

2024

1040

US

## Miscellaneous Questions

If any other 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 2024?

Yes No **DEPENDENTS**

- Were there any changes in dependents?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2024?
- Did you have any children under age 19 or full-time students under age 24 at the end of 2024, with interest and dividend income in excess of \$1,300, or total investment income in excess of \$2,600?

Yes No **HEALTH CARE COVERAGE**

- Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), if so, please attach.

Yes No **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?

Yes No **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?

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US

## Miscellaneous Questions

- Did you buy or sell any stocks, bonds or other investment property in 2024?
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Did you purchase a home in 2024 and you were overseas on official extended duty?
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
- Did you have any debts cancelled or forgiven?
- Does anyone owe you money which has become uncollectible?

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?
- Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2024?

Yes No **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?

Yes No **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)?

Yes No **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?

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## Miscellaneous Questions

Yes

No

**MISCELLANEOUS**

Do you want to electronically file your tax return?

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

May the IRS discuss your tax return with your preparer?

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?

Was your home rented out or used for business?

Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice 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?

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 the tax year, did you: receive or sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

## WAGES (W-2)

Employer Name	T S	CPA USE ONLY					
		Withholding				FICA	
		Wages	Federal	State	SDI	SSA	Med.

T = Taxpayer  
S = Spouse

Memo: Total number of W-2 \_\_\_\_\_

Please attach W-2's. Thank you.




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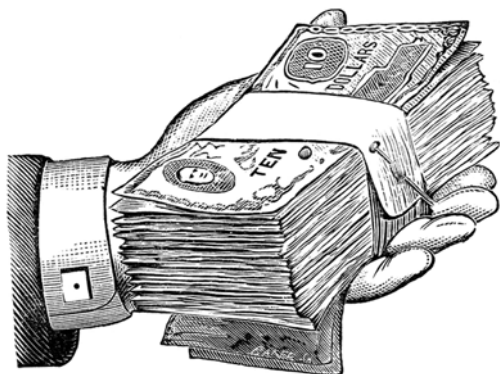
SCH B Accountant's Use Only  
Memo: Pension Box to Review

### INTEREST INCOME *(1099 INT)*

Payer	Amount



### DIVIDEND INCOME *(1099 DIV)*



Payee	Total Amount (1a)	Qualified dividends (1b)	Total capital gain distr. (2a)	CPA Use Only	

SCH B

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## OTHER INCOME

1. State tax refund \* (1099G)..... \$ \_\_\_\_\_  
 2. Alimony received ..... \$ \_\_\_\_\_



3. Gambling income (W-2G)..... \$ \_\_\_\_\_  
 Memo: Gambling losses ..... \$ \_\_\_\_\_

	Taxpayer	Spouse
4. Unemployment compensation * (1099G) .....	\$ _____	\$ _____
5. Social Security benefits * (SSA1099-Box 5) .....	\$ _____	\$ _____
5a. Federal Withholding (SSA1099-Box 4).....	\$ _____	\$ _____
5b. State Withholding (SSA1099-Box 3 Description).....	\$ _____	\$ _____
5c. Medicare (SSA1099-Box 3 Description) .....	\$ _____	\$ _____
6. Other income: give description		
_____ .....	\$ _____	\$ _____
7. Partnerships, Estates & Trusts * (K-1).....	\$ _____	\$ _____
8. Installment sale collection.....	\$ _____	\$ _____

\*Please attach all supporting documents. Thank you.

	Federal	State
Memo: withholding on any of the above items	\$ _____	\$ _____

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Accountant's Use Only

## RETIREMENT ACCOUNTS (1099-R)



T = Taxpayer, S = Spouse

Pension Payer	IRA	Pension	T S *	CPA USE ONLY			
				Withholding			
				Gross	Taxable	Federal	State
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
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	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

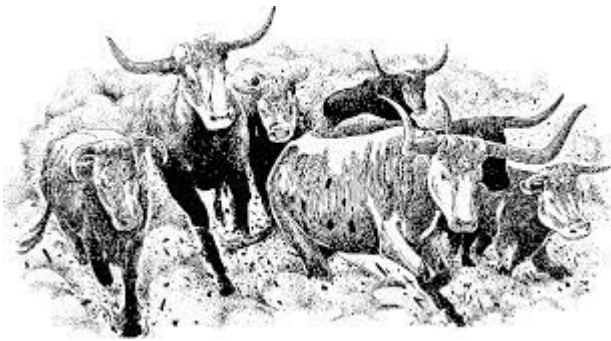
\*Please attach 1099 R's. Thank you.  
Memo: Total number of 1099-R \_\_\_\_\_

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SCH D/4797 Accountant's Use Only

F       S

Capital Loss C/O \_\_\_\_\_



## CAPITAL GAINS & LOSSES

(1099-B and/or 1099-S Brokerage Statement)

Description of Property	Date acquired	Date Sold	Sales price (gross or net)	Cost or basis	Sales expense (if gross sales price entered)	Gain or (Loss)
		/ / 24				
		/ / 24				
		/ / 24				
		/ / 24				
		/ / 24				
		/ / 24				
		/ / 24				
		/ / 24				
		/ / 24				
		/ / 24				

Were any of the above business assets?

Yes     No



SCH D/4797

Accountant's Use Only

    F    

    S    

Capital Loss C/O



## ADJUSTMENTS TO INCOME



1. Individual Retirement Account contributions

	Taxpayer	Spouse
Were you an active participant in an employer or self-employed pension, profit sharing or stock bonus plan, or a tax sheltered annuity at any time during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to make an IRA contribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Would you like to make a Roth IRA contribution?

	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3. FOR MILITARY ONLY: Moving expenses for permanent change of station ..... \$ \_\_\_\_\_

a. Moving miles for new deployment @ 0.21 per mile..... \$ \_\_\_\_\_

b. Other..... \$ \_\_\_\_\_

4. Penalty on early withdrawal of savings ..... \$ \_\_\_\_\_

5. Alimony paid ..... \$ \_\_\_\_\_

6. If self-employed,

	Taxpayer	Spouse
a. Health insurance	\$ _____	\$ _____
b. Retirement contributions, KEOGH, ROTH or SEP IRA	\$ _____	\$ _____

7. Student interest expenses (1098-E) ..... \$ \_\_\_\_\_

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ADJ TO INC

Accountant's Use Only

# ITEMIZED DEDUCTIONS

**Medical:**

Doctors: Medical & Dental \$ \_\_\_\_\_  
 Prescriptions, hospital, etc. \$ \_\_\_\_\_  
 Medical miles \_\_\_\_\_ @ 0.21 per mile



**Mortgage Interest:  
(1098)**

**1st Home**

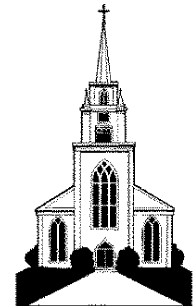
**2nd Home**

1st	\$ _____	\$ _____
2nd	\$ _____	\$ _____
3rd	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____

**Charitable Deductions:**

Cash/checks \$ \_\_\_\_\_  
 Non Cash\* \$ \_\_\_\_\_  
 Charitable Miles \_\_\_\_\_ @ 0.14 per mile

\*If non cash over \$500, more details are necessary (i.e.: what was donated, when, etc.)



**Miscellaneous Deductions**

Unreimbursed employee expenses	\$ _____	Investment advisory fee	\$ _____
Union dues	\$ _____	Safety deposit box	\$ _____
Tax preparation fee	\$ _____	Job Hunting Expense	\$ _____

SCH A

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# AUTOMOBILE DEDUCTION



Please make a copy and fill out for each auto used for business.

Make and year of auto \_\_\_\_\_ When purchased or placed into business use \_\_\_\_\_

DMV fees \$ \_\_\_\_\_

- Did you use your automobile for business or do you have unreimbursed employee travel?     Yes     No

    If yes, continue...

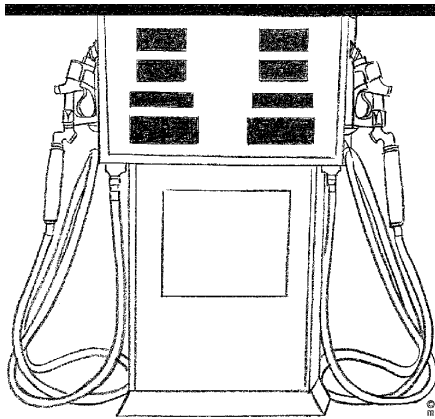
- Do you have written evidence to support your deduction?     Yes     No
- Is this a leased car?     Yes     No    Memo: \_\_\_\_\_

For mileage incurred between January thru December, the rate is .67 cents per mile:

- Total Miles: January - December    \_\_\_\_\_

## DETAIL

Mileage / Percentage Used: Business        \_\_\_\_\_ : miles        \_\_\_\_\_ %  
 Mileage / Percentage Used: Personal        \_\_\_\_\_ : miles        \_\_\_\_\_ %  
 Mileage / Percentage Used: Commuting       \_\_\_\_\_ : miles        \_\_\_\_\_ %



Auto Club	\$ _____
Car washes	\$ _____
Gasoline, lube, oil	\$ _____
Repairs	\$ _____
Tires	\$ _____
Insurance	\$ _____
Interest	\$ _____
Parking Fee	\$ _____
Miscellaneous	\$ _____

Sch A 2106/Sch. C Auto

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## CREDITS

Credit for foreign taxes paid.....\$ \_\_\_\_\_

Low income housing credit .....\$ \_\_\_\_\_

Credits - other .....\$ \_\_\_\_\_

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### Credit for child and dependent care expenses



Person or organization providing care:

**1. Name** \_\_\_\_\_  
Street \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
SS./Tax ID# \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Amt. Paid \$ \_\_\_\_\_

**3. Name** \_\_\_\_\_  
Street \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
SS./Tax ID# \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Amt. Paid \$ \_\_\_\_\_

**2. Name** \_\_\_\_\_  
Street \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
SS./Tax ID# \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Amt. Paid \$ \_\_\_\_\_

**4. Name** \_\_\_\_\_  
Street \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
SS./Tax ID# \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Amt. Paid \$ \_\_\_\_\_

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Foreign Tax CR-1116

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# TAX PAYMENTS & ESTIMATES 2024

## QUARTERLY ESTIMATES



Due Date	Description	Date Paid	Federal Amt. IRS	State Amt. CA-FTB	City Amt.
4/15/2024	1 <sup>st</sup> Estimate				
6/17/2024	2 <sup>nd</sup> Estimate				
9/16/2024	3 <sup>rd</sup> Estimate				
12/31/2024	4 <sup>th</sup> State, if Early		N/A		
1/15/2025	4 <sup>th</sup> Estimate				

Estimates

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Sch A Est. Tax

**The following schedules  
are for those  
who have  
Business or Rental  
Property**

**One business or property per form  
Make as many copies as necessary**

# BUSINESS INCOME

## (One business per form)

**GENERAL INFORMATION:**

Principal business/profession: \_\_\_\_\_

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

Business address: \_\_\_\_\_

Business city, state, zip: \_\_\_\_\_

Taxpayer     Spouse

Sales (1099 Misc)	\$ _____
Cost of goods sold (if applicable)	\$ _____
Inventory at end of year	\$ _____
Gross profit	\$ _____

**EXPENSES**

Advertising	\$ _____
Bad debts	\$ _____
Car and truck expenses	\$ _____
Commissions	\$ _____
Continuing education	\$ _____
Dues and subscriptions	\$ _____
Insurance (other than health)	\$ _____
Other interest	\$ _____
Legal and professional	\$ _____
Office expense	\$ _____
Internet	\$ _____
Rent - Vehicles, Machinery & Equipment	\$ _____
Rent - other business property	\$ _____
Repairs	\$ _____
Supplies	\$ _____
Taxes - Real Estate	\$ _____
Taxes - other	\$ _____
Telephone	\$ _____
Travel	\$ _____
Total Entertainment	\$ _____
Total Meals	\$ _____
Reduction if other than 50% of above	\$ _____
Utilities	\$ _____
Wages	\$ _____
Other expenses:	\$ _____
_____	\$ _____
_____	\$ _____

<b>Total Expenses</b>	\$ _____
<b>Net Income (loss)</b>	\$ _____

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Net Income (loss)		_____
Depreciation		_____
_____		_____
<b>Taxable Net Income (loss)</b>		=====

**BUSINESS INCOME**

**(Continued)**

Do you use your office at home, as your "office" for tax deduction purposes?       Yes       No  
(If we have the proration from last year, write: "see last year").

To be further discussed:

Total Square Feet ..... \_\_\_\_\_ %  
Business Square Feet ..... \_\_\_\_\_ %  
Other ..... \_\_\_\_\_ %

Total  
..... 100%

Home office expenses

Rent ..... \$ \_\_\_\_\_  
Repairs ..... \$ \_\_\_\_\_  
Utilities ..... \$ \_\_\_\_\_  
Other ..... \$ \_\_\_\_\_  
..... \$ \_\_\_\_\_  
..... \$ \_\_\_\_\_  
..... \$ \_\_\_\_\_

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# RENTAL & ROYALTY INCOME

(One property per form)

**GENERAL INFORMATION:**

Kind of property: \_\_\_\_\_

Location of property: \_\_\_\_\_

**INCOME**

Rents received . . . . . \$ \_\_\_\_\_  
 Royalties received . . . . . \$ \_\_\_\_\_

**EXPENSES**

Advertising . . . . . \$ \_\_\_\_\_  
 Association dues . . . . . \$ \_\_\_\_\_  
 Auto and travel . . . . . \$ \_\_\_\_\_  
 Cleaning and maintenance . . . . . \$ \_\_\_\_\_  
 Commissions . . . . . \$ \_\_\_\_\_  
 Dues and subscriptions . . . . . \$ \_\_\_\_\_  
 Gardening . . . . . \$ \_\_\_\_\_  
 Insurance . . . . . \$ \_\_\_\_\_  
 Legal and Professional fees . . . . . \$ \_\_\_\_\_  
 Licenses and permits . . . . . \$ \_\_\_\_\_  
 Management fees . . . . . \$ \_\_\_\_\_  
 Meals . . . . . \$ \_\_\_\_\_  
 Miscellaneous . . . . . \$ \_\_\_\_\_  
 Mortgage Interest (paid to banks, etc.) . . . . . \$ \_\_\_\_\_  
 Other interest . . . . . \$ \_\_\_\_\_  
 Painting and decorating . . . . . \$ \_\_\_\_\_  
 Pest control . . . . . \$ \_\_\_\_\_  
 Plumbing and electrical . . . . . \$ \_\_\_\_\_  
 Repairs . . . . . \$ \_\_\_\_\_  
 Supplies . . . . . \$ \_\_\_\_\_  
 Taxes - Real estate . . . . . \$ \_\_\_\_\_  
 Taxes - Other . . . . . \$ \_\_\_\_\_  
 Telephone . . . . . \$ \_\_\_\_\_  
 Utilities . . . . . \$ \_\_\_\_\_  
 Wages and salaries . . . . . \$ \_\_\_\_\_  
 Other expenses:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Expenses** . . . . . \$ \_\_\_\_\_  
**Net Income (loss)** . . . . . \$ \_\_\_\_\_

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SCH E	Accountant's Use Only
Net Income (loss)	_____
Depreciation	_____
_____	_____
Taxable Net Income (loss)	=====

### ASSET ACQUISITION

If you bought any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any assets to business use in 2024, please enter all pertinent information below.

Prop. No.	Description of Property	Related Business or activity	Date Placed in Service	Cost or Basis

### ASSET DISPOSITION

If you disposed of or sold any business assets in 2024, please enter all pertinent information below.

Prop. No.	Description of Property	Date Sold	Sales Price	Expenses of Sale

ASSET ACQ/DISP

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