



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2024 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2024 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2023 information is included for your reference. You do not need to make any 2023 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2023 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, Form 1099-NEC or Form 1099-K.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- Copies of invoices regarding residential clean energy improvements.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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Table of Contents

ORG1

Description	Page
Cover Sheet	ORG0
Topic Index	ORG2
General Questions.....	ORG3
Business/Investment Questions.....	ORG4
Additional Information	ORG5
Basic Taxpayer Information.....	ORG6
W-2, W-2G, 1099-R Income.....	ORG7
1099-MISC Income	ORG8
Social Security Benefits/Form 1099-G/Other Income	ORG10
Interest and Dividend Income	ORG11
Seller Financed Interest/Child's Interest and Dividends	ORG12
Medical and Tax Expenses	ORG13
Interest Paid and Cash Contributions	ORG14
Non-Cash Charitable Contributions.....	ORG14A
Miscellaneous Itemized Deductions	ORG15
Moving Expenses.....	ORG16
Employee Business Expenses	ORG17
Employee Home Office Expense	ORG17A
Car and Truck Expenses	ORG18
Business Income and Expenses	ORG19
Business Use of Home	ORG20
Sales of Stocks and Securities.....	ORG21
Sale of Your Home	ORG22
Installment Sales Income	ORG23
Sales of Business Property	ORG24
Rental and Royalty Income and Expenses.....	ORG25
Farm Rental Income and Expenses	ORG26
Farm Income and Expenses.....	ORG27
Adjustments to Income	ORG28
Dependent Care Expenses.....	ORG35
Education	ORG36
Tax Payments.....	ORG40
Household Employment Taxes	ORG41
K-1 Partnership – Partner's Questions.....	ORG45
K-1 S-Corporation – Shareholder's Questions	ORG46
K-1 Estate & Trust – Beneficiary's Questions.....	ORG47
K-1 Partnership Supplemental Business Expense.....	ORG48
Transferred Assets	ORG50
Additional Assets	ORG51
Foreign Earned Income.....	ORG52
State Information Worksheet	ORG60

Topic Index

ORG2

Alimony paid	ORG28	IRA distributions and rollovers.....	ORG7
Alimony received	ORG10	Keogh plan contributions	ORG28
Annuity payments received	ORG7	Medical and dental expenses	ORG13
Business income and expenses	ORG19	Miscellaneous income reported on 1099-MISC	ORG8
Car and truck expenses	ORG18	Miscellaneous income not from 1099-MISC	ORG10
Casualties and thefts.....	ORG3	Miscellaneous itemized deductions	ORG15
Charitable contributions	ORG14	Moving expenses.....	ORG16
Child and dependent care expenses	ORG35	Office in home expenses	ORG20
Dependent information	ORG6	Partnership income	ORG45
Depreciable property - additions	ORG51	Pension payments received	ORG7
Depreciable property - deletions	ORG50	Personal information	ORG6
Dividend income	ORG11	Railroad retirement benefits.....	ORG10
Education	ORG36	Rental income and expenses	ORG25
Employee business expense	ORG17	Royalty income and expenses	ORG25
Estate income.....	ORG47	S corporation income.....	ORG46
Estimated and other tax payments	ORG40	Sale of home.....	ORG22
Farm income and expenses	ORG27	Sales of business property	ORG24
Farm rental income and expenses	ORG26	Sales of stock, securities	ORG21
Foreign earned income	ORG52	Self-employed health insurance	ORG19
Gambling and lottery winnings	ORG7	SEP plan contributions.....	ORG28
Household employees	ORG41	SIMPLE plan contributions	ORG28
Health Insurance Coverage	ORG3A	Social security benefits.....	ORG10
Installment sales.....	ORG23	State and local tax refunds.....	ORG10
Interest income	ORG11	Taxes paid.....	ORG13
Interest paid (mortgage, etc)	ORG14	Trust income	ORG47
Investment interest expense.....	ORG14	Unemployment compensation.....	ORG10
IRA contributions	ORG28	Wages and salaries	ORG7

General Questions

ORG3

PERSONAL INFORMATION

	Yes	No
1 Did your marital status change during 2024? If yes , explain	<input type="checkbox"/>	<input type="checkbox"/>
2 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. Caution: Review any transferred information for accuracy. Designee's Name ▶ Phone Number ▶ Personal Identification Number (5 digit PIN)..... ▶	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you or your spouse plan to retire in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2024 or 2025): Taxpayer: _____ Spouse: _____		
6 Were you or your spouse a member of the U.S. Armed Forces during 2024?	<input type="checkbox"/>	<input type="checkbox"/>

DEPENDENT INFORMATION

	Yes	No
7 a Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want us to prepare the return(s)?	<input type="checkbox"/>	<input type="checkbox"/>
8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,600?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
9 Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you provide over half the support for any other person during 2024?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you incur adoption expenses during 2024?	<input type="checkbox"/>	<input type="checkbox"/>

IRA, PENSION AND EDUCATION SAVINGS PLANS

	Yes	No
12 Did you receive payments from a pension or profit-sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
14 a Did you convert all or part of a regular IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you roll over all or part of a qualified plan into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>

ITEMS RELATED TO INCOME/LOSSES

	Yes	No
16 Did you receive any disability payments in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you buy, sell, refinance, or abandon a principal residence or other real property in 2024? (Attach copies of any escrow statements or Forms 1099.)	<input type="checkbox"/>	<input type="checkbox"/>
19 a If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	<input type="checkbox"/>	<input type="checkbox"/>
b Are you planning to purchase a home soon?	<input type="checkbox"/>	<input type="checkbox"/>
c Did you incur any casualty or theft losses during 2024?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>

PRIOR YEAR TAX RETURNS

	Yes	No
21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

- 23 Did you have foreign income or pay any foreign taxes in 2024 ?
24a At any time during 2024, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2024 ?
25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?
26 Did you at any time during 2024, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?

HEALTH AND LIFE INSURANCE

- 27 Did you receive Form 1095-A (Health Coverage)? If so, please attach
28a Did you or your spouse have self-employed health insurance?
b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?
29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you?
30 Did you contribute to or receive distributions from a Health Savings Account (HSA)?

MISCELLANEOUS

- 31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024 ? If yes, please attach details
32 Did you purchase a motor vehicle or boat during 2024 ? If yes, attach documentation showing sales tax paid.
33 Did you purchase an energy efficient vehicle in 2024 ? If yes, enter year, make, model, and date purchased: also provide VIN:
34 Did you donate a vehicle in 2024 ? If yes, attach Form 1098C
35 What was the sales tax rate in your locality in 2024 ? % State ID
36 Did you or your spouse make gifts of over \$18,000 to an individual or contribute to a prepaid tuition plan?
37 Did you make gifts to a trust?
38 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? If yes, please attach details.
39 Did you or your spouse participate in a medical savings account in 2024 ? If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)
40 Did you make a loan at an interest rate below market rate?
41 Did you pay any individual for domestic services in 2024 ?
42 Did you pay interest on a student loan for yourself, your spouse, or your dependents?
43 Did you, your spouse, or your dependents attend post-secondary school in 2024 ?
44 Did a lender cancel any of your debt in 2024 ? (Attach any Forms 1099-A or 1099-C)
45 Did you receive any income not included in this Tax Organizer? If yes, please attach information.
46 At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?
47a Do you want to change the language with which the IRS communicates with you?
b If yes, which language?

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- 48 If your tax return is eligible for Electronic Filing, would you like to file electronically?
49 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?
Caution: Review transferred information for accuracy.

- 50 If yes, please provide the following information:
a Name of your financial institution
b Routing Transit Number (must begin with 01 through 12 or 21 through 32)
c Account number
d What type of account is this? Checking Savings

Please attach a voided check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2024 ? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
12 Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient Do you have records to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you purchase special fuels for non-highway use?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name.....	_____	_____
First name	_____	_____
Middle initial and suffix	MI Suffix	MI Suffix
Social security number	***-**-6789	_____
Occupation.....	_____	_____
Work phone/extension	_____	_____
Cell phone	_____	_____
E-mail address.....	_____	_____
Driver's License/Id issuing state	_____	_____
License /Id number.....	_____	_____
License/Id issue date	_____	_____
License/Id expiration date.....	_____	_____
Birthdate	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number
City.....	_____ State.....	ZIP code.....
Home phone.....	_____ Foreign country	_____
Fax.....	_____ Foreign phone	_____

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year

Check this box if you are eligible to claim spouse's exemption

Check this box if your spouse itemizes deductions.....

4 Head of household

If the qualifying person is a child but not your dependent, enter

Child's name..... Child's social security number.....

5 Qualifying surviving spouse

Check the box for the year the spouse died 2022 2023

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Not qualified credit Other dep	Date of Birth *Not Citizen	2024 Child Care Expense
					+Months in U.S.	2023 Child Care Expense
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

** For the Dependent Code, enter the following: L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

1099-MISC Income and 1099-NEC Income

MISCELLANEOUS INCOME

Attach all copies of 1099-MISC and 1099-NEC forms here.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse			X
	Check if you did not receive income from this payer in 2024			
	Payer's name			
	Payer's federal identification number or			
	Payer's social security number			
1	Nonemployee compensation (Form 1099-NEC)			
1	Rents (Form 1099-MISC)			
2	Royalties			
3	Other income			
4	Federal income tax withheld			
5	Fishing boat proceeds			
6	Medical/health care payments			
8	Substitute payments			
9	Crop insurance proceeds			
10	Gross proceeds paid to an attorney			
11	Fish purchased for resale			
12	Section 409A deferrals			
13	Excess golden parachute payments			
14	Nonqualified deferred compensation			
15	State tax withheld – 1st state			
16	State name – two letters – 1st state			
	Payer's state number – 1st state			
17	State income – 1st state			
18	State tax withheld – 2nd state			
19	State name – two letters – 2nd state			
	Payer's state number – 2nd state			
20	State income – 2nd state			
	FATCA filing requirement			

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS		
<input checked="" type="checkbox"/> Attach all copies of SSA and RRB forms.	Taxpayer	Spouse
1 Social Security Benefits from Form SSA-1099.....		
2 Federal income tax withheld from Form SSA-1099		
3 Medicare B premiums withheld from Form SSA-1099		
4 Medicare C premiums withheld from Form SSA-1099		
5 Medicare D premiums withheld from Form SSA-1099		
6 Railroad Retirement Benefits from Form RRB-1099		
7 Federal income tax withheld from Form RRB-1099		
8 Medicare premiums withheld from Form RRB-1099.....		

FORM 1099-G

<input checked="" type="checkbox"/> Attach all copies of 1099-G forms.				
Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Check if Joint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name.....			
1	Unemployment compensation.....			
a	Unemployment benefits you repaid in 2024			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2023 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld.....			
5	RTAA payments.....			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain			
10a	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation	_____	_____	_____
b	State identification number			
11	State income tax withheld.....			

OTHER INCOME

	Nature and Source	2024 Taxpayer	2024 Spouse	2023 Combined
1	Alimony received			
2	Recovery of bad debts previously deducted			
3	Jury duty pay			
4	Gambling winnings not reported on W2G/1099.....			
5	Income from not for profit activities (hobbies).....			
6	Income from the rental of personal property.....			
7	Non-Government unemployment received/repaid in 2024			
8	Other Taxable income:			
a	Union unemployment benefits.....			
b	Private fund unemployment benefits.....			
c	State employee unemployment benefits			
9	Other miscellaneous income items:			
	Description:			

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2024	2023
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2024
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
	
	

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2023 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

QUALIFIED MORTGAGE INSURANCE PREMIUMS		
	2024	2023
Premiums paid in 2024 for qualified mortgage insurance not from Form 1098 import		

Interest Paid and Cash Contributions (continued)

ORG14

INVESTMENT INTEREST		
	2024	2023
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

LIMITED HOME MORTGAGE DEDUCTION					
If the mortgage meets the following reasons during 2024 complete the following: - The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or - You had home debt that was not used to buy, build or substantially improve the home that secures the loan					
	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1a Interest paid in 2024					
Points paid in 2024					
Months loan outstanding					
Principal pd on loan in 2024					
b Was all proceeds of this loan used to buy, build, or substantially improve the home? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					
2 Home Debt Origination on or after December 15, 2017					
Beginning of year balance ..					
Additional borrowed in 2024					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
3 Home Debt Origination after October 13, 1987 and Before December 15, 2017					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
4 Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2024	2023
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More		Fair Market Value	Prior Year Fair Market Value
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

***Methods of determining FMV:**

- Appraisal
- Average share
- Catalog
- Capitalization of income
- Comparative sales
- Consignment shop
- Present value
- Replacement cost
- Reproduction cost
- Thrift shop

****Type of Donated Property**

- Household/clothing items
- Motor vehicle, boat or airplane
- Art, other than self-created
- Art, self-created
- Collectibles
- Business equipment
- Business inventory
- Stock, publicly traded
- Stock, other than publicly traded
- Securities, other than stock
- Intellectual property
- Real property, conservation property
- Real property, other than conservation
- Other personal property
- Other intangible property

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Noncash Contributions

ORG14A

Copy 2

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____	<input type="checkbox"/>		
B _____	<input type="checkbox"/>		
C _____	<input type="checkbox"/>		
D _____	<input type="checkbox"/>		
E _____	<input type="checkbox"/>		
F _____	<input type="checkbox"/>		
G _____	<input type="checkbox"/>		
H _____	<input type="checkbox"/>		
I _____	<input checked="" type="checkbox"/>		

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

***Methods of determining FMV:**

- | | | | |
|---------------|--------------------------|-------------------|-------------|
| Appraisal | Capitalization of income | Present value | Thrift shop |
| Average share | Comparative sales | Replacement cost | |
| Catalog | Consignment shop | Reproduction cost | |

****Type of Donated Property**

- | | | |
|---------------------------------|-----------------------------------|--|
| Household/clothing items | Business equipment | Intellectual property |
| Motor vehicle, boat or airplane | Business inventory | Real property, conservation property |
| Art, other than self-created | Stock, publicly traded | Real property, other than conservation |
| Art, self-created | Stock, other than publicly traded | Other personal property |
| Collectibles | Securities, other than stock | Other intangible property |

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions (FOR STATE USE ONLY)

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2024	2023
Employee Business Expenses		
Note: If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check to code assets as Investment Expense <input type="checkbox"/>		
Use ORG50 to record dispositions.		
Use ORG51A to enter additional assets.		
Use ORG11a for investment expenses related to interest income.		
Use ORG11b for investment interest related to dividend income.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 a Government unemployment benefits repaid in 2024 <input type="checkbox"/>		
b Other expenses (list):		

OTHER MISCELLANEOUS DEDUCTIONS	2024	2023
12 Federal estate tax paid on income in respect of a decedent		
13 Amortizable bond premiums (acquired before 10/23/86)		
14 Gambling losses (to the extent of gambling income)		
15 Claim repayments		
16 Unrecovered investment in annuity		
17 Ordinary loss attributable to certain debt instruments		

Business Income and Expenses

ORG19

GENERAL INFORMATION

Is this activity a qualified trade or business under Section 199A? Yes No

1 Check ownership Taxpayer Spouse Joint

2 Business name _____

3 a Business street address _____

b 1 City, State and Zip Code, or _____

2 Foreign country (not applicable) _____

4 Principal business/profession _____

5 Employer ID number _____

6 Business code (Preparer Use Only) _____

7 Was this business fully disposed of in a fully taxable transaction during 2024? Yes No

8 Accounting method:
 Cash Accrual Other (specify) _____

9 Method used to value closing inventory:
 Cost Lower of cost or market Other (explain) _____

	Yes	No
--	------------	-----------

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) Yes No

11 Did you materially participate in the operation of this business during 2024? Yes No

12 Did you start or acquire this business during 2024? Yes No

13 a Did you make any payments in 2024 that require you to file Forms 1099? Yes No

b If yes, did you or will you file all the required Forms 1099? Yes No

14 At-risk determination:

a Is all of the investment in this activity at risk? Yes No

b Is some of the investment in this activity not at risk? Yes No

15 Did you have unallowed passive losses in 2023? Yes No

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No Yes

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No

d Was this business located in a Qualified Disaster Area? Yes No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2024	2023
17 Gross receipts or sales		
18 Returns and allowances plus other adjustments		
19 Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE	2024	2023
20 Inventory at beginning of year		
21 Purchases		
22 Items withdrawn for personal use		
23 Cost of labor (do not include your salary)		
24 Materials and supplies		
25 Other costs		
26 Inventory at end of year		

Business Income and Expenses (continued)

ORG19

EXPENSES	2024	2023
Business name _____		
27 Advertising		
28 Car and truck expenses (complete ORG18).....		
29 Commissions and fees		
30 Contract labor		
31 Depletion		
32 Depreciation and Section 179 deduction (Preparer Use Only).....		
33 Employee benefit programs:		
a Employee health insurance premiums		
b Other employee benefit programs		
34 Insurance (other than health)		
35 Self-employed health insurance attributable to this business		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098.....		
b Other		
37 Legal and professional services		
38 Office expenses		
39 Pension and profit-sharing plans		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property.....		
41 Repairs and maintenance		
42 Supplies (not included in cost of goods sold)		
43 Taxes and licenses not reported to you on Form 1098		
44 Travel and meals		
a Travel.....		
b Meals subject to 50% limit.....		
c Meals subject to 80% limit.....		
d Meals not subject to limit		
45 Utilities		
46 Gross wages		
47 Other expenses:		

48 Expenses for business use of your home (Preparer Use Only).....		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs		
50 DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018.....		
51 DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017		

Business Use of Home

ORG20

for: ORG19

copy: 1

Simplified method election for Home Office expenses: Elect the simplified method in 2024 instead of entering actual expenses

Elected the simplified method in 2023 instead of entering actual expenses

GENERAL INFORMATION		2024	2023
1	Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage)		
2	Area used only partly for day care (square footage)		
3	Total area of home (square footage)		
4	Daycare hours		
a	Number of weeks used for day care, if less than full year		
b	Number of days used for day care each week		
c	Number of days closed for holidays, vacations, etc.		
d	Number of hours used for day care each day		
e	Total hours used for day care		
f	Total hours available for use		
5	Enter the date you began using this home office for this business		
6	If part of your income is from a place of business other than this home, enter % of gross income from business use of this home		
7	Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only)		
8	Adjustment to losses from this business shown on Schedule D or Form 4797 (Preparer Use Only)		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2024		2023	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only)				
10 Total mortgage interest/points				
11 Mortgage interest/points on Form 1098				
12 Interest not on Form 1098				
13 Points not of Form 1098				
14 Real estate taxes				
15 Excess mortgage interest (Preparer Use)				
16 Excess real estate taxes (Preparer Use)				
17 Qualified mortgage insurance				
18 Other insurance				
19 Rent				
20 Repairs and maintenance				
21 Utilities				
22 Other expenses (e.g., rent)				
23 Carryover of operating expenses				
24 Excess casualty losses (Preparer Use Only)				
25 Depreciation of your home (Preparer Use Only)				
26 Carryover of excess casualty losses and depreciation				

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

26	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
27	Enter the land value included in cost for residence			

Sales of Stocks and Securities Basic Info

ORG21

Name	Social Security Number ***-**-6789
------	---------------------------------------

	Yes	No
1 Did you exchange any securities for other securities or any other property held for investment?	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you engage in any transactions involving traded options?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you engage in any transactions involving commodity future contracts and straddle positions?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you engage in any transactions involving <i>employee</i> stock options?	<input type="checkbox"/>	<input type="checkbox"/>
6 Schedule D included in the 2024 Federal income tax return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Enter details of specific security sales on Sales of Stocks and Securities (ORG21A)
Use Installment Sales Income (ORG23) to report installment sales.

Sales of Stocks and Securities

ORG21A

Name _____	Social Security Number ***-**-6789
------------	---------------------------------------

Name of reporting financial institution ▶ _____

Acct Number ▶ _____ **Reporter's Tax ID** . . . ▶ _____

Owner of account ▶ _____

Transactions were not reported to IRS . ▶

Quick Entry Table									
<i>The following adjustment codes may be entered in the table below if applicable: B, C, E, M, O, T, and W. (If the only adjustment is a disallowed wash sale loss (W), use the Disallowed Wash Sale field. Otherwise, use only the Adjustment Amount & Adjustment Code fields.)</i>									
Sale#	Property Description			Sales Price (Proceeds)		Cost or Other Basis		Disallowed Wash Sale	
8949 Box	Date Sold	Date Acquired							
Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?		Reported on Form 1099B?				
1									
			Yes	No	Yes	No	No	X	
2									
			Yes	No	Yes	No	No		
3									
			Yes	No	Yes	No	No		
4									
			Yes	No	Yes	No	No		

Note: For Sales Price, Cost Basis, or Adjustment Amount of \$10,000,000 or more, leave those fields blank and use the **Capital Gain (Loss) Adjustment Worksheet** after transferring. Additional adjustments and withholding are also supported on the **Capital Gain (Loss) Adjustment Worksheet**.

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property description: X
 Property type: * _____ If type is other, enter a description: _____
 Location (street address): _____
 City: _____ State: _____ Zip: _____
 If a foreign address: Foreign province or state: _____
 Foreign postal code: _____ Foreign Country: (not applicable)

Is this activity a qualified trade or business under Section 199A? Yes No

1 Check property owner **Taxpayer** **Spouse** **Joint** **Yes** **No**

2a Did you make any payments that would require you to file Form(s) 1099? **Yes** **No**

b If **yes**, did you or will you file all required Forms(s) 1099? **Yes** **No**

3a Enter the ownership percentage (if not 100%) _____

b If not 100%, are you reporting 100% of the income and expenses? **Yes** **No**

4 Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) **Yes** **No**

5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? **Yes** **No**

6 For all rental properties, **enter the number of days** during 2024 that:

a The property was rented at fair rental value _____

b The property was used personally or rented at less than fair rental value _____

c You owned the property, if not the entire year _____

7a Does this rental have multiple living units and you live in one of the units? **Yes** **No**

b If **yes**, enter percentage of rental use _____

8 Did you actively participate in this property's management during 2024 ? **Yes** **No**

9 Did you materially participate in this property's management during 2024 ? **Yes** **No**

10 Do you want to treat this property as non-passive? **Yes** **No**

11 Did this property have unallowed passive losses in 2023 ? **Yes** **No**

12 Did you dispose of this property in a fully taxable transaction? **Yes** **No**

13 Check this box if some of this investment was **not** at-risk **Yes** **No**

14a Treat all MACRS assets for this activity as qualified Indian reservation property? **Yes** **No**

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** **Extension** **No**

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? **Yes** **No**

d Was this activity located in a Qualified Disaster Area? **Yes** **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2024	2023
15 Rents or royalties received		

- * Property Types:**
- | | |
|--|--|
| <p>1 Single family residence</p> <p>2 Multi-family residence</p> <p>3 Vacation/short-term rental</p> <p>4 Commercial</p> | <p>5 Land</p> <p>6 Royalties</p> <p>7 Self-rental</p> <p>8 Other</p> |
|--|--|

Rent and Royalty Income and Expenses (continued)

ORG25

EXPENSES	2024	2023
Property location		
16 Advertising		
17a Automobile (complete ORG18 for autos).....		
b Travel.....		
18 Cleaning and maintenance		
19 Commissions.....		
20a Mortgage insurance premiums – qualified		
b Other insurance		
21 Legal and professional fees		
22 Management fees		
23a Mortgage interest paid to banks – qualified.....		
b Mortgage interest paid to banks – other		
24 Other interest		
25 Repairs.....		
26 Supplies.....		
27a Real estate taxes.....		
b Other taxes		
28 Utilities		
29 Other expenses:		
a		
b		
c		
d		
e		
30a Depreciation and Section 179 deduction (Preparer Use Only)		
b Depletion (Preparer Use Only)		

Adjustments to Income

ORG28

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2024		
2 Check if you were covered by a retirement plan at work.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute		
If you (a) received traditional IRA distributions during 2024 and you have made nondeductible IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, OR (b) choose to make any nondeductible traditional IRA contributions for 2024, please provide this information:		
6 Enter the value of all of your IRAs on 12/31/2024		
7 Enter the value of all recharacterizations after 12/31/2024		
8 Enter the amount of any outstanding rollovers as of 1/1/2025		
If you received IRA distributions during 2024, please complete ORG7.		

ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2024		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute		

SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
Money Purchase Plan Keogh and Multiple Plans:		
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2024		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2024	<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing Plan Keogh:		
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2024		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2024	<input type="checkbox"/>	<input type="checkbox"/>
Defined Benefit Plan Keogh:		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2024		
SEP:		
4 a Payments made and/or expected to be made to a SEP for 2024		
b Check this box if you wish to contribute the maximum amount to your SEP for 2024	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed SIMPLE Plan:		
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2024		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2024		
Individual 401(k):		
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2024		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2024		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2024.....		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2024	<input type="checkbox"/>	<input type="checkbox"/>
Roth 401(k):		
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2024		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2024		

ALIMONY PAID		
Recipient's name	Recipient's SSN	Alimony paid
1		
2		

Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES			
Enter below the persons or organizations who provided the child and dependent care.			
First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number SSN on first line OR EIN on second line	Amount Paid
Provider Phone			
1 .....	..... ..... Care at above address? <input checked="" type="checkbox"/> Tax-Exempt .. <input type="checkbox"/> Foreign <input type="checkbox"/>
2 .....	..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. <input type="checkbox"/> Foreign <input type="checkbox"/>
3 .....	..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. <input type="checkbox"/> Foreign <input type="checkbox"/>
4 .....	..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. <input type="checkbox"/> Foreign <input type="checkbox"/>
EXPENSES		2024	2023
1 Total employment taxes paid on wages for child care expenses			
2 Total expenses paid in 2024 but not incurred in 2024			
3 Total expenses incurred in 2024 but not paid in 2024			
4 Medical expenses paid for qualifying persons unable to care for themselves			
STUDENT/DISABLED PERSON INFORMATION FOR 2024		Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled in 2024, answer the following questions:			
a Number of months that taxpayer/spouse was a full-time student or disabled			
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here			

Education Information

ORG36

EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified expenses.

EDUCATOR EXPENSES	2024	2023
1 a Taxpayer educator expenses.....		
b Spouse educator expenses.....		

STUDENT LOAN INTEREST PAID

Student Loan Interest Reported on a 1098-E in 2024

2 a Enter detail below or total interest in Part 2b

Lender's Name	2024	2023
Total Student Loan Interest	2024	2023
2 b Enter the total interest paid on qualified student loans.....		

FORM 1099-Q

3 Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

* For the Type Code, enter the following:
 P = Private Qualified Tuition Program
 S = State Qualified Tuition Program
 E = Coverdell ESA

Household Employment Taxes

ORG41

GENERAL INFORMATION

Attach copies of your state payroll returns and other payroll forms.

Taxpayer Copy

- 1 Enter your employer identification number
- 2 Did you pay **any one** household employee cash wages of \$2,700 or more in 2024 ? **Yes** **No**
- 3 Did you withhold federal income tax during 2024 for any household employee? **Yes** **No**
- 4 Did you pay total cash wages of \$1,000 or more **in any calendar quarter** of **2023** or 2024 to **all** household employees? **Yes** **No**

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE	2024	2023
5 Enter total cash wages paid during 2024 that were:		
a Subject to social security taxes		
b Subject to Medicare taxes		
c Subject to FUTA taxes		
6 Enter federal income tax withheld during 2024		

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

Federal Unemployment Tax (FUTA) Questions: **Yes** **No**

- 7 Did you pay unemployment contributions to only one state? **Yes** **No**
- 8 Did you pay all state unemployment contributions for 2024 by April 15, 2025? **Yes** **No**
- 9 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? **Yes** **No**
- 10 Enter any unemployment compensation you paid for :

	State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
			2024	2023	2024	2023
a	—					
b	—					

- 11 Complete the following if you know your state experience rate:
- | | State A | State B |
|---|---------|---------|
| a State experience rate (e.g., enter 5.5 for 5.5%) | _____ | _____ |
| b State experience rate period — starting date (e.g., 01/01/2024) | | |
| c State experience rate period — ending date (e.g., 12/31/2024) | | |

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence		
2 Check the appropriate box if:	Taxpayer	Spouse
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____ School district: _____ School district number: _____		
	Taxpayer	Spouse
5 Check if disabled	<input type="checkbox"/>	<input type="checkbox"/>

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

		Yes	No
8 Did you file a state return for 2023?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded	<input type="checkbox"/>	b Apply to 2025 estimates	<input type="checkbox"/>
		c Apply to 2025 taxes	<input type="checkbox"/>
12 Additional state information: _____			

