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2024 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2024 tax return.

To save you time, selected information from your 2023 tax return has been entered in this organizer. Please line through any information that does not apply to your 2024 tax return.

In some cases, 2023 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2024 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

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KINOL SHARIE LEYH & ASSOCIATES
3740 MOUNT ROYAL BLVD, ALLISON PARK, PA 15101
(412) 486-9250

January 8, 2025

This letter will confirm our mutual understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide. For purposes of this letter, (a) you may be referred to herein as "Client", "you", "your" or words of similar meaning, and (b) Kinol Sharie Leyh & Associates may be referred to herein as "Accountant", "we", "us", "our" or words of similar meaning. The engagement between you and our firm will be governed by the terms of this Agreement.

We will prepare your 2024 federal, state and local tax returns from information you furnish to us.

We will not prepare any additional tax returns without your consent. We will prepare our tax returns solely for filing with the Internal Revenue Service ("IRS") and for any other state or local tax authorities. Our work is not intended to benefit or influence any third party, either to obtain credit or for any other purpose.

You are responsible for determining your tax filing obligations with any other state or local tax authorities. You agree that we have no responsibility to research these obligations or to inform you of them. If upon review of the information you have provided to us, including information that comes to our attention, we believe that you may have additional filing obligations, we will notify you of this responsibility and ask you to contact us.

You agree to indemnify and hold us harmless with respect to any and all claims arising from the use of the tax returns for any purpose other than filing with the IRS and state and local tax authorities regardless of the nature of the claim, including the negligence of any party.

This engagement is limited to the professional services outlined above.

We will provide you with an income tax organizer to help you compile and document the information necessary to prepare your income tax returns. We will not audit or otherwise verify the data you submit to us, although we may ask you to clarify certain information.

We will prepare our tax returns based upon your filing status as reflected in your income tax return for last year. If your filing status has changed, you wish to change your filing status, or you have questions about your filing status, please contact us immediately.

If the tax returns prepared in connection with this engagement are filed using the married filing jointly status, both spouses are deemed to be clients of the firm under the terms of this Agreement. Both individuals acknowledge there is no expectation of privacy from the other concerning our services in connection with this Agreement.

We will use our judgement to resolve questions in your favor where a tax law is unclear if there is a reasonable justification for doing so. Whenever we are aware that a possibly applicable law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your return. We will follow whatever position you request, so long as it is consistent with the codes and regulations and interpretations that have been promulgated. If the taxing authorities should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

Your returns are, of course, subject to inquiries by taxing authorities. We are available to represent you and our fees for such services are at our standard rates.

You may be required to make quarterly estimated tax payments. We will calculate these payments for the 2025 tax year based upon information you provide to prepare your 2024 tax returns and have no obligation to update recommended payments after the engagement is completed.

It is our policy to keep workpapers related to this engagement for 7 years. When records are returned to you, it is your responsibility to retain and protect your records for possible future use, including potential examination by any government or regulatory agencies. It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment and related expenses and the required documents to support charitable contributions. *Please be aware that acknowledgement for charitable contributions made during 2024 must be received before the earlier of (1) the date you file your tax return, or the due date, including extensions, for filing your tax return and should indicate that no goods or services were received in exchange for the deductible portion.* If you have any questions as to the type of records required, please ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax returns before signing and filing them with the tax authorities. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest.

As part of your filing obligations, you are required to report the maximum value of specified foreign financial assets, which include financial accounts with foreign institutions and certain other foreign non-account investment assets that exceed certain thresholds. You are responsible for informing us of all foreign assets, so we may properly advise you regarding your filing obligations.

These assets include any ownership interests you directly or indirectly hold in businesses located in a foreign country, and any assets or financial accounts located in a foreign country over which you have signature authority. Based upon the information you provide; this information will be used to calculate any applicable foreign tax credits. We will also use this data to inform you of any additional filing requirements, which may include Form *8938, Statement of Foreign Assets,* and FinCEN *Form 114, Report of Foreign Bank and Financial accounts* ("FBAR"). We will only prepare the FinCEN Form 114 reports based on information that you provided to us.

You are responsible for complying with the tax filing requirements of any other country. You acknowledge and agree that we have no responsibility to raise these issues with you and that foreign filing obligations are not within the scope of this engagement.

If you purchased health insurance through the Marketplace, you will receive a Form 1095-A which must be submitted with the rest of your tax information.

The IRS has provided that a taxpayer may authorize them to discuss the taxpayer's tax return with the CPA who signed the taxpayer's return as the return preparer. The authorization is granted by checking the "yes" box in the signature area of the tax return. By checking the "yes" box, you are granting the IRS permission to contact our firm with questions that may arise during the processing of your return. You would also be granting our firm the permission to (1) provide the IRS with any information that may be missing from your return, (2) call the IRS to inquire on the processing of your return or on the status of your refund, and (3) respond to any IRS notices that you have provided to our firm relating to mathematical errors, offsets and return preparation. Please note that our firm will not receive separate copies of notices; therefore, you must provide our firm with copies of any notice you receive from taxing authorities. Once elected, the authorization cannot be revoked. The authorization is valid for one year after the due date for filing the tax return. Unless you indicate otherwise, it is our firm policy to mark the box granting the limited authorization to our firm.

We will be transmitting your returns electronically (e-file) using an outside tax processing service unless (1) you elect otherwise in writing or (2) electronic filing is not available for your tax returns. Please note that while e-filing will require both you and our firm to complete additional steps, the same filing deadlines will apply.

For all electronically filed returns, you will be required to verify and sign a completed Form 8879, *IRS e-file Signature Authorization,* and any similar state or local equivalent authorization form before we can transmit the returns to the taxing authorities. We will provide you a copy of the income tax returns for your review prior to electronic transmission. **We cannot transmit the returns to the taxing authorities until we have the signed authorization form(s). Therefore, if you do not provide our firm with your signed authorization in a timely manner, we will place your return on extension, even though it might already have been completed.**

We will provide separate filing instructions for any returns that are required to be paper filed (or that you so elect to paper file).

Please note that all tax payment due dates remain the same even if your return is e-filed. You must ensure that your payment of any tax balance due is timely remitted on or before April 15, 2025. There are options to pay your balance due using a credit card or electronic funds withdrawal. If you instead choose to pay the balance due by mail, payment must be postmarked on or before the due date to avoid penalties. Finally, please note that while our firm will use our best efforts to ensure that your returns are successfully transmitted to the appropriate taxing authorities, we will not be financially responsible for electronic transmissions or other errors arising after your return has been successfully submitted from our office.

Please provide bank account information if you want to have any refund(s) directly deposited into your bank account.

Our fees for the services we provide will be charged to you on the basis of time required at standard billing rates. We will bill you for our work after time has been incurred, and request that remittance be made upon receipt of the bill.

We appreciate the opportunity to be of service to you and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. By submitting your tax information to us, you are agreeing with these terms.

Sincerely,

Kinol Sharie Leyh & Associates, P.C.

The following questions pertain to the 2024 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change?		
Are you married?		
If Yes, do you and your spouse want to file separate returns?		
If No, are you in a domestic partnership, civil union, or other state-defined relationship?		
Can you or your spouse be claimed as a dependent by another taxpayer?		
Did you or your spouse serve in the military or were you or your spouse on active duty?		

Dependents:

	Yes	No
Were there any changes in dependents from the prior year? Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work?		
Do you have any children under age 18 with unearned income more than $1,300?		
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than $1,300?		
Did you adopt a child or begin adoption proceedings?		
Are any of your dependents non-U.S. citizens or non-U.S. residents?		

Healthcare:

	Yes	No
Did you obtain healthcare coverage through the Marketplace? If Yes, include all Forms 1095-A.		
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?		
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?		
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return?		
Are any of your dependents required to file a tax return?		

Healthcare (continued):

	Yes	No
Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?		
Were you eligible for employer-sponsored healthcare coverage?		
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA.		
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA.		
Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include all Forms 1099-LTC.		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? ________		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? If Yes, how many months were you covered? ________		

Education:

	Yes	No
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?		
Did you or your spouse pay any student loan interest?		
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?		
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include all Forms 1099-Q.		
If Yes, were the amounts withdrawn used for qualified tuition expenses?		

Deductions and Credits:

	Yes	No
Did you or your spouse contribute property (other than cash) with a fair market value of more than $5,000 to a charitable organization? If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of $10,000 or less.		
Did you or your spouse incur any casualty or theft losses?		
Did you or your spouse make any large purchases, such as motor vehicles and boats?		
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?		
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?		
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. ________ Gallons ________________ Type		
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?		
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?		

Investments:

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced?		
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?		
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?		
Did you or your spouse sell, exchange, or purchase any real estate? If Yes, include closing statements.		
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?		
Did you or your spouse engage in any put or call transactions? If Yes, provide the transaction details.		
Did you or your spouse close any open short sales?		
Did you or your spouse sell any securities not reported on Form 1099-B?		

Retirement or Severance:

	Yes	No
Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?		
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?		
Did you or your spouse turn age 73 and have money in an IRA or other retirement account without taking any distribution?		
Did you or your spouse make a qualified charitable distribution directly from an IRA?		
Did you or your spouse retire or change jobs?		
Did you or your spouse receive deferred, retirement or severance compensation? If Yes, enter the date received (Mo/Da/Yr). ____________		

Personal Residence:

	Yes	No
Did your address change? If Yes, provide the new address.		
If Yes, did you move to a different home because of a change in the location of your job?		
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?		
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?		
Are your total mortgages on your first and/or second residence greater than $750,000? If Yes, provide the principal balance and interest rate at the beginning and end of the year. ____________		
Did you or your spouse take out a home equity loan?		
Did you or your spouse have an outstanding home equity loan at the end of the year? If Yes, provide the principal balance and interest rate at the beginning and end of the year. ____________		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?		
Did you or your mortgagee receive mortgage assistance payments? If Yes, include all Forms 1098-MA.		

Questions (Page 4 of 5)

Sale of Your Home:

	Yes	No
Did you sell your home?		
Did you receive Form 1099-S? If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?		
Did you or your spouse ever rent out the property?		
Did you or your spouse ever use any portion of the home for business purposes?		
Have you or your spouse sold a principal residence within the last two years?		

At the time of the sale, the residence was owned by the: ☐ Taxpayer ☐ Spouse ☐ Both

Gifts:

	Yes	No
Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of $18,000 to any individual?		
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?		
Did you or your spouse make any gifts to a trust for any amount?		
Do you or your spouse have a life insurance trust?		
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?		
Did you or your spouse forgive any indebtedness to any individual, trust or entity?		

Foreign Matters:

	Yes	No
Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?		
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?		
Did you or your spouse create or transfer money or property to a foreign trust?		
Did you or your spouse own any foreign financial assets?		
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?		
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?		
If Yes, did the corporation cease to be an S corporation?		
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?		
If Yes, did you or your spouse transfer any share of stock in the corporation?		

Miscellaneous:

	Yes	No
Did you or your spouse pay in excess of $1,000 in any quarter, or $2,700 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	☐	☐
Did you or your spouse receive unreported tip income of $20 or more in any month?	☐	☐
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?	☐	☐
Did you or your spouse engage in any bartering transactions?	☐	☐
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	☐	☐
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?	☐	☐
In 2024, did you or your spouse: (a) receive (as a reward, award, or compensation); (b) sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)?	☐	☐
In 2024, did you or your spouse receive Payroll Protection Program loan forgiveness or are you or your spouse seeking forgiveness?	☐	☐

If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness.

Date (Mo/Da/Yr) ______________

If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness.

Amount ____________________

	Yes	No
Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act?	☐	☐

Additional state pages have been included at the back of the organizer and should be reviewed.

Personal Information

Taxpayer:

First Name and Initial | Last Name | Social Security Number

Occupation | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr)

Driver's License or State-Issued ID Number | Expiration Date (Mo/Da/Yr) | Issue Date (Mo/Da/Yr) | State | ☐ Does not expire

☐ Driver's License ☐ State-Issued ID ☐ No Identification

Spouse:

First Name and Initial | Last Name | Social Security Number

Occupation | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr)

Driver's License or State-Issued ID Number | Expiration Date (Mo/Da/Yr) | Issue Date (Mo/Da/Yr) | State | ☐ Does not expire

☐ Driver's License ☐ State-Issued ID ☐ No Identification

Contact Information:

Street Address | Apartment Number

City | State | ZIP or Postal Code

Foreign Province or County

Foreign Country

Taxpayer Daytime/Work Phone | Taxpayer Evening/Home Phone | Taxpayer Foreign Phone

Taxpayer Cell Phone | Taxpayer Fax Number

Spouse Daytime/Work Phone | Spouse Evening/Home Phone | Spouse Foreign Phone

Spouse Cell Phone | Spouse Fax Number

Taxpayer Email Address

Spouse Email Address

Preferred Method of Contact

	Yes	No
May the IRS or other taxing authority discuss the return with the preparer?		
Is the taxpayer claimed as a dependent on someone else's tax return?		

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you considered legally blind per IRS regulations?				
Do you want to contribute to the Presidential Election Campaign Fund?				
Are you a U.S. citizen or Green Card holder?				

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

TS	State	City	Code	PIN

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Dependents and Wages

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over $5,050?

	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return . . . . ☐

Do not electronically file the state return(s) . . . . ☐

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?	Yes	No
Taxpayer	☐	☐
Spouse	☐	☐

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN . . . . ____________

Spouse PIN . . . . ____________

Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2023, your account information is already included below.

	Yes	No
Would you like any refunds owed to you directly deposited?		
Would you like to pay any amount due on your federal return using electronic withdrawal?		
If Yes, what amount would you like withdrawn, if not the entire balance due? ______		
If Yes, when should the withdrawal occur, if other than the due date of the return? ______ (Mo/Da/Yr)		
Would you like to pay any amount due on your state return(s) using electronic withdrawal?		
If Yes, what amount would you like withdrawn, if not the entire balance due? ______		
If Yes, when should the withdrawal occur, if other than the due date of the return? ______ (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your federal return using electronic withdrawal?		
Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?		

Name of bank or financial institution ______

Routing Transit Number (RTN) ______

Account number ______

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐

	Yes	No
Would you like any refunds owed to you directly deposited?		
Would you like to pay any amount due on your federal return using electronic withdrawal?		
If Yes, what amount would you like withdrawn, if not the entire balance due? ______		
If Yes, when should the withdrawal occur, if other than the due date of the return? ______ (Mo/Da/Yr)		
Would you like to pay any amount due on your state return(s) using electronic withdrawal?		
If Yes, what amount would you like withdrawn, if not the entire balance due? ______		
If Yes, when should the withdrawal occur, if other than the due date of the return? ______ (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your federal return using electronic withdrawal?		
Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?		

Name of bank or financial institution ______

Routing Transit Number (RTN) ______

Account number ______

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐

2024

Interest Income

5A

Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2023 Interest Amount
	Total					

Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2024 Interest Amount	2023 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.

Dividend Income

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

	TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
		Total				

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

	Code	Tax-Exempt Interest	2023 Gross Dividends Amount
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
Total			

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.

Foreign Assets

Note: If the aggregate value of the accounts does not exceed $10,000, then you do not need to provide details.

General Information:

TSJ . . . . ____

Title of filer . . . . ____________

Enter all countries where you have foreign bank accounts . . . . ____________

Foreign Identification:

	Yes	No
Passport		
Foreign TIN		

If not passport or TIN, enter description . . . . ____________

Number . . . . ____________

Country of issue . . . . ____________

Information on Foreign Financial Accounts:

1 - Bank Account   2 - Securities Account   3 - Other

	Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A					
B					

	Street Address	City
A		
B		

	State	ZIP/Postal Code	Country	GIIN
A				
B				

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN)   B - SSN or ITIN   C - Foreign

	Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number	
A						
B						

	# of Joint Owners	Street Address	City
A			
B			

1 - No financial interest   1B - No financial interest - US person, officer or employee, residing outside US   2A - Joint - spouse is joint owner   2B - Joint - other joint owner   3 - Consolidated

	State	ZIP/Postal Code	Country	Owner-ship Code	Filer's Title
A					
B					

1 - Deposit   2 - Custodial

	Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A								
B								

Foreign Assets

Asset Information:

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership 2 - Corporation 3 - Trust 4 - Estate

Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity

City or Town of Foreign Entity	Province, County or State of Foreign Entity	Country of Foreign Entity	Postal Code of Foreign Entity	GIIN

If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - U.S. person
2 - Foreign person

1 - Issuer 2 - Counterparty

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

Mailing Address of Issuer	City or Town of Issuer

Province, County or State of Issuer	Country of Issuer	Postal Code of Issuer

	Yes	No
Foreign assets were acquired or sold during the tax year		

Foreign Bank Accounts and Trusts:

At any time during 2024, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? ☐ ☐

If Yes, enter name of foreign country ____________________

Were you the grantor of, or transferor to, a foreign trust that existed during 2024, whether or not you had any beneficial interest in it? ☐ ☐

2024

Brokerage Statement Details

5EA

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								
O								
P								
Q								
R								
S								
T								

Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.

Business Income and Cost of Goods Sold

Name of Business: . . . . ______

Principal Business or Profession: . . . ______

TSJ . . . . ____
Employer ID number . . . . ______
Street address . . . . ______
City, state, ZIP or postal code, and country . . . ______
Method of inventory . . . . ______
Method of accounting . . . . ______

Business Questions for 2024:

	Yes	No
Did you dispose of this business?		
If Yes, what was the disposition date? (Mo/Da/Yr) ______		
Was there a change in determining quantities, costs or valuations between opening and closing inventory?		
Were you involved in the operations of this business on a regular, continuous and substantial basis?		
Have you prepared or will you prepare all required Forms 1099?		

	2024 Amount	2023 Amount
Health insurance premiums paid for yourself and your dependents		

Income:

Payment card and third party transactions: Include all Forms 1099-K

Description	2024 Amount	2023 Amount

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

Other Income:

Other gross receipts or sales		
Less returns and allowances		

Cost of Goods Sold:

	2024 Amount	2023 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other costs of goods sold:

Description	2024 Amount	2023 Amount
Ending inventory		

Business Expenses and Property & Equipment

Name of Business: . . . . ____________________

Principal Business or Profession: . . . ____________________

Expenses:

	2024 Amount	2023 Amount
Advertising		
Car and truck expenses		
Parking fees and tolls		
Commissions and fees		
Contract labor		
Employee benefit programs and health insurance (other than pension and profit-sharing plans)		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional fees		
Office expense		
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other business property		
Repairs and maintenance		
Supplies (not included in Cost of Goods Sold)		
Taxes and licenses		
Travel		
Meals		
Entertainment (deductible only on some state returns)		
Utilities		
Wages		
Dependent care benefits		

Other Expenses:

Description	2024 Amount	2023 Amount

Property and Equipment: Include a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

2024

Detail Depreciation

DP

Business or Activity: ______________________________

Asset #	Description of Asset	Cost	Date Asset Was Placed in Service (Mo/Da/Yr)	If the Asset Was Sold, Indicate the Following	
				Date (Mo/Da/Yr)	Sales Price

Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of gains in a qualified opportunity fund		
Sale of any investments in qualified opportunity funds		
Debts that became uncollectible		
Securities that became worthless		
Sale of any property where you will receive payments in future years		

	TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A					
B					
C					
D					
E					
F					
G					
H					

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				
E				
F				
G				
H				

Installment Sales:

Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2024 Principal Received	2023 Principal Received

Sale of Your Home and Moving Expenses

Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ . . . . ____
Date acquired . . . . (Mo/Da/Yr) ____________
Date sold . . . . (Mo/Da/Yr) ____________

Selling price . . . . [ ]

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? . . . . [ ] Yes [ ] No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? . . . . [ ] Yes [ ] No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated ____________________

Moving Expenses:

TSJ . . . . ____

Were the moving expenses reimbursed by your employer? . . . . [ ] Yes [ ] No

Enter reimbursements not included in wages on your Form W-2 . . . . [ ]

Was the move due to a permanent change of station pursuant to a military order? . . . . [ ] Yes [ ] No

Mileage:

	Miles
Number of miles from old home to new workplace (applicable only on some state returns)	
Number of miles from old home to old workplace (applicable only on some state returns)	
Number of automobile miles	

Transportation Expenses:

	Amount
Costs of transportation of household goods and personal effects	
Costs of travel and lodging (do not include meals or automobile expenses)	
Automobile expenses (gasoline, oil, etc.)	
Meals (Pennsylvania only)	

Individual Retirement Account (IRA) Information

Individual Retirement Account (IRA): **Include all copies of Forms 1099-R and 5498.**

TS . . . . ____

IRA Questions for 2024:

	Yes	No
Are you covered by an employer's retirement plan?		
If no, is your spouse covered by an employer's retirement plan?		
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?		
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?		
Did you use any IRA as security for a loan this year?		
Did you have any transactions with any IRA during the year?		

If Yes, explain. ______________________________

IRA Values, Rollovers, and Distributions:

Total value of all traditional IRAs on December 31, 2024	
Note: This information or Form 5498 is required if you received a distribution during the year.	
Outstanding rollovers on December 31, 2024	
Total distributions converted to Roth IRAs	
Total retirement plans converted to Roth IRAs	

Contributions:

IRA:	
Contributions in 2024 for the 2024 tax return	
Contributions in 2025 for the 2024 tax return	
Amount for 2024 you choose to be treated as nondeductible	
Roth IRA:	
Contributions made for the 2024 tax year	

Distributions:

Include all Forms 1099-R and any nontaxable distribution details

Name of Payer	2024 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2023 Gross Distributions

Pension, Annuity and Retirement Plan Information

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2024 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2023 Gross Distributions

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

	Taxpayer Yes	Taxpayer No	Spouse Yes	Spouse No
Have you established a self-employed retirement or SIMPLE plan with deductible contributions?				
Do you want to contribute the maximum amount allowed?				

Contributions to:	Taxpayer 2024 Amount	Spouse 2024 Amount
Simplified employee pension plan		
Defined benefit plan		
Defined contribution plan		
SIMPLE plan		

2024

Detail Depreciation

DP

Business or Activity: ______________________________

Asset #	Description of Asset	Cost	Date Asset Was Placed in Service (Mo/Da/Yr)	If the Asset Was Sold, Indicate the Following	
				Date (Mo/Da/Yr)	Sales Price

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

Miscellaneous Income and Adjustments:

	TSJ ____		TSJ ____	
	2024 Amount	2023 Amount	2024 Amount	2023 Amount
Unemployment compensation received				
Unemployment compensation repaid in 2024				
Social security benefits received				
Social security benefits repaid in 2024				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2024				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2024 Amount	2023 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security Number	Date of Original Divorce or Separation (Mo/Da/Yr)	Date Divorce or Separation Agreement Modified (Mo/Da/Yr)	Alimony Received?	2024 Amount	2023 Amount

Miscellaneous Adjustments

Educator Expenses: **Deduction for amounts paid by educators of kindergarten through Grade 12**

TS	2024 Amount	2023 Amount

Health Savings Accounts (HSAs) **Include all Forms 1099-SA**

TS	Description	2024 Amount	2023 Amount
	Contributions made for 2024		
	Distributions received from all HSAs in 2024		

What type of coverage applies to your high deductible health plan? ☐ Self only ☐ Family

	Yes	No
Were any HSA contributions listed above also shown on your Form W-2?	☐	☐
Were all distributions from your HSA for unreimbursed medical expenses?	☐	☐
Did you or your spouse enroll in Medicare?	☐	☐

If Yes, what month did you enroll? ____________

What month did your spouse enroll? ____________

Other Adjustments to Income: **Include all Forms 1098-E for Student Loan Interest Paid**

TSJ	Nature and Source	2024 Amount	2023 Amount

Worksheets: Other Income > IRS 1099-MISC; Health Savings Accounts; Other Adjustments > Educator Expenses; Student Loan Interest Statement > IRS 1098-E

Forms M-19, P-16, IRS-1098E and IRS-1099MISC

Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

	TSJ	2024 Amount	2023 Amount
Prescription medicines and drugs			
Total medical insurance premiums paid *			
Long-term care expenses			
Total insurance reimbursement			
Number of miles traveled for medical care			
Personal protective equipment			
Lodging			
Doctors, dentists, etc.			
Hospitals			
Lab fees			
Eyeglasses and contacts			

	2024 Amount	2023 Amount
Taxpayer long-term care insurance premiums paid		
Spouse long-term care insurance premiums paid		

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2024 Amount	2023 Amount

Taxes Paid: Include copies of your tax bills

	TSJ	2024 Amount	2023 Amount
Personal property taxes paid (include vehicle taxes)			
General sales taxes paid on specified items			

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2024 Amount	2023 Amount

Other Taxes Paid:

TSJ	Description	2024 Amount	2023 Amount

If you purchased or sold your home in 2024, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No

Itemized Deductions - Mortgage Interest and Points

Mortgage Questions for 2024:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below?		
Did you refinance your home? (If Yes, enclose the closing statement.)		
If Yes, how many years is your new mortgage loan? ________		
Did you purchase a new home or sell your former home during the year?		
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?		
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?		

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2024 Amount	2023 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2024 Amount	2023 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2024 Amount	2023 Amount
		Yes	No		

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2024 Amount	2023 Amount

Cash Contributions:
Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than $500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2024 Amount	2023 Amount

TSJ	Conservation Real Property	2024 Amount	2023 Amount
	100% limit		
	50% limit		

TSJ	Description	2024 Miles	2023 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling $500 or Less:
Include all documentation.

TSJ	Description of Donated Property	2024 Amount	2023 Amount

Noncash Contributions Totaling More Than $500:
Include all Forms 1098-C or other documentation.

	TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A					
B					
C					

	Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A				
B				
C				

1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value
2 - Catalog 4 - Other (Describe)

1 - Gift 3 - Exchange
2 - Inheritance 4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		

2024

Detail Depreciation

DP

Business or Activity: ______________________

Asset #	Description of Asset	Cost	Date Asset Was Placed in Service (Mo/Da/Yr)	If the Asset Was Sold, Indicate the Following	
				Date (Mo/Da/Yr)	Sales Price

Refund Application:

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

Refunded	☐	Yes	☐	No
Applied to your 2025 estimated tax liability	☐	Yes	☐	No

Federal Estimated Tax Payments:

		Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2024 1st Quarter Estimate	(Due 04-15-2024)			
2024 2nd Quarter Estimate	(Due 06-17-2024)			
2024 3rd Quarter Estimate	(Due 09-16-2024)			
2024 4th Quarter Estimate	(Due 01-15-2025)			

2023 overpayment applied to 2024 estimate . . . . ☐

Tax Planning Information for Tax Year 2025:

Do you expect any of the following to occur in 2025?

	Yes	No
A change in your marital status	☐	☐
A change in the number of your dependents	☐	☐
A substantial change in your income	☐	☐
A substantial change in your withholding	☐	☐
A substantial change in deductions	☐	☐

If you answered Yes to any of the above questions, provide details.

State and City Tax Payments

State and City Estimated Tax Payments:

TSJ ___
State/City ______

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2024 1st Quarter Estimate			
2024 2nd Quarter Estimate			
2024 3rd Quarter Estimate			
2024 4th Quarter Estimate			

If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax liability? ☐ Yes ☐ No

2023 overpayment applied to 2024 estimate ______
Balance of prior year(s)' tax paid in 2024 plus amount paid with 2023 extensions ______
Estimated tax payments for 2023 paid in 2024 ______

State and City Estimated Tax Payments:

TSJ ___
State/City ______

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2024 1st Quarter Estimate			
2024 2nd Quarter Estimate			
2024 3rd Quarter Estimate			
2024 4th Quarter Estimate			

If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax liability? ☐ Yes ☐ No

2023 overpayment applied to 2024 estimate ______
Balance of prior year(s)' tax paid in 2024 plus amount paid with 2023 extensions ______
Estimated tax payments for 2023 paid in 2024 ______

State and City Estimated Tax Payments:

TSJ ___
State/City ______

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2024 1st Quarter Estimate			
2024 2nd Quarter Estimate			
2024 3rd Quarter Estimate			
2024 4th Quarter Estimate			

If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax liability? ☐ Yes ☐ No

2023 overpayment applied to 2024 estimate ______
Balance of prior year(s)' tax paid in 2024 plus amount paid with 2023 extensions ______
Estimated tax payments for 2023 paid in 2024 ______

Foreign Wages and Other Income Worksheet

You may skip this page if company statements for this information are provided.

NOTE: If you received income in 2024 for services performed in prior years, (bonus, separation payments, etc.) provide us with a copy of your tax return for these years unless we have them in our possession. If expenses are listed in foreign currency, indicate dates of payment and type of currency to the left of the amount boxes.

Compensation: **You must provide the originals of Form W-2**

Employer:	Taxpayer	Spouse
Gross base salary		
Tax deferred savings (401K)		
Bonus - 2024		
Bonus - other years		
Indicate year(s) ____________		
Cost of living allowance		
Education		
Dependent travel		
Housing		
Group life insurance		
Tax equalization		
Foreign taxes reimbursed - 2024		
- 2023 and prior years		
Moving		

Other Allowances - Description	Taxpayer	Spouse

Non-cash Remuneration:	Taxpayer	Spouse
Home (lodging)		
Meals		
Car		

For additional employers, provide details on a continuation sheet.