

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 Individual Taxpayer Identification Number (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 dependent of another taxpayer	_____	_____
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____	_____
Mark if legally blind	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Home/evening telephone number	_____	_____
Do you authorize us to discuss your return with the IRS? (Y, N)	_____	_____

Present Mailing Address

Address _____

Apartment number _____

City, state postal code, zip code _____

Foreign country name _____

Foreign phone number _____

In care of addressee _____

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

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

Name of child who lived with you but is not your dependent _____

Social security number of qualifying person _____

Dependent Codes

- | | |
|---|---|
| <p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you due to divorce/separation 3 = Other dependent 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC) 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|---|---|

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:

Preparer use only

2024 Information

Prior Year Information

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

Employer identification number _____

Business name _____

Principal business/profession _____

Business code _____

Business address, if different from home address on Organizer Form ID: 1040

Address _____

City/State/Zip _____

Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____

If other: _____

Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____

If other enter explanation: _____

Enter an explanation if there was a change in determining your inventory:

Did you "materially participate" in this business? (Y, N) _____

If not, number of hours you did significantly participate _____

Mark if you began or acquired this business in 2024 _____

Did you make any payments in 2024 that require you to file Form(s) 1099? (Y, N) _____

If "Yes", did you or will you file all required Forms 1099? (Y, N) _____

Mark if this business is considered related to qualified services as a minister or religious worker _____

Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____

Medical insurance premiums paid by this activity + _____

Long-term care premiums paid by this activity + _____

Amount of wages received as a statutory employee + _____

Business Income

2024 Information

Prior Year Information

Gross receipts and sales

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Returns and allowances _____ + _____

Other income:

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Cost of Goods Sold

2024 Information

Prior Year Information

Beginning inventory + _____

Purchases + _____

Labor:

_____ + _____

_____ + _____

Materials + _____

Other costs:

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Ending inventory + _____

Control Totals+

Preparer use only

Principal business or profession _____

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+	+	+
Short-term capital		+	+
Long-term capital		+	+
28% rate capital		+	+
Section 1231 loss		+	+
Ordinary business gain/loss	+	+	+
Section 179	+	+	+

NOTES/QUESTIONS:

Preparer use only

2024 Information

Prior Year Information

Description _____
 Taxpayer/Spouse/Joint (T, S, J) _____ State postal code _____
 Physical address: Street _____
 City, state, zip code _____
 Foreign country _____
 Foreign province/county _____
 Foreign postal code _____

Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)

Description of other type (Type code #8) _____

Did you make any payments in 2024 that require you to file Form(s) 1099? (Y,N) _____

If "Yes", did you or will you file all required Forms 1099? (Y, N) _____

Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____

Percentage of ownership if not 100% _____

Business use percentage, if not 100% (Not vacation home percentage) _____

Rent and Royalty Income

Rents and royalties

2024 Information

Prior Year Information

_____ + _____

Rent and Royalty Expenses

2024 Information

Percent if not 100%

Prior Year Information

Advertising + _____

Auto + _____

Travel + _____

Cleaning and maintenance + _____

Commissions: _____

_____ + _____

_____ + _____

Insurance: _____

_____ + _____

_____ + _____

Legal and professional fees + _____

Management fees: _____

_____ + _____

_____ + _____

Mortgage interest paid to banks, etc (Form 1098)

_____ + _____

_____ + _____

Other mortgage interest + _____

Qualified mortgage insurance premiums + _____

Other interest: _____

_____ + _____

_____ + _____

Repairs + _____

Supplies + _____

Taxes: _____

_____ + _____

_____ + _____

Utilities + _____

Depreciation + _____

Depletion + _____

Other expenses: _____

_____ + _____

_____ + _____

_____ + _____

+

Control Totals+

Preparer use only

Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2024 Information	Prior Year Information	
Refinancing points paid -			
Recipient's/Lender's name	_____		
Date of refinance	_____		
Total # Payments	_____		
Reported on 1098 in 2024	_____		
Total points paid	_____		
Points deemed as paid in current year (Preparer use only)	_____		
Refinancing points paid -			
Recipient's/Lender's name	_____		
Date of refinance	_____		
Total # Payments	_____		
Reported on 1098 in 2024	_____		
Total points paid	_____		
Points deemed as paid in current year (Preparer use only)	_____		
Refinancing points paid -			
Recipient's/Lender's name	_____		
Date of refinance	_____		
Total # Payments	_____		
Reported on 1098 in 2024	_____		
Total points paid	_____		
Points deemed as paid in current year (Preparer use only)	_____		

Vacation Home Information

Preparer - Enter on Screen Rent-3

	2024 Information	Prior Year Information
Number of days home was used personally	_____	
Number of days home was rented	_____	
Number of day home owned, if not 366	_____	
Carryover of disallowed operating expenses into 2024	+ _____	
Carryover of disallowed depreciation expenses into 2024	+ _____	

Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only			
Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	+	+	+
Short-term capital		+	+
Long-term capital		+	+
28% rate capital		+	+
Section 1231 loss		+	+
Ordinary business gain/loss	+	+	+
Section 179	+	+	+

NOTES/QUESTIONS:

Please provide all Forms 1099-K

Preparer use only

	2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	—	
Employer identification number	_____	
Description	_____	
Principal Product	_____	
State postal code	_____	
Accounting method (1 = Cash, 2 = Accrual)	—	
Agricultural activity code	_____	
Did you "materially participate" in this business? (Y, N)	—	
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y, N)	—	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	—	
Mark if Schedule F net income or loss should be excluded from self-employment income	—	
Medical insurance premiums paid by this activity	+ _____	
Long-term care premiums paid by this activity	+ _____	

Schedule F Income

Sales Code**	Income description	2024 Information	Prior Year Information
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

** Sales Codes	
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2024 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____	
Beginning inventory of livestock and other items (Accrual method)	+ _____	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____	
Ending Inventory of livestock and other items (Accrual method)	+ _____	
Total cooperative distributions you received	+ _____	
Taxable cooperative distributions you received	+ _____	

	2024 Total	2024 Taxable	Prior Year Information
Agricultural program payments	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2024 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____	
Commodity credit loans reported under election:	_____	
_____	_____	
Total commodity credit loans forfeited	+ _____	
Taxable commodity credit loans forfeited	+ _____	

	2024 Total	2024 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2024	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Mark if electing to defer crop insurance proceeds to 2025	—	—	
Crop insurance proceeds deferred from 2023	+ _____	+ _____	

Control Totals+

