	Pe	ersonal In	formatio	n			
			hanged from	prior year, cl	heck this box	. \square	
E	Tax	payer			Sp	ouse	
First Name & Initial Last Name							
Social Security No							
Date of Birth				-			
Occupation Home Phone				+			
Work Phone							
Other Phone							
E-Mail Address Street Address					Apt No		
City				State	Прило	Zip	
		Depend	lents				
					Months Living with	Student	
Name	Relationship	Date of Birth	Social Secu	urity Number	you	Disabled	Gross Income
						\	
						1	
						\	
						\ \	.,,
Do you have health insurance cov	erage from the Marketplace?					Yes	No
Did you receive unemployment or							
Did you purchase, sell or refinance							
Did you make any energy home in Did you convert a traditional/SEP		ng the year?					
Can you be claimed as a dependen		?					
Did you foreclose, file bankruptcy							
Did you make any purchases from Did you have any education exper		sales tax?					
Did you receive (as a reward, awa		ervices);					
or, sell, exchange, gift or otherwis	se dispose of a digital asset (or a	financial interes	t in a digitas as	sset)?			
	Requir	ed Docum	ent Chec	ek List			
Bring All Wage Statements (cu Bocuii		Security/Railr	oad Benefits (S	SA-1099)	
Bring All Pension, Annuity I				erest Income St			
Bring All Trust & Estate Do	cuments (K-1s)		Bring Div	idend Income I	Oocuments (109	99-DIV)	
Bring Property Sold Docum	ents (1099-S)		Bring Day	Care Stateme	nts		
Bring Real Estate Tax Bill			Bring any	letters received	d from IRS or	state	
Bring Health Ins Marketpla	ce Statements (1095s)		Bring Edu	ucation Forms (1098-T, 1099-C	2)	
Adjust	monts to Income				Other Inco	200	
Alimony Paid	ments to Income		Alimony Rece		Julei ilicoi	S	
Name	SSN		Gambling/Lot			S	
Amount Paid:	\$		(Bring W-2 G	s)			
IRA/SEP Contribution Taxpayer IRA/SEP Contribution Spouse	<u>\$</u> \$		Jury Duty Disability Inco	ome		S	
Student Loan Interest	\$		State Income			S	
Health Savings Account	\$	т ,	Other			S	
	Bring /	Investme All 1099-B's and		ı eline			
	_	10>> 2 5	· comm matro	Date			Sale
	Investment			Acquired	Date Sold	Basis (cost)	Price
		State Info	rmation				
If rent paid:	Amount \$	No Months		W / Heat Y/N			
	\$				_		
Health/Long Term Care Insuran Amount Paid for health insurance				Yes	No	٦	
Amount Paid for health insurance	- not employed or retired					1	
Amount Paid for health insurance	- employer did not contribute						
Note: If health insurance prem	iums are deducted pre-tax, dis	regard.					
		timated Ta	x Payment	ts			
	Federal		•		S	tate	
		-	Prior Year - Jan 1:				
1st Qtr - Apr 15, 2024 2nd Qtr - Jun 17, 2024		-	1st Qtr - Apr 15, 2 2nd Qtr - Jun 17,				
3rd Qtr - Sep 16, 2024		-	3rd Qtr - Sep 16,				
4th Qtr - Jan 15, 2025		-	4th Qtr - Jan 15, 2	2025			
Total			Total				
]	Itemized D	eductions				
Medical Dental Expenses			Charitable (Contributions	(Receipts Rec	quired)	
Medical Ins Prem (pd by you)			Church Cash (<u> </u>	
Long Term Care Insurance				You must have	receipts for cash of	contributions	
Prescription Drugs			Other Cash Co				
Glasses, Contacts			Donated Good				
Hearing Aids, Batteries					pts from organiza	ition	
Medical Equipment, Supplies			Organization of				
Hospital Doctor, Dentist, Specialist			Address				
			-				
Medical Miles		Miles	Volunteer mile	eage			Miles

Other			
Real Estate Taxes Paid	Duing Tax Dille	Missellaneous Evnenses	
Real Estate Taxes Paid Real Estate Taxes -Prin Residence	Bring Tax Bills	Miscellaneous Expenses Gambling Losses *	
Other Real Estate Taxes		Other	
Personal Property Tax		Other	-
Sales Tax		Other	
Other		Other	
Mortgage Interest Expense		_	
Mort Int Paid - Bring 1098			-
		_	-
Equity Line of Credit		_	
Use of Equity Loan		_	
Interest pd to others - no 1098 Paid to: Name		<u> </u>	-
Address			
			-
Soc Sec No/EIN			
Investment Interest		_	-
* Gambling losses require documented substa		_	
	Day Car	e Expenses	
Children cared for			
Provider 1		Provider 2	
Address		Address	
Soc Sec No/EIN	Amt Pd	Soc Sec No/EIN	Amt Pd
1			

	ess Income and Expenses The dingly, anticipate more audits for business of			
Business Name				
Total Sales	\$	Owner Taxpay	er 🗆	Spouse
	year is <i>not</i> a tax planning item. IRS requires checks being deposits to confirm the payme		ived. If there are al	bsorbent deposits that occur following
required to send a 109	accept credit cards from your custo 19-K to you. Bring all 1099's to your refinance using your primary reside	ur appointment (1099-K's, 1099-N	MISC, 1099-NI	EC)
Balance on note prior t		Balance on Note at 12		.K.
Balance on note prior t	o to imanee.	Expenses		
Advertising		*Repairs & Maintenar	nce	
~		Supplies	nec	
Business wifes		Taxes		
Commissions	-	**Telephone		
Contract Labor	-	Tools & Equipment		-
Dues & Subscriptions		Travel Expenses		
Insurance (Other than 1	Health Inc)	Uniforms		-
Interest - Mortgage		Utilities		
Interest - Other		Vehicle Expense		-
Legal & Professional F		Wages		
Meals & Entertainmen	-	Employee Health Ins		
Office Expense		Other		
Rent - Building		Other		
Rent - Equipment	-	Other		-
	vn in Repairs and Maintenance add		anful life or ad	ant it to now uses? If so these
	riated. Bring in description of altera		setui iiie, oi au	apt it to new uses? If so, these
	the business blend itself in such a m		nary and necess	sary component of the
	hone on your business card? Is the	cell phone number listed on your		
		Cost of Goods Sold		
	Beginning Inventory			
	Purchases			
	Less Personal Use)	
	Direct Labor			
	Supplies Other			
	Ending Inventory			
	- Did you use a credit card for busing, not at the time when the credit card			
Schedule C Hom	e Office Expenses			
	ed for administrative or mana	gement activities for busine	ess?	Is
	ed location where business is			Simplified
method available.	Square footage of office space	e x \$5 for maximum of \$1,5	500 deduction	n.
Total Square Feet of H		rchase Price of Residence		
Total Square Feet of O		ing in Real Estate Tax Bill for 202	23	<u></u>
Simplified method ava	ilable. Square footage of office spa-	ce x \$5 for maximum of \$1,500 d	leduction.	
Expenses:	Mortgage Insurance Real Estate Taxes	Property Insurance Utilities		

Assets Purchased						
Date	Amount	Description	Business Percentage			

Assets Disposed					
Date	Amount	Description	Business Percentage		

Form~1099-MISC~or~1099-NEC~Required.~Paid~more~than~\$600~to~one~vendor~for~rent~or~services.

If you have are required to issue 1099-MISC or 1099-NEC, call the office immediately. 1099-MISC or 1099-NEC must be filed with the IRS by January 31st. If not filed timely, severe penalties apply.

Vendor Name	Address	EIN	Amount Paid

	meome and Expenses	Please review the following info	ormation carefully.	
Type of Property:				
Choose From: Single Family Mutli Family		Vacation/Short Term Rental Commercial	Land Royalties	Self-Rental Other
Rental Property	Property 1	Property 2	Property 3	Property 4
Address				
City, State, Zip Type of Property (from				
above)				
Fair Market Rental Value Fair Rental Days /Personal				
Use Days *				
* P	ersonal use days include any days	s in which charging less than fair	market rental value to related p	party.
A fair rental price is the amou determining the fair market re	nt of rent you can expect to receintal value. If renting to related pa	ved from an unrelated party. Con rty, fair rental value required fron	sider structure, size, condition, n real estate agent.	furnishing, and location when
Is Property Rented To A how was the Fair Mark				If so,
Rent Received	\$	\$	\$	\$
Expenses				
•				
Advertising				
Advertising				
Advertising Cleaning & Maint Commissions Paid				
Advertising Cleaning & Maint Commissions Paid Insurance				
Advertising Cleaning & Maint Commissions Paid Insurance Interest - Mortgage				
Advertising Cleaning & Maint Commissions Paid Insurance Interest - Mortgage Interest - Other				
Advertising Cleaning & Maint Commissions Paid Insurance Interest - Mortgage Interest - Other Legal & Prof Fees				
Advertising Cleaning & Maint Commissions Paid Insurance Interest - Mortgage Interest - Other Legal & Prof Fees Management Fees				
Advertising Cleaning & Maint Commissions Paid Insurance Interest - Mortgage Interest - Other Legal & Prof Fees Management Fees Repairs				
Advertising Cleaning & Maint Commissions Paid Insurance Interest - Mortgage Interest - Other Legal & Prof Fees Management Fees Repairs Supplies				
Advertising Cleaning & Maint Commissions Paid Insurance Interest - Mortgage Interest - Other Legal & Prof Fees Management Fees Repairs Supplies Taxes				
Advertising Cleaning & Maint Commissions Paid Insurance Interest - Mortgage Interest - Other Legal & Prof Fees Management Fees Repairs Supplies Taxes Utilities	Miles	Miles	Miles	Mil
Advertising Cleaning & Maint Commissions Paid Insurance Interest - Mortgage Interest - Other Legal & Prof Fees Management Fees Repairs Supplies Taxes Utilities Vehicle Miles	Miles	Miles	Miles	Mile
Advertising Cleaning & Maint Commissions Paid Insurance Interest - Mortgage Interest - Other Legal & Prof Fees Management Fees Repairs Supplies Taxes Utilities Vehicle Miles Other	Miles	Miles	Miles	Mil
Advertising Cleaning & Maint Commissions Paid Insurance Interest - Mortgage Interest - Other Legal & Prof Fees Management Fees Repairs Supplies Taxes Utilities Vehicle Miles	Miles	Miles	Miles	Mile

If you have are required to issue 1099-MISC or 1099-NEC, call the office immediately. 1099-MISC or 1099-NEC mus be filed with the IRS by January 31st. If not filed timely, severe penalties apply.

Vendor Name	Address	EIN	Amount Paid

FARM INCOME & EXPENSE WORKSHEET

NameEmployer ID #			A: Principal Product B: Activity Code				
(purchased for	•	or resare	Item Amount				
(paremaseu r			10	Vehicle miles	miles		
Item	Amt Recv'd	Cost	11	Chemicals			
			12	Conservation Expenses			
			13	Custom Hire (Machine Work)			
			14	Depreciation & Section 179			
	•			Employee Benefit Plans			
				Feed Purchase			
2 Sale of liveste	ock, produce, grains, a	nd	17	Fertilizers & Lime			
other raised				Freight & Trucking			
	Item	Amount		Gasoline, Fuel, & Oil			
Raised feeder cattle				Insurance (f/s)			
(not cull cows see	#4)			Mortgage Interest paid			
Calves				Other Interest			
Sheep				Labor Hired			
Swine			23	Pension & Profit Sharing			
Poultry			24a	Rent - Machinery & Equipment			
Dairy Products			24b	Rent - Other (land, animals, etc)			
Eggs			25	Repair & Maintenance of Bldg/ Mach			
Wool			26	Seed & Plants			
Tobacco			27	Storage & Warehouse			
Vegetables			28	Supplies			
Soybeans			29	Taxes (f/s)			
Corn			30	Utilities (f/s)			
Other Grains			31	Vet Fees/Breeding/Medicine			
Hay				Other Expenses: (specify)			
Straw				1			
Fruit & Nuts							
Total to Schedul	le F, Line 4						
	., ,						
3a Patronage div				ious Expenses:			
	ure prog. Pymts			s & Subscriptions			
5a Commodity C			Meals for Labor				
5b CCC Loan Fo	orfeited or		Employee Health Insurance				
Repaid w/ Ce	rtificates		Own	ner's Health Insurance			
6 Crop Insurance	ce						
7a Custom & Ma	achine Hire						
8a Other Income	:						
Federal Gas T	Tax Credit						
State Gas Tax	Credit						
Total to Schedul	le F, Line 9		Tot	al Various Expenses			

If yo	ou have are requir	ed to issue 1099-M	red. Paid more than ISC or 1099-NEC, c	call the offic	ce immediat			
be f	iled with the IRS	by January 31st. If	not filed timely, seve	ere penaltie	s apply.			
Ven	dor Name		Address			EIN	Amount Paid	
┝								
Ь								
4.	Sale of livesto		ry or breeding p ND PURCHASED					
	Item	Date Sold	Sale Price	Date Acq		Cost		
							_	
							4	
				1			-	
							†	
<u> </u>								
5.	Equipment So	old						
	Item		Date Sold	Sales Pric	e	Date Acquired	Cost	
]
								_
								-
								-
								1
]
]
Щ								
6	Machinary F	auinment & Liv	vestock Bought					
0.	Item	quipment & Liv	New / Used	Date	Cost	Item Traded		Cash Pd "Boot"
			Tiew / Osea					Cushi i u Boot
				-				
				+	+			
				1				