

Taxpayer Name: _____

Taxpayer SSN: _____

Private Mailbox Number
Unit Type
City
State
Zip Code

In Care Of:

First Name
Middle Initial
Last Name
Social Security Number

If address is in a foreign country, enter that country

Foreign province/county

Foreign postal code

If a bona fide resident of a U.S. territory,
enter territory

Preparer's Information

Preparer's Name
Firm's Name
Street
City
State
Zip Code

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer's Signature
Spouse's Signature

Date:
Date:

Accounts General

Taxpayer Name: _____

Taxpayer SSN: _____

2 If you are due a refund, how do you want to receive it?

<input type="checkbox"/>	Check sent to you in the mail
<input type="checkbox"/>	Apply to next year's estimates
<input type="checkbox"/>	Direct deposit (please provide voided blank check)
	Account Number _____
Account Type	Checking Savings

If you owe taxes, how do you want to pay them?

<input type="checkbox"/>	Paper check sent with my return
<input type="checkbox"/>	Credit card
<input type="checkbox"/>	Installment Agreement
<input type="checkbox"/>	Direct debit (please provide a voided blank check)
	Account Number _____
Account Type	Checking Savings

3 Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name	_____
Phone Number	_____
PIN (5 digit PIN)	_____

Accounts Serve

Taxpayer Name: _____

Taxpayer SSN: _____

Bank Account Information

Account holder first or Business name

Middle Initial

Last Name

Bank Name

Routing Number

Account Number

Type of Account

Account Type

Will these funds be coming from/going to an account outside the United States?

Bank Account 1		Bank Account 2		Bank Account 3	
Checking	Savings	Checking	Savings	Checking	Savings
Personal	Business	Personal	Business	Personal	Business
Yes	No	Yes	No	Yes	No

Accounts Serve

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

Employer Identification Number _____ (do not enter Social Security Number)

Principal business or profession _____

Business name _____

Business address _____

City _____ State _____ Zip Code _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method Cash Accrual Other - Specify _____
- 2 Did you "materially participate" in this business? Yes No
- 3 Check ('X') if you started or acquired this business in tax year
- 4 Did you make any payments in the tax filing year that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 _____
- 15 Income reported on 1099 MISC
- 16 Gross amount of payment card/third party network transactions from Form 1099-K
- 17 Professional gambler winnings from Form W2-G
- 18 Gross installment sales less cost of goods sold
- 19 Returns and allowances
- 20 Other income

	Current Year Amount	Prior Year Amount
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Inventory (Enter "X" where applicable)

- 21 Method(s) used to value closing inventory Cost Lower of cost or market Other
- 22 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

- 23 Inventory at the beginning of year
- 24 Purchases less cost of items withdrawn for personal use
- 25 Cost of labor
- 26 Materials and supplies
- 27 Other Costs
- 28 Inventory at end of year

	Current Year Amount	Prior Year Amount
23		
24		
25		
26		
27		
28		

Assets Placed in Service This Year

Description:

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
29	Advertising	29	
30	Contract labor	30	
31	Commissions and fees	31	
32	Depletion	32	
33	Employee benefit programs (other than on line 39)	33	
34	Insurance (other than health)	34	
Interest:			
35	Mortgage (paid to banks, etc.)	35	
36	Other	36	
37	Legal and professional services	37	
38	Office expense	38	
39	Pension and profit-sharing plans	39	
Rent or Lease:			
40	Machinery rental or lease	40	
41	Equipment rental or lease	41	
42	_____	42	
43	_____	43	
44	_____	44	
	Other business property rental or lease		
45	_____	45	
46	_____	46	
47	_____	47	
48	Repairs and maintenance	48	
49	Supplies (not included in inventory cost of goods sold)	49	
50	Taxes and licenses	50	
Travel and Meals:			
Travel			
51	_____	51	
52	_____	52	
53	_____	53	
54	_____	54	
Meals			
55	Enter "X" in the box if subject to DOT hours of service limits	55	<input type="checkbox"/>
56	Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied	56	<input type="checkbox"/>
57	Meals subject to percentage limitation	57	
58	_____	58	
59	_____	59	
60	_____	60	
61	_____	61	
Meals not subject to percentage limitation (100% allowed)			
62	_____	62	
63	_____	63	
64	_____	64	
65	_____	65	
66	Utilities	66	
67	Wages	67	
Other Expenses:			
68	_____	68	
69	_____	69	
70	_____	70	
71	_____	71	
72	_____	72	
73	_____	73	
74	_____	74	
75	_____	75	
76	_____	76	

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Name _____

SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: Daycare

Home Office Expenses

Area of Home

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples

2 Total area of home

Daycare only - Part of Home Used Nonexclusively for Daycare

3 Multiply days used for daycare during year by hours used per day

4 Enter total hours home was available for daycare during year

Expenses related to entire home including business portion (Indirect)

5 Casualty losses

6 Excess mortgage interest

7 Excess real estate taxes

8 Insurance

9 Rent

10 Repairs and maintenance

11 Utilities

12 Other Expenses:

a _____ 12a

b _____ 12b

c _____ 12c

d _____ 12d

e _____ 12e

Business Allocation:

Business 1: _____

Business 2: _____

Business 3: _____

Business 4: _____

	Current Year Amount	Prior Year Amount
1		
2		

3		
4		

5		
6		
7		
8		
9		
10		
11		

12a		
12b		
12c		
12d		
12e		

	Current Year Allocation %	Prior Year Allocation %

Business:

Additional expenses related to business portion only (Direct)

13 Casualty losses

14 Excess mortgage interest

15 Excess real estate taxes

16 Insurance

17 Rent

18 Repairs and maintenance

19 Utilities

20 Other Expenses:

a _____ 20a

b _____ 20b

c _____ 20c

d _____ 20d

e _____ 20e

	Current Year Amount	Prior Year Amount
13		
14		
15		
16		
17		
18		
19		

20a		
20b		
20c		
20d		
20e		

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

Filer

- 1 Enter total traditional IRA contributions made for current tax year 1
- 2 Enter contributions, on line 1, made after 12/31 and before 04/15 after tax year ended 2
- 3 Enter value of all traditional IRAs on 12/31 of the tax year 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1 of the current tax year 4

Current Year Amount	Prior Year Amount

Spouse

- 5 Enter total traditional IRA contributions made for current tax year 5
- 6 Enter contributions, on line 5, made after 12/31 and before 04/15 after tax year ended 6
- 7 Enter value of all traditional IRAs on 12/31 of the tax year 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1 of the current tax year 8

Roth IRA Contributions

Filer

- 1 Enter Roth IRA contributions for the current tax year 1
- 2 Enter value of all Roth IRAs on 12/31 of the tax year 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2024 Roth IRA contributions for the current tax year 3
- 4 Enter value of all Roth IRAs on 12/31 of the tax year 4

SIMPLE IRA

Filer

- 1 Enter value of all SIMPLE IRAs on 12/31 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31 2

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Education (Coverdell ESA)

Filer

- 1 Enter 2024 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2024 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31 4

Other

Filer

- 1 Repayment of qualified reservist distributions 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Repayment of qualified reservist distributions 2

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