

# 2024

# Organizer

**METZGER**  
**MANCINI & LACKNER** LLP

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CERTIFIED PUBLIC ACCOUNTANTS

115 S. Eddy Street, South Bend, IN 46617  
T 574 232 9973 F 574 232 8863

Personal Information

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

Mark if you were married but living apart all year [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

	Taxpayer	Spouse
Social security number	[4]	[5]
First name	[6]	[7]
Last name	[8]	[9]
Occupation	[10]	[11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	[12]	[14]
Mark if dependent of another taxpayer	[15]	[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	[17]	
Mark if legally blind	[20]	[21]
Date of birth	[22]	[24]
Date of death	[26]	[27]
Work/daytime telephone number/ext number	[28] [29]	[30] [31]
Home/evening telephone number	[32]	[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	[34]	

Present Mailing Address

Address [40]

Apartment number [41]

City, state postal code, zip code [42] [43] [44]

Foreign country name [46]

Foreign phone number [49]

In care of addressee [51]

Dependent Information

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

First Name <sup>[52]</sup>	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 [53]

Social security number of qualifying person [54]

Dependent Codes

- |                  |   |                |  |
|------------------|---|----------------|--|
| <b>*Basic</b>    | 1 = Child who lived with you  | <b>**Other</b> | 1 = Student (Age 19 - 23)                        |
|                  | 2 = Child who did not live with you due to divorce/separation   |                | 2 = Disabled dependent                           |
|                  | 3 = Other dependent   |                | 3 = Dependent who is both a student and disabled |
|                  | 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 |                |  |
| <b>***Months</b> | 77 = Reported on odd year return  |                |  |
|                  | 88 = Reported on even year return   |                |  |
|                  | 99 = Not reported on return   |                |  |

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) [8]

Taxpayer email address [9]

Spouse email address [10]

	Taxpayer	Spouse
Fax telephone number	_____ [11]	_____ [20]

Mobile telephone number	_____ [12]	_____ [21]
-------------------------	------------	------------

Mobile telephone #2 number	_____ [13]	_____ [22]
----------------------------	------------	------------

Pager number	_____ [14]	_____ [23]
--------------	------------	------------

Other:	_____ [15]	_____ [24]
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Telephone number	_____ [16]	_____ [25]
------------------	------------	------------

Extension	_____ [17]	_____ [26]
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Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	_____ [18]	_____ [27]
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NOTES/QUESTIONS:



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 Code (**see codes below)	Type	Payer	Interest (1)	Tax Exempt Income	Penalty on Early Withdrawal	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							

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

Control Totals +

**Dividend Income**

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 Type J Code (**See codes below)	Ordinary (2) 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

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

Taxpayer/Spouse (T, S)

\_\_ [1]

State postal code

\_\_ [3]

Social Security Benefits

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:

	2024 Information	Prior Year Information
Medicare premiums	+ _____ [7]	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Prescription drug (Part D) premiums	+ _____ [9]	
Net Benefits for 2024 (Box 3 minus Box 4) (Box 5)	+ _____ [12]	
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [14]	

Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

	2024 Information	Prior Year Information
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Portion of Tier 1 Paid in 2024 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

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.

	[40]
	[41]
	[42]
	[43]
	[44]

NOTES/QUESTIONS:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__[1]	__[2]
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)	__[3]	__[4]
Enter the total traditional IRA contributions made for use in 2024	+ _____[5]	+ _____[6]
	<b>Taxpayer</b>	<b>Spouse</b>
Enter the nondeductible contribution amount made for use in 2024	+ _____[5]	+ _____[6]
Enter the nondeductible contribution amount made in 2025 for use in 2024	+ _____[7]	+ _____[8]
Traditional IRA basis	+ _____[17]	+ _____[18]
Value of all your traditional IRA's on December 31, 2024:	+ _____[19]	+ _____[20]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

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	__[29]	__[30]
Enter the total Roth IRA contributions made for use in 2024	+ _____[31]	+ _____[32]
Enter the amount a 2024 Roth IRA conversion should be adjusted by	+ _____[39]	+ _____[40]
Enter the total contribution Roth IRA basis on December 31, 2023	+ _____[43]	+ _____[44]
Enter the total Roth IRA contribution recharacterizations for 2024	+ _____[45]	+ _____[46]
Enter the Roth conversion IRA basis on December 31, 2023	+ _____[47]	+ _____[48]
Value of all your Roth IRA's on December 31, 2024:	+ _____[49]	+ _____[50]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:



Preparer use only

	2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16] _____ [17] _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	
If other:	_____ [21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	
If other enter explanation:	_____ [24]	
_____	_____	
_____	_____	
Enter an explanation if there was a change in determining your inventory:	_____ [25]	
_____	_____	
_____	_____	
Did you "materially participate" in this business? (Y, N)	_____ [26]	
If not, number of hours you did significantly participate	_____ [28]	
Mark if you began or acquired this business in 2024	_____ [30]	
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y, N)	_____ [31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	
Medical insurance premiums paid by this activity	+ _____ [40]	
Long-term care premiums paid by this activity	+ _____ [44]	
Amount of wages received as a statutory employee	+ _____ [47]	

**Business Income**

	2024 Information	Prior Year Information
Gross receipts and sales	+ _____ [52]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [55]	
Other income:	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Cost of Goods Sold**

	2024 Information	Prior Year Information
Beginning inventory	+ _____ [59]	
Purchases	+ _____ [61]	
Labor:	+ _____ [63]	
_____	+ _____	
Materials	+ _____ [65]	
Other costs:	+ _____ [67]	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [69]	

Control Totals +

**Preparer use only**

Principal business or profession \_\_\_\_\_

**2024 Information**

**Prior Year Information**

Advertising	+ _____	[6]
Car and truck expenses	+ _____	[8]
Commissions and fees	+ _____	[10]
Contract labor	+ _____	[12]
Depletion	+ _____	[14]
Depreciation	+ _____	[16]
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		
_____	+ _____	[18]
_____	+ _____	
Insurance (Other than health):		
_____	+ _____	[20]
_____	+ _____	
Interest:		
Mortgage (Paid to banks, etc.)		
_____	+ _____	[22]
_____	+ _____	
_____	+ _____	
Other:		
_____	+ _____	[24]
_____	+ _____	
Legal and professional services	+ _____	[26]
Office expense	+ _____	[29]
Pension and profit sharing:		
_____	+ _____	[31]
_____	+ _____	
Rent or lease:		
Vehicles, machinery, and equipment	+ _____	[33]
Other business property	+ _____	[35]
Repairs and maintenance	+ _____	[37]
Supplies	+ _____	[39]
Taxes and licenses:		
_____	+ _____	[41]
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Travel and meals:		
Travel	+ _____	[43]
Meals (Enter 100% subject to 50% limitation)	+ _____	[45]
Meals (Enter 100% subject to DOT 80% limit)	+ _____	[47]
Meals (Fully deductible)	+ _____	[49]
Utilities	+ _____	[51]
Wages (Less employment credit):		
_____	+ _____	[53]
_____	+ _____	
Other expenses:		
_____	+ _____	[55]
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
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_____	+ _____	
_____	+ _____	
_____	+ _____	

**Control Totals +**

Preparer use only

	2024 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____	
Physical address: Street _____	[6]	
City, state, zip code _____	[7] [8] _____	
Foreign country _____	[11]	
Foreign province/county _____	[12]	
Foreign postal code _____	[13]	
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) ___	[14]	
Description of other type (Type code #8) _____	[15]	
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y,N) _____	[16]	
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]	
Fair rental days (if not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]	
Percentage of ownership if not 100% _____	[22]	
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]	

Rent and Royalty Income

Rents and royalties	2024 Information	Prior Year Information
_____ + _____	[33]	
_____ + _____		

Rent and Royalty Expenses

	2024 Information	Percent if not 100%	Prior Year Information
Advertising _____	+ _____ [35]	_____ [36]	
Auto _____	+ _____ [38]	_____ [39]	
Travel _____	+ _____ [41]	_____ [42]	
Cleaning and maintenance _____	+ _____ [44]	_____ [45]	
Commissions: _____	+ _____ [47]	_____ [49]	
_____	+		
Insurance: _____	+ _____ [50]	_____ [52]	
_____	+		
Legal and professional fees _____	+ _____ [54]	_____ [55]	
Management fees: _____	+ _____ [57]	_____ [59]	
_____	+		
Mortgage interest paid to banks, etc (Form 1098) _____	+ _____ [60]	_____ [62]	
_____	+		
Other mortgage interest _____	+ _____ [63]	_____ [65]	
Qualified mortgage insurance premiums _____	+ _____ [66]	_____ [67]	
Other interest: _____	+ _____ [69]	_____ [71]	
_____	+		
Repairs _____	+ _____ [72]	_____ [73]	
Supplies _____	+ _____ [75]	_____ [76]	
Taxes: _____	+ _____ [78]	_____ [80]	
_____	+		
Utilities _____	+ _____ [81]	_____ [82]	
Depreciation _____	+ _____ [84]	_____ [85]	
Depletion _____	+ _____ [87]	_____ [88]	
Other expenses: _____	+ _____ [90]		
_____	+		
_____	+		
_____	+		
_____	+		

Control Totals +

	<b>2024 Information</b>	<b>Prior Year Information</b>
State and local income tax refunds	+ _____ [5]	

	<b>T/S</b>	<b>Agreement Date</b>	<b>2024 Information</b>	<b>Prior Year Information</b>
Alimony received	___	_____	+ _____ [3]	
	___	_____	+ _____ [3]	

**\*\*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**	+ _____ [9]	+ _____ [10]	
Unemployment compensation federal withholding	+ _____ [9]	+ _____ [10]	
Unemployment compensation state withholding	+ _____ [9]	+ _____ [10]	
Unemployment compensation repaid	+ _____ [12]	+ _____ [13]	
Alaska Permanent Fund dividends	+ _____ [18]	+ _____ [19]	

	<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	+ _____ [15]	
---			_____	+	
---			_____	+	
---			_____	+	
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NOTES/QUESTIONS:

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

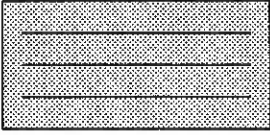
Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

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. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2024. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2024 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

**Preparer - Enter on Screen Educate2**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [8]  
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit) \_\_\_\_\_  
 Student's social security number \_\_\_\_\_  
 Student's first name \_\_\_\_\_  
 Student's last name \_\_\_\_\_

**Institution Information**

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution

Institution's federal identification number \_\_\_\_\_ [8]  
 Institution's name \_\_\_\_\_  
 Institution's street address \_\_\_\_\_  
 Institution's city, state, zip code \_\_\_\_\_

**Tuition Paid and Related Information**

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2024.  
 Enter the amount actually paid during 2024.

	2024 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) <b>(Box 1)</b>	+ _____ [8]	[8]
Educational institution changed its reporting method for 2024 <b>(Box 3)</b>	_____	
Adjustments made for a prior year <b>(Box 4)</b>	_____	
Scholarships or grants <b>(Box 5)</b>	_____	
Adjustments to scholarships or grants for a prior year <b>(Box 6)</b>	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2025 <b>(Box 7)</b>	_____	
At least half-time student <b>(Box 8)</b>	_____	
Graduate student <b>(Box 9)</b> (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund <b>(Box 10)</b>	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2024

**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		
[1] _____	+ _____ [2]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
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>		
[4] _____	+ _____ [5]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
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>		
[7] _____	+ _____ [8]	
_____	+ _____	
Prescription medicines and drugs:		
[10] _____	+ _____ [11]	
_____	+ _____	
[13] Miles driven for medical items (21 cents)	+ _____ [14]	

**Schedule A - Tax Expenses**

T/S/J	2024 Information	Prior Year Information
State/local income taxes paid:		
[18] _____	+ _____ [19]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
2023 state and local income taxes paid in 2024:		
[21] _____	+ _____ [22]	
_____	+ _____	
_____	+ _____	
Real estate taxes paid:		
[24] _____	+ _____ [25]	
_____	+ _____	
_____	+ _____	
Personal property taxes:		
[27] _____	+ _____ [28]	
_____	+ _____	
Other taxes, such as: foreign taxes and State disability taxes		
[30] _____	+ _____ [31]	
_____	+ _____	
_____	+ _____	
Sales tax paid on major purchases:		
[36] _____	+ _____ [37]	
_____	+ _____	
Sales tax paid on actual expenses:		
[39] _____	+ _____ [40]	
_____	+ _____	
_____	+ _____	

Control Totals +

T/S/J		2024 Interest Paid <sup>2]</sup>	2024 Points Paid	Type*	Prior Year Information
	Home mortgage interest: From Form 1098				
[1]	_____	+ _____	+ _____		
	_____	+ _____	+ _____		
	_____	+ _____	+ _____		
	_____	+ _____	+ _____		
	_____	+ _____	+ _____		
	_____	+ _____	+ _____		
	_____	+ _____	+ _____		
	_____	+ _____	+ _____		

**\*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			
[4]	_____	_____	+ _____ [5]	
	Address _____			
	City, state and zip code _____			
	_____	_____	+ _____	
	Address _____			
	City, state and zip code _____			
	_____	_____		
	_____	_____		

**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 \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2024 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2024 (Preparer use only) + \_\_\_\_\_ [12]  
 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:		
[15]	_____	+ _____ [16]	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	

T/S/J 2024 Information Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

Table with 3 columns: T/S/J, 2024 Information, and Prior Year Information. Rows include contributions made by cash or check, volunteer miles driven, and noncash items.

Miscellaneous Deductions

T/S/J 2024 Information Prior Year Information

Other expenses

Table with 3 columns: T/S/J, 2024 Information, and Prior Year Information. Rows include other expenses and gambling losses.

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	[4]	
State postal code _____	[2]	
Indicate type of health or medical savings account:		
HSA	__ [6]	
Archer MSA	__ [7]	
MA (Medicare Advantage) MSA	__ [9]	
Total HSA/MSA contributions made		
for 2024 (Enter all amounts contributed, including through employer cafeteria plans) + _____	[10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	__ [12]	
Number of months in qualified high deductible health plan in 2024	__ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	__ [14]	
Total HSA/MSA contribution to be made for 2024 + _____	[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) + _____	[16]	
Excess contributions for 2023 taken as constructive contributions for 2024 + _____	[19]	
Rollover contribution (Form 5498-SA, Box 4) + _____	[21]	

**Complete this section if your account is an Archer MSA or MA MSA**

Amount of annual deductible	+ _____ [24]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2024? (Y, N) \_\_\_\_\_ [33]

**NOTES/QUESTIONS:**

### Child and Dependent Care Expenses

Please enter all amounts paid in 2024 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2023 employer-provided dependent care benefits used during 2024 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2024	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2024		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2024 + \_\_\_\_\_ [7]  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2024 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2024 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2024 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2024 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_