F.C. Tax and Accounting, Inc.

Checklist and Deductions Worksheet

888-202-0022

www.flightcrewtaxes.com

Thank you for choosing our firm to prepare your income tax returns. This letter confirms the services we will provide.

We will prepare your federal and state returns based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your tax return. We appreciate your business.

Sincerely,

F.C. Tax and Accounting, Inc.

Accepted by:

Date _____

Date _____

Credit Card Payment Information:	
For your convenience we are pleased to accept	
Discover	
MasterCard	
Visa	
American Express	
Account Number	
Exp. Date	
CVV Code	
Signature	
Today's Date	

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General Information

		Taxpayer	S	pouse	
First Name				-	
Middle Initial					
Last Name					
Suffix					
Social Security Nu					
Date of Birth			·		
Date of Death					
		Check ("X") which phone num	ber to list on return.		_
Home Phone					
Work Phone					
Cell Phone					
Fax Number					
Legally Blind					_
Totally Disabled					
Claimed as a Dep	endent				
Presidential Electi					
Occupation					
E-mail address					
State of Residence					
County of Resider	nce as of 12/31				
School District as					
Sales tax rate of lo		%		%	
		to			
		ig requested this filing season ir	an effort to combat stoler		
provide the		ation from the driver's license o			nation
				- г	_
ID type		. Driver's license OR	State Issued ID	Driver's license OR	State Issued ID
ID number					
ID issuing state .					_
ID expiration date					
Filing Status	;				
Status on 2023 re	turn :				
Status as of 12/31	/2024 :	1 Single			
Enter (''X'') i	in the box	2 Married filing joint			
		3 Married filing separat	ely		
		(Enter spouse's name and SSN a	,		
		4 Head of Household			
				l:	
Toxpoveria	Adress	5 Qualifying surviving s	spouse (QSS)	Year spouse died	2
Taxpayer's A				_	
					pt/Suite :
City				Zip Code	
		nter that country			
		itory, enter territory			
Preparer's Ir					
Preparer's name					
Firm's name	FC Tax and Acc				
Street	3641 Moline Co	urt			
City	Monrovia		State	MD Zip Code	21770
Attestation a	-		t and includes all income	doductions and their	
		e enclosed information is correc eparation of this year's income			
Sign				Date	

Sign	 . Date	
here	Date	

Questions

Yes	No
Yes	No

Personal Information

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- 2 Did you purchase or sell your principal residence or did your address change?
- 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2024?
- 5 Were either you or your spouse in the military or National Guard?
- 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
- 7 Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?

No		<u>Dependents</u>
	1	Are there envio

- Are there any changes in your dependents from last year?
- 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,300 in investment income?
- 3 Did you pay education expenses for your dependent children?
- 4 Did anyone in your family receive a scholarship of any kind during 2024?
- 5 Did you pay any dependent care expenses for a child or a parent?
- 6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
- 7 Are all of your dependents either US residents or citizens?

Yes	No

1 Did you or a member of you

Did you or a member of your family have minimum essential coverage in 2024? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes	No		Income (In 2024, did you or your spouse have any of the following?)
		1	Wages? (include form(s) W-2)
		2	Non-employee compensation? (include form(s) 1099-NEC)
		3	Miscellaneous Income? (include form(s) 1099-MISC)
		4	Interest income? (include form(s) 1099-INT)
		5	Dividend income? (include form(s) 1099-DIV)
		6	Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
		7	Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
		8	Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
		9	Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
		10	Disability income? (include form(s) W-2 or 1099)
		11	Unemployment compensation? (include form(s) 1099-G)
		12	Alimony?
		13	Did you receive tip income NOT reported to your employer?
		14	Did you receive payments from a Long-Term Care insurance contract?
		15	Did you barter your services for goods or services from someone else?
		16	Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
		17	Did you receive employer-provided adoption benefits for a previous year?
		18	Did you cash in any U.S. savings bonds?
		19	Did you make a loan to someone at an interest rate below market rate?
		20	Did you receive a housing allowance for ministerial services you provided?
		21	Did you receive any income not reported in this Organizer?
		22	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
		23	Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?
Yes	No		Foreign Reporting
Ē,		1	Did you have an interest in or signature authority over a financial account in a foreign country?
		2	Were you the grantor of or transferor to a foreign trust?
		3	Did you receive income from a foreign source or pay taxes to a foreign government?
	L	•	
Yes	No		Retirement & Other Plans
		4	Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
		1	
		2 3	Did you rollover a retirement plan distribution into another plan?
\vdash	$\left - \right $	з 4	Did you convert a traditional IRA to a Roth IRA? Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
\vdash	$\left - \right $	4 5	Did you make a contribution to a fettrement plan? (40 (k), TKA, SEP, Simple, Qualitied Plan, etc.)? Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
\vdash	$\left - \right $	5 6	Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
	\vdash	о 7	Did you make any contributions to an HSA (Health Savings Account) in 2024?
\vdash	\vdash		• • • • •
\vdash	$\left - \right $	8 9	Did you receive a qualified disaster distribution in 2024? Did you receive an early distribution for a qualified birth or adoption distribution?
		9	Did you receive an early distribution for a qualified bitti or adoption distribution?

No Purchases, Sales, Gains and Losses

- 1 Did you exchange any securities or investments for something other than cash?
- **2** Do you have any short sales, commodity sales, or straddles?
- **3** Did you receive Form 2439?

Yes

- **4** Did you buy or sell any bonds?
- 5 Did you receive stock from a stock bonus plan with your employer?
- 6 Did you sell any other personal assets at a gain?
- **7** Did you sell any real estate (other than your home) during the year?
 - 8 Did you sell any assets using the installment method?
 - 9 Did you receive proceeds from a prior year installment sale?
- **10** Did you purchase a rental property?
- 11 Did you exchange any property for other property?
- 12 Did you incur a loss because of damaged or stolen property?
- **13** Did you purchase a new vehicle, aircraft or boat?
- **14** Did any security become worthless during 2024?
- **15** Did any debts become uncollectible during 2024?
- 16 Did you puchase any items acquired out of state, online or by mail order that did not include sales tax?

/es	No	Business and Rental Property Income & Deductions
	1	If you own rental property, do you qualify as a Real Estate Professional?

- 2 Did you start or acquire a new business?
 - 3 Did you sell any part of an existing business, or sell business assets?
 - 4 Did you cease operating any business or rental property?
 - **5** Did you remove any of your business assets for personal use?
 - 6 Did you use part of your home for business purposes?
 - 7 Did you make any contributions to a Keogh or a self-employed SEP plan for 2024?
 - **8** Do you pay for any health or long term care insurance through your business?
 - 9 If you or your spouse are self-employed, are either of you covered under an employer's health plan?
 - **10** Did you purchase any furniture or equipment for your business?
 - 11 Did you make any improvements to your rental properties?
 - 12 Did you receive income from raising animals or crops?

Yes	No	Other Deductions
	1	Did you use your car on the job (other than to and from work)?
	2	Did you work out of town for part of the year?
	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
	4	Did you incur any travel and entertainment expenses for business purposes?
	5	Did you pay expenses for the care of your child or other dependent so you could work?
	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2024?
	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024?
	8	Did you contribute less than an entire interest in any property to charity?
	9	Did you refinance a mortgage or take out a home equity loan during 2024?
	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
	11	Did you or your spouse pay any educational expenses for yourselves?
	12	Did you pay any student loan interest?
	13	Did you make any federal or state estimated payments?
	14	Did you pay alimony?
	15	Did you donate non-cash donations?
	16	Did you donate a vehicle?
Yes	No	<u>Miscellaneous</u>
		Did you make gifts of more than \$18,000 to any one person?
	2	Did you engage the service of any household employees?

- 3 Did your bank account information change within the last twelve months?
- 4 Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- 5 Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- 6 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2024?
- 7 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- 8 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes	No	Return preparation and filing	
	1	Do you want to e-file your return?	
	2	If you are due a refund, how do you want to receive it?	
		Check sent to you in the mail	Other quick refund via a bank product
		Apply to next year's estimates	
		Direct deposit (please provide voided blank check)	Type of account: Checking Savings
		If you owe taxes, how do you want to pay them?	
		Paper check sent with my return Credit ca	rd Installment Agreement
		Direct debit (please provide a voided blank check)	Type of account: Checking Savings
	3	Do you want to allow your tax preparer to discuss this year's If no, enter another person (if desired) to be allowed to discu	
		Designee's Ph	one Personal identification
		nameNu	mber Number (5 digit PIN)

Name	SSN
Comments	

Federal, State and Local Estimated Taxes Paid

Federal Estimates

Filer and/or Joint Payme			int Payments	Payments Spouse Only Payments			
Enter Payment Information		Date Paid	Amount		Date Paid	unt	
1 Overpayment from last year				1			
2 First quarter payment				2			
3 Second quarter payment				3			
4 Third quarter payment				4			
5 Fourth quarter payment				5			
6				6			
7	_			7			
State Estimates							
Enter two-letter state abbreviation State		_ State		State		State	
Enter Payment InformationDate Paid	I Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year . 1							
2 First quarter payment 2							

-

Local Estimates

Enter locality name	Locality		Locality		Locality		Locality	
Enter Payment Information	Date Paid	Amount						
1 Overpayment from last year . 1								
2 First quarter payment 2								
3 Second quarter payment 3								
4 Third quarter payment 4								
5 Fourth quarter payment 5								
6 6								
7 7								
8 8								

Dependent information No. of Months Amount Paid Usa Enter '%' if applicable First Name Last Name in 2024 Relationship Birth SSN Amount Paid Usa Stabled Expenses the year First Name Last Name In 2024 Relationship Birth SSN Care Expenses The year Dependent Disabled Expenses the year Image: Imag	Name				S	SN					
No. of Enter "X" if applicable Months Amount Paid US Full- time Paid Not a in Home Date of for Dependent Citizen Student or Education Dependent	Dependent	nformation									
	First Name		Months in Home	Relationship	Date of Birth	SSN	for Dependent		Full- time Student o	Paid r Educatior	Not a Dependent
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Wages

W-2 Information

"X" if s <u>pouse Employer's Name</u>	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
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2				
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Retirement Income

1099-R Information

"X" if spouse Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
2				
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35 36			1	
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3738			1	
40			┨ ╞─────	
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lease provide copies of all Form 1099- F/S/J - enter ownership (F)iler, (S)pouse,	Taxable Inte	erest Income	Tax Exem	pt Interest	Specified Priv	v Act Interes	
or (J)oint.	Current Year		Current Year		Current Year		
6/J Payer	Amount	Amount	Amount	Amount	Amount	Amount	
1							
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3							
4							
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17							
18 19							

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse,		Dividends		Dividends	Capita	
or (J)oint.	Current Year		Current Year		Current Year	
F/S/J Payer	Amount	Amount	Amount	Amount	Amount	Amount
11						
2						
3						
4						
5						
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10						
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* F/S - enter ownership (F)iler or (S)pouse.	Date of Original
F/S* Payer	Divorce or Sepa- Current Year Prior Year ration Agreement Amount Amount
11	1
2	2
3	3
4	4
5 5	5
66	6
7	7
8	8
9	9

Alimony Paid * F/S - enter ownership (F)iler or (S)pouse.

* F/S - enter ownership (F)iler or (S)pouse. F/S* Recipient's Name	Recipient's SSN	Date of Original Divorce or Sepa- ration Agreement	Current Year	Prior Year
		1 ation Agreement	Amount	Amount
3		3		
4		4		
5		5		
6		6		
7		7		
88		8		
9		9		

	Name 8	SSN _		
	Home Office Number			
	Description of Home Office			
	Address			
	City	S	tate Zip	
	Check ("X") box: Daycare			
Hon	ne Office Expenses	_		
A	rea of Home		Current Year Amount	Prior Year Amount
1	Area used regularly and exclusively for business, regularly for daycare, or for storage	-	Amount	Amount
	of inventory or product samples	1		
2 Da	Total area of home	2		
3	Multiply days used for daycare during year by hours used per day	3		
4 E>	Enter total hours home was available for daycare during year	4		
5	Casualty losses	5		
6	Excess mortgage interest	6		
7	Excess real estate taxes	7		
8		8		
9	Rent	9		
10	Repairs and maintenance	10		
11	Utilities	11		
12	Other Expenses:	F		1
а		12a		
b		12b		
С		12c		
d		12d		
е		12e _		
B.	usiness Allocation:		Current Year Allocation %	Prior Year Allocation %
D	Business 1:	F	Allocation 78	
	Rusiness 2:			
	Business 3:	F		
	Business 4:			
	usiness:		Current Year	Prior Year
	dditional expenses related to business portion only (Direct)		Amount	Amount
13		13		
14		14		
15 16	Excess real estate taxes			
17	Insurance .	16 17		
18	Repairs and maintenance	18		
19		19		
20	Other Expenses:			
а		20a		
b		20b		
С		20c		
d		20d		
е		20e		

	Nar	ne						SSN		
Sale	of	Stocks, Bonds, Real Estate, an	d	Other Non-	·B	usiness As	se	ets		
* F/\$	S/J -	enter ownership (F)iler, (S)pouse, or (J)oint.						Gross Sales		Contor
*F/S/、		Description		Date Acquired		Date Sold		Price (Less expenses of sale)		Cost or Other Basis
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Rea	I Estate Rentals and Royalties			
Pi	operty Description			
A	Idress			
C	City State Zip			
Fo	preign Country			
Fo	preign Province/State Postal Code			
		Г	Current Year	Prior Year
			Info	Info
1a	Owner of property (Enter Filer, Spouse, or Joint)	1a 🛛		
1b	Enter property type number (1 to 8)	16		
10	 (1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other 			
2	Enter "X" If you actively participated?	2		
3	Enter "X" if property was used for personal use by you or your family for more	-		
	than 14 days or 10% of the total days rented?	3		
	3a If entered ("X"), enter the number of days of personal use?	3a		
	3b If entered ("X"), enter the number of days rented?			
		<u>л г</u>		
Inco	me		Current Year Amounts	Prior Year Amounts
4	Royalty received	⊿⊺	Amounto	Anounto
5	Rent received	5		
Ŭ	a If rental real estate, enter the percent of ownership if less than 100%			
	 b Rental use percentage for property used partially for personal use only 	- Г		
6		6		
		• L		
Prop	perty Expense	Γ	Current Year	Prior Year
_		_	Amounts	Amounts
7	Advertising	- F		
8	Cleaning and maintenance	. Г		
9		9		
10		Г		
11		11		
12	5	12		
13	a Qualified mortgage interest paid to banks, etc.	3a		
	b Other mortgage interest paid to banks, etc	3b		
14		14		
15	Repairs	15		
16	Supplies	16		
17	a Real estate taxes	7a		
	b Other Taxes	7b		
18	Utilities	18		
A	ssets Placed in Service This Year Description:	Γ	Date Placed	Purchase
٨		,	In Service	Amount
A		<u> </u>		
B		B		
C		c		
D		<u></u>		
E		Ē		
F		F		
G		Gι		

SSN

Property _____

Other Expenses (Schedule E)

Other Expenses:

	Current Year	Prior Year
19		
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26		

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Travel Expenses:

27	
28	
29	
30	
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32	
33	
34	

	Current Year	Prior Year
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28		
29		
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31		
32		
33 34		
34		

Meals Expenses:

		Current Year	Prior Year
35	35		
36	36		
37	37		
38	38		
39	39		
40	40		
41	41		
42	42		

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

partner	ships, S corporations, or estates and trusts.		L la se las la sur e el
* ⊑/€/	enter ownership (F)iler, (S)pouse, or (J)oint.	Enter "S" if K1 (1120S) Enter "P" if K1 (1065)	Unreimbursed Partnership Exp.
*F/S/J	Entity Name	Enter "E" if K1 (1041)	Current Year
		1	
2		2	
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39		39	
40		40	
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Social Security and Railroad Retirement

Filer		Γ	Current Year	Prior Year
Filer		⊢	Amount	Amount
1	Enter the total amount from box 5 of all your Forms SSA-1099	1		
2	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	2		
3	Enter the total amount from box 5 of all your Forms RRB-1099	3		
4	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	4		
5	Enter the total amount of Medicare B Premiums withheld	5		
6	Enter the total amount of Medicare D Premiums withheld	6 [
Spoι	Ise	_		
7	Enter the total amount from box 5 of all your Forms SSA-1099	7		
8	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	8		
9	Enter the total amount from box 5 of all your Forms RRB-1099	9		
10	Enter the total taxes withheld from box 10 of all your Forms RRB-1099 1	10		
11	Enter the total amount of Medicare B Premiums withheld	11		
12	Enter the total amount of Medicare D Premiums withheld	12		

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Additiona	I Income	

	Name			SSN		
Add	litional Income	File	Filer		Spouse	
		Current Year Amount	Prior Year Amount] [Current Year Amount	Prior Year Amount
1	Refund from state			1		
2	Unemployment compensation			2		
3	Other income (Prizes and Awards, etc.)			3		
4 5	Scholarships and fellowships			4		
6	Net operating loss carryover (negative no.)			6		
7	Canceled debts (1065 K-1)			7		
8				8		
9				9		
10				10		
11	Other income not provided for in this Organizer			11		

Adjustments to Income		Filer		ΙΓ	Spouse	
•		Current Year	Prior Year		Current Year	Prior Year
		Amount	Amount	-	Amount	Amount
	Educator expenses			1		
2	Certain business expenses of reservists, per-					
	forming artists, and fee-basis government officials			2		
•				3		
	Health Savings account deduction					
4	Moving expenses (members of armed forces) . Self-employed SEP, SIMPLE, or other			4		
5	qualified plans			5		
6	Self-employed health insurance deduction			6		
_				-		
7	Penalty on early withdrawal of savings			7		
8	Alimony paid			8		
9	IRA contribution			9		
10	Student loan interest deduction			10		
11	Foreign housing deduction			11		
12	Jury duty pay given to your employer			12		
13	Reforestation amortization			13		
14	Repayment of sub-pay under the Trade Act					
. –	of 1974			14		
15	Contributions to Section 501(c)(18)(D) pension plans			15		
16	Attorney fees and court costs paid for actions			13		
	involving certain unlawful discrimination					
	claims, but only to the extent of gross income					
	from such actions			16		
17	Expenses from the rental of personal property but were not in the business of renting such					
	property			17		
18	Contributions by chaplains to section					
	403(b) plans			18		
19	Archer MSA deduction			19		
20	Attorney fees and court costs you paid in con-					
	nection with an award from the IRS for infor- mation you provided that helped the IRS detect					
	tax law violations, up to the amount of the					
	award includible in your gross income			20		
21	Nontaxable amount of the value of Olympic					
	and Paralympic medals and USOC prize					
22	money			21		
22	estate/trust - Section 67(e) expenses			22		
23				23		
24				24		
				25		
				26		
20				1 ~ ° L		

Medical and Dental - Itemized Deductions

			Current Year	Prior Year
_			Amount	Amount
1	Prescription medications			
2	Fees for doctors, dentists, etc.	2		
3	Fees for hospitals, clinics, etc.	3		
4	Lab and X-ray fees	4		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. $\ . \ . \ .$	5		
6	Medical equipment and supplies	6		
7	Medical mileage (number of miles driven)	7		
8	Medical parking, tolls and local transportation	8		
9	Lodging for medical purposes	. 9		
10	Health/Dental/Other ins. premiums (do not include self-employed plans)	10		
11	Long Term Care insurance premiums (taxpayer)	. 11		
12	Long Term Care insurance premiums (spouse)	12		
13	Expenses to stop smoking	. 13		
14	Health insurance premiums - coverage established under your business (1) $\ . \ .$	14		
15	Health insurance premiums - coverage established under your business (2) $\ . \ .$	15		
16	Long Term Care insurance premiums - coverage est. under your business (1) .	16		
17	Long Term Care insurance premiums - coverage est. under your business (2) $$.	17		
18		18		
19		19		
20		20		
21		21		
22	Insurance reimbursement for any medical and dental expense listed above	22		

SSN	

Taxes - Itemized Deductions

			Current Year	Prior Year
	Real Estate Taxes	-	Amount	Amount
23	Principal residence	23		
24	Real estate taxes from Schedule E properties	24		
25		25		
26		26		
27		27		
28		28		
29		29		
	Real Estate Held For Investment	-		
30		30		
31		31		
32		32		
33		33		
34		34		
	Personal property taxes	-		
35	Non-business portion of vehicle personal property taxes	35		
36		36		
37		37		
38		38		
39		39		
40		40		
	Non-Personal Property Taxes	- -		
41	K1 (1065) - Other deductions/taxes	41		
42	K1 (1120S) - Other deductions/taxes	42		
43	K1 (1041) - Other deductions/taxes	43		
44	Foreign Taxes	44		
45	From Schedule E properties	45		
46		46		
47		47		
48		48		

SSN _____

Interest - Itemized Deductions	nterest -	t - Itemized	Deduction
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			Current Year	Prior Year
	Home Mortgage Interest and Points Reported on Form 1098		Amount	Amount
49	Lender	49		
50	Lender	50		
51	Lender	51		
52	Lender	52		
	Home Mortgage Interest Not Reported on Form 1098			
53	Name:	53		
	Address:			
	SSN:			
E 4	Martaga inguranga promiuma naid an 2024 agguigitian indektodogog far			
54	Mortgage insurance premiums paid on 2024 acquisition indebtedness for			
		54		
	Refinancing Points			
55		55		
	Points paid	• •		
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2024	•		
56	Description	56		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2024			
57	Description	57		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2024			
58	Description	58		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2024			
				1
59	Investment interest paid	59		

Name	
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Charity - Itemized Deductions

* Total contributions \$500 or less. See Non-Cash Charity if over \$500.	
Gifts To Charity Other Than By Cash or Check*	1
Total Miles driven for charitable activities	2
Parking fees, tolls and local transportation for charitable activities Gifts To Charity By Cash or Check	
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Current Year Amount	Prior Year Amount

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Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

		(a) Name and Address of		(b) Description of Donated Property
		Donee Organization		
1	Name			
	Address			
	City	State	Zip Code	
2	Name			
	Address			
	City	State	Zip Code	
3	Name			
	Address			
	City	State	Zip Code	
4	Name			
	Address			
	City	State	Zip Code	
5	Name			
	Address			
	City	State	Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

		(e) How	(f) Cost or		(h) Method Used to
Contribution	mm/dd/yyyy	Acquired	Adjusted Basis	F. M. V.	Determine the F. M. V.
	(c) Date of the	(c) Date of the (d) Date Acquired	(c) Date of the (d) Date Acquired (e) How	(c) Date of the (d) Date Acquired (e) How (f) Cost or	

	Name SSN						
Child and Dependent Care Expenses							
1 2	Amount of dependent care benefits forfeited						
1	Note: Enter qualified expenses for dependents on the Organizer dependent sheet.						

Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.			month that the filer e was a full-time	Filer's earned income for each month	Spouse's earned income for each month
<u>Fil</u> er <u>Sp</u> ouse			pouse	Filer	Spouse
			January		
			February		
			March		
			April		
Ц			Мау		
Ц			June		
			July		
			August		
			September		
Ц			October		
Ц			November		
			December		

Non-Dependent Information and Qualifying Expenses

	rst Name	Last Name	Birthdate	SSN	Check if non-dependent was over age 12 and disabled	Amount incurred and paid in 2024
1						
2 3						
4						

Persons or Organizations Who Provided the Care						
	Name	Address	SSN/EIN	Amount incurred and paid in 2024		
	First:					
	Last:	City:	SSN:			
1 <u>E</u>	Business:	State: Zip:	EIN:			
	First:					
	Last:	City:	SSN:			
2 <u>E</u>	Business:	State: Zip:	EIN:			
	First:					
	Last:	City:	SSN:			
3 <u>E</u>	Business:	State: Zip:	EIN:			
	First:					
	Last:	City:	SSN:			
4 <u></u>	Business:	State: Zip:	EIN:			
	First:					
	Last:	City:	SSN:			
5 <u>E</u>	Business:	State: Zip:	EIN:			

Adoption Expenses

1 Provide the Following Information on Each Eligible Child

			Enter "X" if Child Was:					
			Child's Year	Born BEFORE	A Child	А	Child's	
			of Birth	2007 and	With Special	Foreign	Identifying Number	
	First Name	Last Name		Disabled	Needs	Child	(SSN or ATIN)	
1st								
Child								
2nd								
Child								
3rd								
Child								
4th								
Child								
				-				
			1	st Child	2nd Child	3rd Child	4th Child	
2 Expenses you paid in 2023								
3 Expenses you paid in 2024, if the adoption was final in 2024.								
4 Expenses you paid in 2024, if the adoption was final before 2024.								
Enter "X" in the appropriate box								
5 Did you receive Employer-Provided-Adoption-Benefits in a prior year?								
