ORGANIZER Page 1 Tax Organizer 2024 1040 US Tax Return Appointment Solowitz & Associates CPA's Inc 71650 Sahara Rd Ste 1 Date: Rancho Mirage CA 92270 Time: Telephone number: (760) 423-0133 Location: Fax number: (888) 327-5901 E-mail address: nona@solowitzassociates.com This tax organizer will assist you in gathering information necessary for the preparation of your 2024 tax return. Please enter all pertinent 2024 information. NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement. NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement. CLIENT INFORMATION Taxpayer First name and initial.... Last name..... Title/suffix..... Social security number... Occupation..... Date of birth (m/d/y).... Date of death (m/d/y).... 1=blind..... Home phone..... Work phone..... Work extension.... Cell phone..... E-mail address... In care of..... Street address.... Apartment number. Address City. State..... ZIP code..... **DEPENDENTS** Dependent No. Dependent No. First name....... Last name..... Title/suffix..... Date of birth (m/d/y).... Date of death (m/d/y) Date of adoption (m/d/y) Social security number... Relationship..... Months lived at home... Dependent No. Dependent No. First name..... Last name..... Title/suffix..... Date of birth (m/d/y).... Date of death (m/d/y) Date of adoption (m/d/y) .

Social security number...

Relationship.....

Months lived at home....

4	1040	US	Tax Organizer		
	<u> </u>	jovernme	se enter all pertinent 2024 inform nt form for an item, check the bo	ation. If you have attached x and do not enter a 2024 a	mount.
	GES, SALAF oyer name:	RIES AND	TIPS	2024 Amount	2023 Amount
				Attach Forms W-2	
	EREST INCC r name:	OME			
				Attach Forms 1099-INT	
	DEND INCO)ME			
				Attach Forms 1099-DIV	
	ISIONS, IRA r name:	AND GA	MBLING INCOME	Attach Forms 1099-R & W-2G	
Payer	r name:	eported on \	MBLING INCOME	- 1099-R & W-2G	
Payer	Winnings not r Total gambling Form 1099-B - Form 1099-MIS Form 1099-K -	eported on \ y losses NMENT F Sales of sto SC - Miscella Merchant c	N-2G	Attach Fo	rms 1099
OTH	Winnings not r Total gambling HER GOVER Form 1099-B - Form 1099-K - Form 1099-S - Form 1099-G -	eported on \ losses NMENT F Sales of sto SC - Miscella Merchant ca Sales of rea	ORMS - INCOME ock (also include transaction history) aneous income	Attach Fo	rms 1099
OTH	Winnings not r Total gambling HER GOVER Form 1099-B - Form 1099-K - Form 1099-G - ayer: Form 5SA-109 Form 1099-G - Form 1099-Q (§ Form 1099-QA/	eported on North Indiana Properties of State tax results of the State t	ORMS - INCOME ock (also include transaction history) aneous income ard and third party network payments al estate (also include closing statements)	Attach Forms 1099 Attach Forms 1099	rms 1099

ORGANIZER Tax Organizer US 2024 1040 MISCELLANEOUS INCOME Taxpayer: Alimony received Spouse: Alimony received Other: RETIREMENT PLAN CONTRIBUTIONS 2024 Amount 2023 Amount Taxpayer: Traditional IRA contributions (1=maximum) Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) Spouse: Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) OTHER GOVERNMENT FORMS - DEDUCTIONS Attach Forms 1098 Form 1098-T - Tuition and related expenses AFFORDABLE CARE ACT Attach Forms 1095 Form 1095-A - Health Insurance Marketplace Statement ADJUSTMENTS TO INCOME Taxpayer: Other adjustments to income: Alimony paid - Recipient name & SSN Spouse: Self-employed health insurance premiums Educator expenses Other adjustments to income: Alimony paid - Recipient name & SSN MEDICAL AND DENTAL EXPENSES Prescription medicines and drugs Doctors, dentists and nurses..... Hospitals and nursing homes Insurance premiums Insurance reimbursement Out-of-pocket lodging and transportation expenses Number of medical miles..... Other: **TAXES PAID**

State income taxes - 1/24 payment on 2023 state estimate

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TAX	ES PAID (c	ontinued)		2024 Amount	2023 Amount
	-		3 state extension		
	income taxes -	•			
		•	years and/or to other states		
			nent on 2023 city/local estimate		
-			h 2023 city/local extension		
_					
-			h 2023 city/local return		
			pt autos and special items)		
	•	-	es		
			ırn		
			above		
			ft, and other special items		
			dence		
Real e	estate taxes - _I	property held	for investment		
Foreig	ın income taxe	es			
_	ersonal proper		uding automobile fees in some states)	Attach Tax Notice	
	mortgage inte	_	nts paid:		
				Attach Forms 1098	
				Attach Forms 1096	
Home m	nortgage interest r	ot on Form 1098	(include name, SSN, & address of payee):		
_					
Points	not reported	on Form 1098	3.		
i oiiits	, not reported	011 1 01111 1070			
Invest	ment interest	(interest on n	nargin accounts):		
			gg		
	ve interest		·····		
CAS	H CONTRIE : No deduction	BUTIONS is allowed for			
NOTE	H CONTRIE : No deduction from the don	BUTIONS is allowed for ee, showing to	or cash or check contributions unless the do		
NOTE Volunt	H CONTRIE : No deduction from the don	BUTIONS is allowed for ee, showing to the control of the control	or cash or check contributions unless the dother name of the organization, contribution of the organization contribution of the organization contribution of the organization contribution of the organization, contribution of the organization, contribution of the organization, contribution of the organization, contributions are contributed to the organization of the organization organization of the organization of the organization organization organization organization organization organization organiza		
Volunt Number	H CONTRIE : No deduction from the don	a is allowed for ee, showing to cout-of-pocker e miles	or cash or check contributions unless the dothe name of the organization, contribution of		
NOTE Volunt Numbe NON	H CONTRIE : No deduction from the don teer expenses er of charitable CASH CON	autions is allowed for ee, showing for the control of the control	or cash or check contributions unless the dothe name of the organization, contribution of	ate(s), and contribution amount(s).
NOTE Volunt Numbe	H CONTRIE : No deduction from the don teer expenses er of charitable CASH CON	autions is allowed for ee, showing for the control of the control	or cash or check contributions unless the dothe name of the organization, contribution of	ate(s), and contribution amount(s).
Volunt Number NOTE	H CONTRIE : No deductior from the don teer expenses er of charitable CASH CON : No deduction a deduction to	a is allowed for ee, showing to ee,	or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of the name of the organization, contribution of the name of the	ate(s), and contribution amount(s).
Volunt Number NOTE	H CONTRIE : No deductior from the don teer expenses er of charitable CASH CON : No deduction of the deduc	(out-of-pocker miles	or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of the name of the organization, contribution of the name of the	ate(s), and contribution amount(s).
Volunt Number NOTE	H CONTRIE : No deductior from the don teer expenses er of charitable ICASH CON : No deduction of a deduction of the deduc	(out-of-pockee miles	or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of the name of the organization, contribution of the name of the	ate(s), and contribution amount(s).
Volunt Number NOTE	H CONTRIE : No deductior from the don teer expenses er of charitable ICASH CON : No deduction of a deduction of the deduc	(out-of-pockee miles	or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of the name of the organization, contribution of the name of the	ate(s), and contribution amount(s).
Volunt Numbe NON NOTE MISC Union Tax re	teer expenses er of charitable CASH CON a deduction a deduction of the control of	GUTIONS In is allowed for ee, showing for ee, showing for ee, showing for ee, showing for end of the for any item value on fee	or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of the name of the organization, contribution of the name of the	ate(s), and contribution amount(s).
Volunt Numbe NON NOTE MISC Union Tax re Safe c	H CONTRIE : No deduction from the don teer expenses er of charitable CASH CON : No deduction of the deduc	GUTIONS In is allowed for ee, showing to ee, showin	or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of the name of the organization, contribution of the name of the	ate(s), and contribution amount(s).
Volunt Numbe NON NOTE MISC Union Tax re Safe colorest	H CONTRIE : No deduction from the don	GUTIONS In is allowed for ee, showing to ee, showi	or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of the name of the organization, contribution of the name of the	ate(s), and contribution amount(s).
Volunt Numbe NON NOTE MISC Union Tax re Safe of Invest Estate	H CONTRIE : No deduction from the don	GUTIONS In is allowed for ee, showing to ee, showin	or cash or check contributions unless the dothe name of the organization, contribution of the name of the na	ate(s), and contribution amount(s).
Volunt Numbe NON NOTE MISC Union Tax re Safe of Invest Estate	H CONTRIE : No deduction from the don	GUTIONS In is allowed for ee, showing to ee, showin	or cash or check contributions unless the dothe name of the organization, contribution of the name of the na	ate(s), and contribution amount(s).
Volunt Numbe NON NOTE MISC Union Tax re Safe c Invest Estate Unrein	H CONTRIE : No deductior from the don teer expenses er of charitable CASH CON : No deduction a deduction to CELLANEO and profession eturn preparati deposit box rei ment expense et ax, section et mbursed emplo	GUTIONS In is allowed for ee, showing to ee, showin	or cash or check contributions unless the dothe name of the organization, contribution of the name of the na	ate(s), and contribution amount(s).
Volunt Numbe NON NOTE MISC Union Tax re Safe of Invest Estate	H CONTRIE : No deductior from the don teer expenses er of charitable CASH CON : No deduction a deduction to CELLANEO and profession eturn preparati deposit box rei ment expense et ax, section et mbursed emplo	GUTIONS In is allowed for ee, showing to ee, showin	or cash or check contributions unless the dothe name of the organization, contribution of the name of the na	ate(s), and contribution amount(s).

Page 5 ORGANIZER **Miscellaneous Questions** US 2024 1040 If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary. PERSONAL INFORMATION YES NO Did your marital status change during the year? Did your address change during the year? Could you be claimed as a dependent on another person's tax return for \${Y+00}? **DEPENDENTS** Were there any changes in dependents? Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2024? Did you have any children under age 19 or full-time students under age 24 at the end of 2024, with interest and dividend income in excess of \$1,300, or total investment income in excess of \$2,600? **HEALTH CARE COVERAGE** Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach. INCOME Did you receive unreported tip income of \$20 or more in any month? Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in \${Y+00}? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven? Does anyone owe you money which has become uncollectible?

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2024	1040	US	Miscellaneous Questions (continued)	
	If any	of the foll app	owing items pertain to you or your spouse for 2024, please check the ropriate box and provide additional information if necessary.	
YES	NO		EEMENT PLANS eceive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?	
		Did you m	nake a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?	
		Did you tr	ransfer or rollover any amount from one retirement plan to another retirement plan?	
		-	eceive a distribution from an Education Savings Account or a Qualified Tuition Program? your spouse, or a dependent incur any tuition expenses that are required to attend a college, university,	or
			ZED DEDUCTIONS nour a loss because of damaged or stolen property?	
		Did you w	vork out of town for part of the year?	
		Did you u	se your car on the job (other than to and from work)?	
		Did you a	IATED TAXES pply an overpayment of 2023 taxes to your 2024 estimated tax (instead of being refunded)? re an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax (instead of ?	f being
		Do you ex	spect your 2025 taxable income and withholdings to be different from 2024?	
			ELLANEOUS ant to allocate \$3 to the Presidential Election Campaign Fund?	
		Does you	r spouse want to allocate \$3 to the Presidential Election Campaign Fund?	
		May the II	RS discuss your tax return with your preparer?	
			ave an interest in or signature or other authority over a financial account in a foreign country, such as a securities account, or other financial account?	ı bank

Page 7 ORGANIZER **Miscellaneous Questions (continued)** US 2024 1040 If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary. MISCELLANEOUS (continued) YES NO Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? Was your home rented out or used for business? Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station? Did you engage the services of any household employees? Were you notified or audited by either the Internal Revenue Service or the State taxing agency? Did you or your spouse make any gifts to an individual that total more than \$18,000, or any gifts to a trust? Did your bank account information change within the last twelve months? At any time during 2024, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

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24	1040	US	Direct	Depo	sit & Estim	ates (Fo	orm 104	40 ES)		3,
DIRF	CT DEPO	SIT / FI			all pertinent 20	024 informa	ation.			
l=direct	t deposit of fed ronic payment	leral tax refu of balance d	nd into bank ue	account	······					
BANI	K INFORN		I	ercent to Deposit (xx.xx)	Routing Numbe	ēr	Account No	umber	Type of Account (Table 1)	Type of Invest. (Table 2)
	Tallio C	. Dariik		(AAAA)	Trouting Hamb		7.000din N	<u> </u>	(Tubic I)	(10010 2)
 2024	ESTIMATI	ED TAX /	1040-ES	(6)						
eder Overpay		from 2023		• •	unt Paid	Date	e Paid	TS	2024 Voucher Amo	ount
rd qua	arter payment. rter payment rter payment									
	Additional Es Tax Paym									
	th extension spouse SSN if j		—							
State Overpay	ment applied fr	rom 2023		Amo	unt Paid	Date	e Paid	TS	2024 Voucher Amo	ount
2nd qua 3rd quar	ter payment rter payment rter payment rter payment									
	Additional Es Tax Paym									
Paid wit	h extension									
	1	Type of Acc 1 = Savings 2 = Checkin			1 = Checking or savin 2 = Taxpayer's IRA (n 3 = Spouse's IRA (nev 4 = Health savings ac 5 = Archer MSA	gs (default) ext year limits) t year limits)	7 = Other 8 = Taxpay	ell savings acco er's IRA (curren 's IRA (current	t year limits)	

ORGANIZER Page 9 Direct Deposit & Estimates (Form 1040 ES) (cont.) US 1040 7.1 2024 Please enter all pertinent 2024 information. **APPLICATION OF 2024 OVERPAYMENT (7.1)** If you have an overpayment of 2024 taxes, do you want the excess refunded? or applied to 2025 estimate? Other (please explain): 2025 ESTIMATED TAX INFORMATION Do you expect your 2025 taxable income to be different from 2024? If "yes" explain any differences in income, deductions, dependents, etc.: Do you expect your 2025 withholding to be different from 2024? If "yes" explain any differences:

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Wages, Pensions, Gambling Winnings 10, 13.1, 13.2 US 2024 1040 Please enter all pertinent 2024 amounts & attach all W-2, W-2G and 1099-R forms. Last year's amounts are provided for your reference. WAGES, SALARIES, TIPS (10) Wages, Tips, Other 1=retirement Tax Withheld plan (Box 13) Social Name of Employer (Box c) Federal Medicare State Local Compensation Security (Box 4) No (Box 17) (Box 19) 2023 (Box 2) (Box 6) 1=spouse (Box 1) Wages PENSIONS, IRA DISTRIBUTIONS (13.1) Distribution code #2 Tax Withheld Value of Taxable Gross Distribution code #1 all IRAs Amount (Box 2a) Distribution Name of Payer Federal State 2023 at No 1=IRA/SEP/SIMPLE (Box 1) (Box 4) (Box 14) 12/31/24 Distribution 1=spouse GAMBLING WINNINGS (W-2G) (13.2) Tax Withheld **Gross Winnings** Name of Payer 1=spouse 2023 (Box 1) No Federal (Box 4) State (Box 15) Local (Box 17) Winnings **GAMBLING LOSSES & WINNINGS (NON W-2G)** (13.2)2024 Amount TS 2023 Amount Total gambling losses..... Winnings not reported on Form W-2G

10, 13.1, 13.2

				· · · · · · · · · · · · · · · · · · ·
2024	1040	US	Interest & Dividend Income	11, 12

Please enter all pertinent 2024 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

INTEREST INCOME (11)

	Name of Paver	1		Interest Income		Tax-Exem	pt Interest	Early Withdrawal	
No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds	Penalty (Box 2)	2023 Interest
				•		•			

DIVIDEND INCOME (12)

		1_taypayor		Di	vidend Incor	me		Tax-Exem	pt Interest	Foreign	
No.	Name of Payer	2=spouse	Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 7)	2023 Dividends
	1	I			1		1	1			

2024 1040 US Itemized Deductions

25

Please enter all pertinent 2024 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

L	ast year's amounts are provided for your reference.	
MEDICAL AND DENTAL	EXPENSES	

Medicare insurance premiums on Sheet 14.	2024 Amount		2022 Amount
Procediation modicines and drugs	2024 Amount	TS	2023 Amount
Prescription medicines and drugs			
Octors, dentists and nurses			
· · · · · · · · · · · · · · · · · · ·			
nsurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)			
ong-term care premiums - taxpayer			
ong-term care premiums - spouse			
nsurance reimbursement (enter as a positive number)			
odging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			
offier friedical and defital expenses.			
$TAXES\ PAID$ (State and local withholding and 2024 estimates are auto	omatic.)		
State income taxes - 1/24 payment on 2023 state estimate			
State income taxes - paid with 2023 state return extension			
State income taxes - paid with 2023 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/24 payment on 2023 city/local estimate			
City/local income taxes - paid with 2023 city/local extension			
City/local income taxes - paid with 2023 city/local return			
SALES AND USE TAXES PAID			
State and local sales taxes (except autos and special items)			
Jse taxes paid on 2024 purchases			
Use taxes paid with 2023 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			
pales tax on boats, aircraft, other special items			
OTHER TAXES PAID			
Real estate taxes - principal residence:			
teal estate taxes - principal residence.			
Real estate taxes - held for investment :			
Real estate taxes - field for investment .			
ersonal property taxes (including auto fees in some states. Provide a copy of tax notice)			
foreign income taxes			
Other taxes:			

24	1040	US	Itemized Deductions (c	ontinued)			25
INT	Please ent	•	tinent 2024 amounts. Last year's a	nmounts are provide	d for yo	ur reference.	
			points (Box 5) reported on Form 1098:	2024 Amount	TS	2023 Amount	
		_	ot reported on Form 1098:				
	Payee's name Payee's SSN of	<u> </u>					
	Payee's street	-					
	Payee's city	<u> </u>					
	Payee's state.	<u> </u>					
	Payee's ZIP co	_					
	Payee's postal	<u> </u>					
	Payee's country	ry					
	Amount paid.						
Point	s not reported	on Form 109	8:				
		//					
inves	imeni interest	(interest on i	margin accounts):				
Passi	ve interest						
NOT	E: Points paid	on loans oth	er than to buy, build, or improve your main I also provide the dates and lives of the loans	nome are deductible over t	he life of t	he mortgage.	
	SH CONTI						
NOT	E: No deduction from the dor	n is allowed nee, showing	for cash or check contributions unless the detection that the name of the organization, contribution of	onor maintains a bank reco late(s), and contribution a	ord, or a w mount(s).	ritten communication	
Churc	ches, schools, h	nospitals, an	d other charitable organizations (60% limitat	ion):			
С	ontributions by	cash or che	ck:				
V	olunteer expen	ses (out-of-p	oocket)		1 1		

25 _{p2}

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

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Itemized Deductions (continued) 1040 US 2024 25 p3

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions ar	e over \$500. No deduction is all	owed for contributions of cla	thing and household items
that are not in <i>good</i> used condition or better.	In addition, a deduction for any	item with minimal monetar	y value may be denied.

0% limitation (see above):	2024 Amount	TS	2023 Amount
-			
6 limitation (see above):			
,			
% capital gain property (gifts of capital gain property to 50% limit orgs.):			
-			
% capital gain property (gifts of capital gain property to non-50% limit orgs.):			
-			
· · · · · ·			
_):		
_):		
_):		
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):		
ner unreimbursed employee expenses (uniforms and protective clothing, sfessional subscriptions, employment agency fees, and certain edu. expenses):		
ner unreimbursed employee expenses (uniforms and protective clothing, ifessional subscriptions, employment agency fees, and certain edu. expenses):		
ner unreimbursed employee expenses (uniforms and protective clothing, ifessional subscriptions, employment agency fees, and certain edu. expenses):		
ner unreimbursed employee expenses (uniforms and protective clothing, ifessional subscriptions, employment agency fees, and certain edu. expenses):		
ner unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses):		
her unreimbursed employee expenses (uniforms and protective clothing, protessional subscriptions, employment agency fees, and certain edu. expenses):		
her unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses):		
ner unreimbursed employee expenses (uniforms and protective clothing, offessional subscriptions, employment agency fees, and certain edu. expenses extrement expenses:):		
ner unreimbursed employee expenses (uniforms and protective clothing, offessional subscriptions, employment agency fees, and certain edu. expenses estment expenses:):		
ner unreimbursed employee expenses (uniforms and protective clothing, ifessional subscriptions, employment agency fees, and certain edu. expenses estment expenses: Compared to the compare):		
restment expense: x return preparation fee fe deposit box rental scellaneous deductions (2% AGI) (certain legal and accounting fees.			
her unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense: vestment expense:			
restment expense: x return preparation fee fe deposit box rental scellaneous deductions (2% AGI) (certain legal and accounting fees.			
ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense:			

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2024	1040	US	Itemized Deductions (continued)	25 n4
2027	1010	00	iterrized beddetteris (cortifiaed)	20 p4

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

ER MISCELLANEOUS DEDUCTIONS	2024 Amount	TS	2023 Amount
ax, section 691(c)			
iscellaneous deductions:			

2024 1040 US Itemized Deductions (continued) 25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- 1. Total home equity debt exceeded \$100,000 at any time during 2024 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
- 2. Total home acquisition debt exceeded \$750,000 at any time during 2024 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2024 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

	2024 Amount	TS	2023 Amount
air market value of the property on the date that the last debt was secured.		\perp	
ome acquisition and grandfather debt on the date that the last debt was secured			
OAN INFORMATION			
oan #1			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid.			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2024			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2024			
Grandfather debt balance - beginning of year			
pan #2			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid.			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2024			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2024			
Grandfather debt balance - beginning of year			
Form			
1 = Schedule A (defa 2 = Business use of h	uult) nome		
3 = Schedule E	-		

Itemized Deductions (continued) US $25_{\ p5\ cont}$ 2024 1040

Please enter all pertinent 2024 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3	2024 Amount	TS	2023 Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2024			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2024			
Grandfather debt balance - beginning of year			
Loan #4			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2024			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2024			
Grandfather debt halance - heginning of year			

Form

1 = Schedule A (default) 2 = Business use of home 3 = Schedule E