 2024 \_\_\_\_\_

**Taxpayer** **Spouse**

Employer-provided dependent care benefits that were forfeited \_\_\_\_\_

**NOTES/QUESTIONS:**

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J \_\_\_\_\_ Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
 Payer's address, city, state, zip code \_\_\_\_\_  
 Amount received in 2024 \_\_\_\_\_ Amount received in 2023 \_\_\_\_\_

Income: B2 **Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

State and local income tax refunds \_\_\_\_\_ **2024 Information** \_\_\_\_\_ **Prior Year Information** \_\_\_\_\_

Alimony received \_\_\_\_\_ **T/S** \_\_\_\_\_ **Agreement Date** \_\_\_\_\_ **2024 Information** \_\_\_\_\_ **Prior Year Information** \_\_\_\_\_

Unemployment compensation \_\_\_\_\_ **Taxpayer** \_\_\_\_\_ **Spouse** \_\_\_\_\_ **Prior Year Information** \_\_\_\_\_  
 Unemployment compensation repaid \_\_\_\_\_  
 Social security benefits \_\_\_\_\_  
 Medicare premiums to be reported on Schedule A \_\_\_\_\_  
 Railroad retirement benefits \_\_\_\_\_

**T/S/J** \_\_\_\_\_ **2024 Information** \_\_\_\_\_ **Prior Year Information** \_\_\_\_\_  
 Other Income: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
 \_\_\_\_\_ \_\_\_\_\_

1040 Adj: IRA

**Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer Spouse

**Traditional IRA Contributions for 2024 -**

If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2024 \_\_\_\_\_

**Roth IRA Contributions for 2024 -**

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2024 \_\_\_\_\_

Educate: Educate2

**Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2024 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2024 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2024. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

**Job Related Moving Expenses**

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	_____
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	_____
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

**Other Adjustments to Income**

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2024 Information	Prior Year Information
_____	_____	_____	_____	_____	_____
Street address		_____			
City, State and Zip code		_____			

\*Enter the divorce/separation agreement date

	Taxpayer	Spouse	Prior Year Information
Educator expenses:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2024 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items (21 cents)	_____	_____

\*\*\*Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

T/S/J		2024 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2023 state and local income taxes paid in 2024	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2024 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	<b>Payee's Name</b>	<b>SSN or EIN</b>	<b>2024 Information</b>
—	_____	_____	_____
	<b>Address</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
—	_____	_____	_____

T/S/J		2024 Information	Prior Year Information
—	Investment interest expense, other than on Sch K-1s:	_____	_____
	<b>Refinancing Information:</b>	<b>Refinance #1</b>	<b>Refinance #2</b>
T/S/J	Recipient/Lender name	_____	_____
—	Total points paid at time of refinance	_____	_____
—	Date of refinance	_____	_____
—	Term of new loan (in months)	_____	_____
—	Reported on Form 1098 in 2024	_____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2024 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-St **Miscellaneous Deductions**

T/S/J		2024 Information	Prior Year Information
—	Other expenses _____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
	<b>***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA</b>		
T/S/J	Unreimbursed expenses***	<b>2024 Information</b>	<b>Prior Year Information</b>
—	Union dues, other than amounts reported on Form W-2***	_____	_____
—	Tax preparation fees***	_____	_____
—	Other expenses, subject to 2% AGI limitation***:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental***	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

General: Bank

**Direct Deposit/Electronic Funds Withdrawal Information**

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

**Identity Authentication**

**Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Document number (New York only) \_\_\_\_\_

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Document number (New York only) \_\_\_\_\_

**NOTES/QUESTIONS:**

**Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_

Taxpayer email address \_\_\_\_\_

Spouse email address \_\_\_\_\_

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_

Mobile telephone number \_\_\_\_\_

Mobile telephone #2 number \_\_\_\_\_

Pager number \_\_\_\_\_

Other: \_\_\_\_\_

    Telephone number \_\_\_\_\_

    Extension \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

    Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_

**NOTES/QUESTIONS:**

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_  
Name of financial institution \_\_\_\_\_  
Your account number \_\_\_\_\_  
Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_  
Name of financial institution \_\_\_\_\_  
Your account number \_\_\_\_\_  
Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_  
Name of financial institution \_\_\_\_\_  
Your account number \_\_\_\_\_  
Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

NOTES/QUESTIONS:



If you have an overpayment of 2024 taxes, do you want the excess:

Refunded \_\_\_\_\_

Applied to 2025 estimated tax liability \_\_\_\_\_

Do you expect a considerable change in your 2025 income? (Y, N) \_\_\_\_\_

If yes, please explain any differences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect a considerable change in your deductions for 2025? (Y, N) \_\_\_\_\_

If yes, please explain any differences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect a considerable change in the amount of your 2025 withholding? (Y, N) \_\_\_\_\_

If yes, please explain any differences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect a change in the number of dependents claimed for 2025? (Y, N) \_\_\_\_\_

If yes, please explain any differences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) \_\_\_\_\_

**2024 Federal Estimated Tax Payments**

2023 overpayment applied to 2024 estimates \_\_\_\_\_

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	04/15/24	_____	_____	_____	_____
2nd quarter payment	06/17/24	_____	_____	_____	_____
3rd quarter payment	09/16/24	_____	_____	_____	_____
4th quarter payment	01/15/25	_____	_____	_____	_____
Additional payment		_____	_____		

**\*Method of payment indicated in prior year**

**EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System**

**Voucher = Form 1040-ES estimated tax payment voucher**

**NOTES/QUESTIONS:**

Taxpayer/Spouse/Joint (T, S, J)

State postal code

\_\_\_\_\_  
\_\_\_\_\_

Amount paid with 2023 return

2023 overpayment applied to '24 estimates

Treat calculated amounts as paid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____	_____	_____
2nd quarter payment	_____	_____	_____
3rd quarter payment	_____	_____	_____
4th quarter payment	_____	_____	_____
Additional payment	_____	_____	_____

2024 City Estimated Tax Payments

**City #1**  
 City name \_\_\_\_\_  
 Amount paid with 2023 return \_\_\_\_\_  
 2023 overpayment applied to '24 estimates \_\_\_\_\_  
 Treat calculated amounts as paid \_\_\_\_\_

**City #2**  
 City name \_\_\_\_\_  
 Amount paid with 2023 return \_\_\_\_\_  
 2023 overpayment applied to '24 estimates \_\_\_\_\_  
 Treat calculated amounts as paid \_\_\_\_\_

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**City #3**  
 City name \_\_\_\_\_  
 Amount paid with 2023 return \_\_\_\_\_  
 2023 overpayment applied to '24 estimates \_\_\_\_\_  
 Treat calculated amounts as paid \_\_\_\_\_

**City #4**  
 City name \_\_\_\_\_  
 Amount paid with 2023 return \_\_\_\_\_  
 2023 overpayment applied to '24 estimates \_\_\_\_\_  
 Treat calculated amounts as paid \_\_\_\_\_

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____



## Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.  
**\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

T/S/J	Type Code (**See codes below)	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts						
	<b>2</b>	Payer						
		Amounts						
	<b>3</b>	Payer						
		Amounts						
	<b>4</b>	Payer						
		Amounts						
	<b>5</b>	Payer						
		Amounts						
	<b>6</b>	Payer						
		Amounts						
	<b>7</b>	Payer						
		Amounts						
	<b>8</b>	Payer						
		Amounts						
	<b>9</b>	Payer						
		Amounts						
	<b>10</b>	Payer						
		Amounts						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer											
	Amounts											
2	Payer											
	Amounts											
3	Payer											
	Amounts											
4	Payer											
	Amounts											
5	Payer											
	Amounts											
6	Payer											
	Amounts											
7	Payer											
	Amounts											
8	Payer											
	Amounts											
9	Payer											
	Amounts											
10	Payer											
	Amounts											

**\*\*Dividend Codes**  
 Blank = Other                      3 = Nominee



	<b>2024 Information</b>	<b>Prior Year Information</b>
State and local income tax refunds		

	<b>T/S</b>	<b>Agreement Date</b>	<b>2024 Information</b>	<b>Prior Year Information</b>
Alimony received				

**\*\*Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.**

	<b>Taxpayer</b>	<b>Spouse</b>	<b>Prior Year Information</b>
Unemployment compensation**			
Unemployment compensation federal withholding			
Unemployment compensation state withholding			
Unemployment compensation repaid			
Alaska Permanent Fund dividends			

	<b>T/S/J</b>	<b>Self-Employment Income ? (Y, N)</b>		<b>2024 Information</b>	<b>Prior Year Information</b>
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		
			<a href="#">IF YOU HAVE A SELF-EMPLOYED BUSINESS OR RENTAL PROPERTY, PROVIDE A SEPARATE SCHEDULE WITH THAT DETAIL</a>		

**NOTES/QUESTIONS:**

### Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) \_\_\_\_\_  
State postal code \_\_\_\_\_

#### Social Security Benefits

	2024 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	_____	[Prior Year Information Box]
Prescription drug (Part D) premiums	_____	
Net Benefits for 2024 (Box 3 minus Box 4) <b>(Box 5)</b>	_____	
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	_____	

#### Tier 1 Railroad Benefits

	2024 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2024 <b>(Box 5)</b>	_____	[Prior Year Information Box]
Federal Income Tax Withheld <b>(Box 10)</b>	_____	
Medicare Premium Total <b>(Box 11)</b>	_____	

#### Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2024 or receive any prior year benefits in 2024. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

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#### NOTES/QUESTIONS:



## Traditional IRA

**Taxpayer**

**Spouse**

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

—

—

Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

—

—

Enter the total traditional IRA contributions made for use in 2024

\_\_\_\_\_

\_\_\_\_\_

**Taxpayer**

**Spouse**

Enter the nondeductible contribution amount made for use in 2024

\_\_\_\_\_

\_\_\_\_\_

Enter the nondeductible contribution amount made in 2025 for use in 2024

\_\_\_\_\_

\_\_\_\_\_

Traditional IRA basis

\_\_\_\_\_

\_\_\_\_\_

Value of all your traditional IRA's on December 31, 2024:

\_\_\_\_\_

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## Roth IRA

Please provide copies of any 1998 through 2023 Form 8606 not prepared by this office

**Taxpayer**

**Spouse**

Mark if you want to contribute the maximum Roth IRA contribution

—

—

Enter the total Roth IRA contributions made for use in 2024

\_\_\_\_\_

\_\_\_\_\_

Enter the amount a 2024 Roth IRA conversion should be adjusted by

\_\_\_\_\_

\_\_\_\_\_

Enter the total contribution Roth IRA basis on December 31, 2023

\_\_\_\_\_

\_\_\_\_\_

Enter the total Roth IRA contribution recharacterizations for 2024

\_\_\_\_\_

\_\_\_\_\_

Enter the Roth conversion IRA basis on December 31, 2023

\_\_\_\_\_

\_\_\_\_\_

Value of all your Roth IRA's on December 31, 2024:

\_\_\_\_\_

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**NOTES/QUESTIONS:**

Alimony Paid:

T/S	Date*	2024 Information	Prior Year Information
	<b>Recipient name and SSN</b>		
	<b>Address</b>		
	<b>City, state and zip code</b>		
	<b>Recipient name and SSN</b>		
	<b>Address</b>		
	<b>City, state and zip code</b>		
	<b>Recipient name and SSN</b>		
	<b>Address</b>		
	<b>City, state and zip code</b>		

\* Date of divorce/separation agreement

	2024 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
_____	_____	_____	
_____	_____	_____	
Other adjustments:			
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

**NOTES/QUESTIONS:**

T/S/J	2024 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Medical insurance premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</small>		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Long-term care premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</small>		
_____	_____	
_____	_____	
Prescription medicines and drugs:		
_____	_____	
_____	_____	
_____	_____	
Miles driven for medical items (21 cents)		
_____	_____	

**Schedule A - Tax Expenses**

T/S/J	2024 Information	Prior Year Information
State/local income taxes paid:		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
2023 state and local income taxes paid in 2024:		
_____	_____	
_____	_____	
_____	_____	
Real estate taxes paid:		
_____	_____	
_____	_____	
_____	_____	
Personal property taxes:		
_____	_____	
_____	_____	
Other taxes, such as: foreign taxes and State disability taxes		
_____	_____	
_____	_____	
_____	_____	
Sales tax paid on major purchases:		
_____	_____	
_____	_____	
Sales tax paid on actual expenses:		
_____	_____	
_____	_____	
_____	_____	

T/S/J		2024 Interest Paid	2024 Points Paid	Type*	Prior Year Information
	Home mortgage interest: From Form 1098				
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home    1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2024 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
	<b>Address</b>			
	<b>City, state and zip code</b>			
	<b>Address</b>			
	<b>City, state and zip code</b>			

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

— Payer's/Borrower's name \_\_\_\_\_  
 — Street Address \_\_\_\_\_  
 — City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2024 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2024 **(Preparer use only)** \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2024 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2024 **(Preparer use only)** \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2024 \_\_\_\_\_

T/S/J		2024 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:		
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	



Miscellaneous Itemized Deductions (State Use Only)

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J

2024 Information

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses

Table with 3 columns: T/S/J, 2024 Information, Prior Year Information. Rows for Unreimbursed expenses.

Union dues, other than amounts reported on Form W-2:

Table with 3 columns: T/S/J, 2024 Information, Prior Year Information. Rows for Union dues.

Tax preparation fees

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

Table with 3 columns: T/S/J, 2024 Information, Prior Year Information. Rows for Tax preparation fees and Other expenses.

Safe deposit box rental

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

Table with 3 columns: T/S/J, 2024 Information, Prior Year Information. Rows for Safe deposit box rental and Investment expenses.

NOTES/QUESTIONS:

	<b>2024 Information</b>		
	<b>Taxpayer</b>	<b>Spouse</b>	

**Prior Year Information**

Self-employed health insurance premiums: (Not entered elsewhere)

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Self-employed long-term care premiums: (Not entered elsewhere)

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**NOTES/QUESTIONS:**