

Mortgage Interest

Name: _____

SSN: _____

Provide all copies of Form 1098

TSJ _____ For _____ Business name _____

Product _____

Recipient / Lender's information: Federal ID # _____

Name _____

Address _____

City _____ State _____ ZIP _____

Foreign only Province / State _____ Country _____ Postal code _____

	2024	2023		2024	2023
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal	_____	_____	Real estate taxes paid	_____	_____
Date mortgage began	_____	_____	<input type="checkbox"/> Mortgage interest is for primary residence	<input type="checkbox"/> Address of property securing mortgage is same as current address of taxpayer	
Mortgage insurance premiums	_____	_____	Account number _____	_____	

TSJ _____ For _____ Business name _____

Product _____

Recipient / Lender's information: Federal ID # _____

Name _____

Address _____

City _____ State _____ ZIP _____

Foreign only Province / State _____ Country _____ Postal code _____

	2024	2023		2024	2023
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal	_____	_____	Real estate taxes paid	_____	_____
Date mortgage began	_____	_____	<input type="checkbox"/> Mortgage interest is for primary residence	<input type="checkbox"/> Address of property securing mortgage is same as current address of taxpayer	
Mortgage insurance premiums	_____	_____	Account number _____	_____	

TSJ _____ For _____ Business name _____

Product _____

Recipient / Lender's information: Federal ID # _____

Name _____

Address _____

City _____ State _____ ZIP _____

Foreign only Province / State _____ Country _____ Postal code _____

	2024	2023		2024	2023
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal	_____	_____	Real estate taxes paid	_____	_____
Date mortgage began	_____	_____	<input type="checkbox"/> Mortgage interest is for primary residence	<input type="checkbox"/> Address of property securing mortgage is same as current address of taxpayer	
Mortgage insurance premiums	_____	_____	Account number _____	_____	

Employee Business Expense

Name: _____

SSN: _____

Employee Business Expense

TS _____ Occupation _____

Select if you are:

- A qualifying performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed Forces reservist (travel related expenses only)
- A member of the clergy

Part I - Employee Business Expense and Reimbursements

	2024	2023
Parking fees, tolls, and local transportation, including train, bus, etc.	_____	_____
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	_____	_____
Other business expenses	_____	_____
Meals	_____	_____
DOT meals	_____	_____
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 form		
Other business expenses	_____	_____
Meals	_____	_____
Portion of total expenses that is for impairment-related work expenses of disabled employee	_____	_____
Portion of total expenses that is for an Armed Forces reservist	_____	_____

Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2024	2023	2024	2023
Enter the date vehicle was placed in service	_____	_____	_____	_____
Total miles vehicle was driven during 2024	_____	_____	_____	_____
Business miles driven during 2024	_____	_____	_____	_____
Average daily roundtrip commuting distance	_____	_____	_____	_____
Commuting miles included in total miles above	_____	_____	_____	_____
Taxes	_____	_____	_____	_____
Gasoline, oil, repairs, vehicle insurance, etc.	_____	_____	_____	_____
Vehicle rentals	_____	_____	_____	_____
Inclusion amount	_____	_____	_____	_____
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)	_____	_____	_____	_____
Enter cost or other basis	_____	_____	_____	_____
Enter section 179 deduction	_____	_____	_____	_____
Enter depreciation percentage	_____	_____	_____	_____
If your employer provided a vehicle, was personal use during off duty hours permitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you or your spouse have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Child and Dependent Care

Name:

SSN:

Child Care Provider's Information

You or your spouse were a full-time student or disabled during 2024?

	2024	2023
Social Security Number or Employer ID Number _____	Amount paid _____	_____

Name _____

Street address _____

City _____ Phone _____

U.S. only State, ZIP _____

Foreign only Province / state, Country, Postal code _____

Check here if the care provider is your household employee (Schedule H)

	2024	2023
Social Security Number or Employer ID Number _____	Amount paid _____	_____

Name _____

Street address _____

City _____ Phone _____

U.S. only State, ZIP _____

Foreign only Province / state, Country, Postal code _____

Check here if the care provider is your household employee (Schedule H)

	2024	2023
Social Security Number or Employer ID Number _____	Amount paid _____	_____

Name _____

Street address _____

City _____ Phone _____

U.S. only State, ZIP _____

Foreign only Province / state, Country, Postal code _____

Check here if the care provider is your household employee (Schedule H)

Foreign Earned Income

Name: _____

SSN: _____

Part I - General Information

TSJ _____

Taxpayer's foreign address

Street 1 _____

Street 2 _____

Foreign city _____

Province / state _____ Country _____ Postal code _____

Occupation _____

Employer's name _____

Employer's U.S. address

Street _____

City _____ ST _____ ZIP _____

Employer's foreign address

Street 1 _____

Street 2 _____

City _____

Province / state _____ Country _____ Postal code _____

Employer is: (check any that apply)

- A foreign entity A U.S. company Self
 A foreign affiliate of a U.S. company Other (specify): _____

If you have previously filed Form 2555, enter the last year you filed Form 2555. _____

If you claimed an exclusion in an earlier year, have you ever revoked your choice? Yes No

If "Yes," give the type of exclusion _____ and tax year _____

Of which country are you a citizen? _____

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? Yes No

If yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country	Number of days
_____	_____
_____	_____
_____	_____

List your tax homes during your tax year and dates established

Home	Date established
_____	_____
_____	_____
_____	_____

Foreign Earned Income

Name: _____

SSN: _____

Part II - Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Type of living quarters in foreign country Purchased house Rented house or apartment
 Rented room Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? Yes No
 If yes, who and for what period Relationship For What Period

If you legally reside in a foreign country, did you submit a statement to the foreign country's authorities stating that you are not a resident of said country? Yes No

Do you pay income tax to the country where you claim legal residence? Yes No

If you were present in the United States during the tax year, enter the information below.

Date Arrived in U.S.	Date Left U.S.	Number of Days in U.S. for Business	Income Earned in U.S. for Business		Date Arrived in U.S.	Date Left U.S.	Number of Days in U.S. for Business	Income Earned in U.S. for Business

List any contractual terms or other conditions relating to the length of your employment abroad:

List the type of visa under which you entered the foreign country: _____ Yes No

Did your visa limit the length of your stay or employment in a foreign country? Yes No
 If yes, explain _____

Did you maintain a home in the United States while living abroad? Yes No
 If yes, enter the address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address _____
 City _____ State _____ ZIP _____ Was the home rented?

Name of occupant: _____ Relationship of occupant: _____

Part III - Physical Presence Test

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year: _____

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. The 12-month period does not have to begin with the first full day or end date on arrival / departure in a foreign country. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." **Do not** include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of Country (including U.S.)	Date Arrived	Date Left	Full Days Present in Country	Number of Days in U.S. for Business	Income Earned in U.S. for Business (attach computation)

Foreign Earned Income

Name:

SSN:

Part IV - Foreign Earned Income

2024

2023

Total wages, salaries, bonuses, commissions, etc.
Allowable share of income for personal services performed:
In a business (including farming) or profession
In a partnership (list name, address, and type of income)

Noncash income:

Home (lodging)
Meals
Car
Other property or facility (specify)

Allowances, reimbursements, or expenses paid on your behalf for services performed:

Cost of living and overseas differential
Family
Education
Home leave
Quarters
Other (specify)

Other foreign earned income (specify):

Meals and lodging entered above, that were provided by your employer, that are excludable

For Taxpayers Claiming the Housing Exclusion or Deduction

2024

2023

Qualified housing expenses for the tax year
Location where housing expenses incurred
Limit on housing expenses
Enter the number of days in qualifying period that fall within your 2024 tax year
Enter employer-provided amounts

For Taxpayers Claiming the Foreign Earned Income Exclusion

2024

2023

Enter the number of days in qualifying period that fall within your 2024 tax year

Asset Listing for 2024

Name:

SSN:

Assets for:

For	Multi	Description of Property	Date Acquired	Cost / Basis	Method	Life	Prior Depreciation	Sec 179 exp	Date Sold	Sales Price	Expense of Sale

Casualties and Thefts

Name:

SSN:

TSJ _____ FEMA code _____

Property description _____

Property address _____

Property was Personal Business Income-producing Employee income-producing

Date property was acquired _____ Fair market value before incident _____

Cost of property damaged or stolen _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date property was damaged or stolen _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN / EIN _____

Address _____

U.S. Only: City _____ State _____ ZIP _____

Foreign Only: Province / state _____ Country _____ Postal Code _____

TSJ _____ FEMA code _____

Property description _____

Property address _____

Property was Personal Business Income-producing Employee income-producing

Date property was acquired _____ Fair market value before incident _____

Cost of property damaged or stolen _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date property was damaged or stolen _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

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Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN / EIN _____

Address _____

U.S. Only: City _____ State _____ ZIP _____

Foreign Only: Province / state _____ Country _____ Postal Code _____

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

TSJ _____ Employer ID number _____

Description _____

This farm was disposed of during 2024.

Income

	2024	2023		2024	2023
Income from production of livestock, produce, grains, and other crops . . .	_____	_____	Crop insurance proceeds:		
Total cooperative distributions	_____	_____	Amount received in 2024	_____	_____
Total agricultural payments	_____	_____	<input type="checkbox"/> You elect to defer to 2025		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2023	_____	_____
CCC loans reported	_____	_____	Other income	_____	_____
CCC loans forfeited	_____	_____		_____	_____

Expenses

	2024	2023		2024	2023
Car and truck expenses	_____	_____	Seeds and plants purchased	_____	_____
Chemicals	_____	_____	Storage and warehousing	_____	_____
Conservation expenses	_____	_____	Supplies purchased	_____	_____
Custom hire (machine work)	_____	_____	Taxes	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Feed purchased	_____	_____	Veterinary, breeding, medicine	_____	_____
Fertilizer and lime	_____	_____	Other expenses (list)		
Freight and trucking	_____	_____	_____	_____	_____
Gasoline, fuel, and oil	_____	_____	_____	_____	_____
Insurance (other than health)	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____	_____	_____
Interest - other	_____	_____	_____	_____	_____
Labor hired (less jobs credit)	_____	_____	_____	_____	_____
Pension and profit-sharing plans	_____	_____	_____	_____	_____
Rent - vehicles, machinery, equipment	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.)	_____	_____	_____	_____	_____
Repairs and maintenance	_____	_____	_____	_____	_____

Residential Energy Credits

Name:

SSN:

TSJ _____

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs
Qualified solar water heating property costs
Qualified small wind energy property costs
Qualified geothermal heat pump property costs
Qualified battery storage technology - Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours?
Qualified battery storage costs
Was a qualified fuel cell property installed on or in your main home in U.S.?
Address of main home
City, state, and ZIP
Qualified fuel cell property costs
Kilowatt capacity of qualified fuel cell property entered above
Amount of unused credit from 2023 Form 5695, line 16

Part II - Energy Efficient Home Improvement Credit

Qualified Energy Efficient Improvements

Were improvements or costs made to your main home located in the US?
Were you the original user of the qualified energy efficiency improvements?
Are the components reasonably expected to remain in use for at least five years?
Were improvements or costs related to the construction of this main home?
Address of main home
City, state, and ZIP
Were improvements or costs related to the construction of this home?
Cost of insulation or air sealing material or system
Cost of the exterior doors: Most expensive exterior door All other qualifying exterior doors
Cost of exterior windows and skylights

Residential Energy Property Costs

Did you incur costs for qualified energy property installed on or in connection with a U.S. home?
Was the qualified energy property originally placed into service by you or your spouse?
Address of home that you installed qualified energy property (if more than one list separately)
Street address
City, state, and ZIP
Cost of central air conditioners
Cost of natural gas, propane: Water heaters Furnace or hot water boilers
Cost of improvements to or replacement of panelboards, subpanelboards, branch circuits, or feeders
Did you incur costs for a home energy audit that included an inspection of your main home located in the U.S. and a written report prepared by a certified home energy auditor?
Cost of electric or natural gas: Heat pumps Heat pump water heaters
Cost of biomass stoves and boilers

Installment Sale Income

Name: _____

SSN: _____

TSJ _____ Description of property: _____

Date acquired _____	Date sold _____	2024	Prior years
Selling price		_____	_____
Mortgages assumed		_____	_____
Cost of property sold		_____	_____
Depreciation allowed		_____	_____
Commissions and expense of sale		_____	_____
Gross profit percentage		_____	_____
Interest received		_____	_____
Principal payments received		_____	_____
Property was sold to a related party <input type="checkbox"/>			

TSJ _____ Description of property: _____

Date acquired _____	Date sold _____	2024	Prior years
Selling price		_____	_____
Mortgages assumed		_____	_____
Cost of property sold		_____	_____
Depreciation allowed		_____	_____
Commissions and expense of sale		_____	_____
Gross profit percentage		_____	_____
Interest received		_____	_____
Principal payments received		_____	_____
Property was sold to a related party <input type="checkbox"/>			

TSJ _____ Description of property: _____

Date acquired _____	Date sold _____	2024	Prior years
Selling price		_____	_____
Mortgages assumed		_____	_____
Cost of property sold		_____	_____
Depreciation allowed		_____	_____
Commissions and expense of sale		_____	_____
Gross profit percentage		_____	_____
Interest received		_____	_____
Principal payments received		_____	_____
Property was sold to a related party <input type="checkbox"/>			

Noncash Charitable Contributions

Name:

SSN:

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province / state, country, postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Date contributed _____ Bargain sale was capital gain property

Property type (if over \$5,000) Donated property is publicly traded security

Art valued more than \$20,000 Art valued less than \$20,000 Intellectual property

Qualified conservation - qualified farmer / rancher Other real estate Vehicles

Qualified conservation - non-qualified farmer / rancher Securities Clothing and household items

Qualified conservation Collectibles Other

Equipment

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province / state, country, postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Date contributed _____ Bargain sale was capital gain property

Property type (if over \$5,000) Donated property is publicly traded security

Art valued more than \$20,000 Art valued less than \$20,000 Intellectual property

Qualified conservation - qualified farmer / rancher Other real estate Vehicles

Qualified conservation - non-qualified farmer / rancher Securities Clothing and household items

Qualified conservation Collectibles Other

Equipment

Expenses for Business Use of Your Home

Name: _____

SSN: _____

Business Use of Home

For _____ Name of business home is used for _____

	2024	2023
Square footage of home used exclusively for business		
Total square footage of home		

Use of Home for Daycare

	2024	2023
Area used part time for business		
Total hours used for day care		
Total hours available		

Did you live in the home all year? Yes No

Expenses

	Office expenses		Home expenses		
	2024	2023	2024	2023	
Mortgage interest					In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes					
Excess mortgage interest					
Excess real estate taxes					
Insurance					
Rent					
Repairs and maintenance					
Utilities					
Other expenses					

Cost of Home

	2024	2023
Enter the smaller of your home's adjusted basis or its fair market value		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No Value of land		
Date placed in service		
Date taken out of service		

Education Credits

Name: _____

SSN: _____

Provide all Forms 1098-T

Student's first and last name: _____ SSN: _____

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes

Was the student enrolled at least half-time for at least one academic period that began in 2024 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential?

Did the student complete the first four years of post-secondary education before 2024?

Was the student convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance?

Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____ **2024** **2023**

Total qualified educational expenses (including the cost of tuition, required enrollment fees, books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution

ADDITIONAL qualified educational expenses that were NOT required to be paid directly to the educational institution

Tax-free educational assistance received in 2024 allocable to the academic period

Tax-free educational assistance received in 2025 (and before 2024 return is filed) allocable to the academic period

Refunds of qualified education expenses paid in 2024 if the refund is received before the 2024 return is filed

Did the student receive Form 1098-T from this institution for 2024? Yes No

Did the student receive Form 1098-T from this institution for 2023 with box 7 checked? Yes No

Educational Institution | EIN _____
Name _____
Street address, city, state, and ZIP _____

Student's first and last name: _____ SSN: _____

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes

Was the student enrolled at least half-time for at least one academic period that began in 2024 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential?

Did the student complete the first four years of post-secondary education before 2024?

Was the student convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance?

Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____ **2024** **2023**

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution

Tax-free educational assistance received in 2024 allocable to the academic period

Tax-free educational assistance received in 2025 (and before 2024 return is filed) allocable to the academic period

Refunds of qualified education expenses paid in 2024 if the refund is received before the 2024 return is filed

Did the student receive Form 1098-T from this institution for 2024? Yes No

Did the student receive Form 1098-T from this institution for 2023 with box 7 checked? Yes No

Educational Institution | EIN _____
Name _____
Street address, city, state, and ZIP _____

Form 1099-G Unemployment Compensation

Name:

SSN:

Provide all copies of Form 1099-G

TSJ Payer's Federal ID Number

Payer's name

Payer's address

City

U.S. only State, ZIP

Foreign only Province / state, Country, Postal code

Payer's phone Account number

Table with 4 columns: 2024, 2023, 2024, 2023. Rows include Unemployment compensation, State/local tax refunds, Tax year, Federal tax withheld, RTAA payments, Taxable grants, Agriculture, Trade/business, Market gain, State, State ID, State unemployment, State withholding, Locality name, Local payments, Local withholding, and Unemployment benefits are from railroad.

TSJ Payer's Federal ID Number

Payer's name

Payer's address

City

U.S. only State, ZIP

Foreign only Province / state, Country, Postal code

Payer's phone Account number

Table with 4 columns: 2024, 2023, 2024, 2023. Rows include Unemployment compensation, State/local tax refunds, Tax year, Federal tax withheld, RTAA payments, Taxable grants, Agriculture, Trade/business, Market gain, State, State ID, State unemployment, State withholding, Locality name, Local payments, Local withholding, and Unemployment benefits are from railroad.

Form 1099-MISC - Miscellaneous Income

Name:

SSN:

Provide all copies of Form 1099-MISC

TS ____ For ____ Payer's federal ID number _____

Payer's name _____

Payer's address _____

Table with 5 columns: Description, 2024, 2023, 2024, 2023. Rows include Rents, Royalties, Other income, Federal tax withheld, Fishing boat proceeds, Medical and health care payments, etc.

TS ____ For ____ Payer's federal ID number _____

Payer's name _____

Payer's Address _____

Table with 5 columns: Description, 2024, 2023, 2024, 2023. Rows include Rents, Royalties, Other income, Federal tax withheld, Fishing boat proceeds, Medical and health care payments, etc.

Pension, Annuities, Retirement, Etc. Distributions

Name: _____

SSN: _____

Social Security Benefit Statement or Railroad Retirement Board Payments - Provide all Forms 1099-SSA, etc.

TS _____	2024	2023	TS _____	2024	2023
Net benefits	_____	_____	Net benefits	_____	_____
Medicare premiums	_____	_____	Medicare premiums	_____	_____
Federal Income tax withheld	_____	_____	Federal Income tax withheld	_____	_____

Treat Medicare premiums as self-employed health insurance. Treat Medicare premiums as self-employed health insurance.

Pension and Retirement Distributions - Provide all Forms 1099-R

TS _____ Payer's name _____ Payer's federal ID number _____

Address _____

	2024	2023		2024	2023
Disability indicator <input type="checkbox"/>		<input type="checkbox"/>	State _____ State ID _____		
Report disability income as wages on 1040. <input type="checkbox"/>		<input type="checkbox"/>	State income tax withheld	_____	_____
Gross distribution	_____	_____	State distribution	_____	_____
Taxable amount	_____	_____	Name of locality _____		
Total distribution <input type="checkbox"/>		_____	Local income tax withheld	_____	_____
Capital gain included in taxable amount above	_____	_____	Local distribution	_____	_____
Federal income tax withheld	_____	_____	State _____ State ID _____		
Employee contributions or insurance premiums	_____	_____	State income tax withheld	_____	_____
Unrealized appreciation	_____	_____	State distribution	_____	_____
Distribution codes	_____	_____	Name of locality _____		
IRA / SEP / SIMPLE <input type="checkbox"/>		<input type="checkbox"/>	Local income tax withheld	_____	_____
Your percentage of total distribution _____		_____	Local distribution	_____	_____

Yes No

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

Did you use any of the distributions for disaster relief?

100% of the taxable amount entered above is a Qualified Charitable Distribution (QCD)

Enter an amount in this field if only part of the taxable amount entered above is a QCD _____

100% of the taxable amount entered above is for Health Savings Account (HSA) funding

Enter an amount in this field if only part of the taxable amount entered above is for HSA funding _____

Enter the amount of distribution used for insurance premiums for public safety officers _____

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Table with 2 columns: 2024, 2023. Rows include Health insurance premiums, Long-term care premiums, Mileage driven for medical purposes, etc.

Charitable Contributions

Table with 2 columns: 2024, 2023. Rows include Donations to charity (cash), Disaster relief contributions, Miles driven for charitable purposes, etc.

Other Miscellaneous Deductions

Table with 2 columns: 2024, 2023. Rows include Amortizable bond premiums, Federal estate tax, Gambling losses, etc.

Taxes Paid

Table with 2 columns: 2024, 2023. Rows include State and local income taxes, General sales tax, Real estate taxes, etc.

For state purposes ONLY Job Expenses & Certain Miscellaneous Deductions

Table with 2 columns: 2024, 2023. Rows include Necessary job expenses you paid that were not reimbursed by your employer, Union dues, Tax preparation fees, etc.

Interest Paid

Table with 2 columns: 2024, 2023. Rows include Home mortgage interest paid, Home mortgage interest paid to an individual, Investment interest, etc.

Healthcare Coverage Questionnaire for Taxpayer and Spouse (for preparer use)

PRIMARY TAXPAYER

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.													
Employer offered health coverage which was declined?													
If Yes, what would be the cost for SELF coverage?													
If Yes, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

SPOUSE

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number													
Employer offered health coverage which was declined?													
If Yes, what would be the cost for SELF coverage?													
If Yes, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

Healthcare Coverage Questionnaire for Dependents (for preparer use)

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.													
Required to file a return? Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____												

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A													
Had health care coverage from another source?													
Was exempt from health care mandate. Has Exemption Certificate Number? If Yes, provide number.													
Required to file a return? Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____												

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.													
Required to file a return? Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____												

Adjustments

Name: _____

SSN: _____

Moving Expenses

TSJ _____

Select this box and complete the fields below only if you are a member of the armed forces on active duty, and moved due to a military order for a permanent change of station.

2024

2023

Enter the number of miles from your OLD home to your NEW workplace		
Enter the number of miles from your OLD home to your OLD workplace		
Enter the amount you paid for transportation and storage of household goods and personal effects . . .		
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)		
Enter the amount of moving expenses reimbursed to you by your employer		

Self-Employed Health Insurance

TSJ _____

2024

2023

Enter the qualified long-term care amount		
Enter your Medicare wages from an S corporation		

Self-Employed Pensions

TSJ _____

2024

2023

Enter your plan contribution rate as a decimal		
Enter your allowable elective deferrals made during 2024		
Enter your catch-up contributions		
Enter the amount of designated ROTH contributions included above		

Nondeductible IRAs

TS _____

This person is covered by a retirement plan at work or through self-employment.

2024

2023

Total traditional IRA contributions made for 2024		
Amount included above that was contributed between 1/1/2025 and 4/15/2025		
Total basis of traditional IRAs as of 12/31/2024		
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers.)		
<input type="checkbox"/> Distributions received were used for disaster relief		
Amount of traditional IRAs converted to ROTH IRAs		
IRA basis before conversion		
Total ROTH IRA contributions made for 2024		

Health Savings Account

TS _____

2024

2023

The taxpayer's coverage is under a high-deductible health plan for:

Taxpayer only Family

HSA contributions made for 2024		
Total distributions from all HSAs during 2024		
Distributions included above that were rolled over into another HSA account		
Qualified medical expenses paid using HSA distributions		

Auto Expense Worksheet

Name: _____

SSN: _____

General Information

For _____

Business name and profession / product _____

Description _____

Date placed in service _____

Was this vehicle available for personal use during off-duty hours? Yes No

Do you or your spouse have another vehicle available for personal use? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

2024

2023

Prior year total

Business	_____	_____	Business	_____
Commuting	_____	_____	Total	_____
Other	_____	_____		

Expenses

Garage rent	_____	_____	
Gas	_____	_____	
Insurance	_____	_____	
Licenses	_____	_____	
Oil	_____	_____	
Parking fees	_____	_____	
Rental fees	_____	_____	
Interest	_____	_____	
Property tax	_____	_____	
Repairs	_____	_____	
Tires	_____	_____	
Tolls	_____	_____	
Lease addbacks	_____	_____	
Other expenses (list):	Apply business %		
_____	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

TS Professional product or service Business code

Employer ID number

Business name

Business address

City

U.S. only State, ZIP

Foreign only Province / state, Country, Postal code

Accounting method, if not cash Accrual Other

- This business was started or acquired during 2024.
Some investment is NOT at risk.
This business was disposed of during 2024.

Select if this business is for:

- Professional gambler Newspaper delivery and you are under 18 years of age
Exempt Notary income A clergy

Yes No

- Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
If "Yes," did you file Forms 1099 for the individuals?
Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
If "Yes," was any portion of the loan forgiven in 2024?

Income

Table with 2 columns: 2024, 2023. Rows: Gross receipts or sales, Returns and allowances, Other income.

Cost of Goods Sold

Inventory method, if not cost Lower of cost or market Other

Change of inventory method Yes No

Table with 2 columns: 2024, 2023. Rows: Inventory at beginning of year, Purchases (less cost of items withdrawn for personal use), Cost of labor, Materials and supplies, Other costs (list on detail worksheet), Inventory at end of year.

Schedule C - Profit or Loss from Business

Name:

SSN:

Expenses

TS _____

Business name _____

Profession or product _____

2024

2023

Advertising _____

Car and truck expenses _____

Commissions and fees _____

Contract labor _____

Depletion _____

Employee benefit programs _____

Insurance (other than health) _____

Interest - mortgage (paid to banks, etc.) _____

Interest - other _____

Legal and professional services _____

Office expenses _____

Pension and profit-sharing plans _____

Rent or lease (vehicles, machinery, and equipment) _____

Rent (other business property) _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses (including real estate taxes) _____

Travel _____

Total meals _____

Utilities _____

Wages _____

Family health coverage payments for taxpayer, spouse or dependents _____

Other expenses (list): _____

Vehicle Credits

Name:

SSN:

Form 8936 - Clean Vehicle Credits

TSJ _____

Part I - Vehicle Details

Year of vehicle _____

Make of vehicle _____

Model of vehicle _____

Vehicle Identification Number _____

Date vehicle was placed in service _____

Yes No

Was the vehicle used primarily outside the U.S.? If "Yes," stop here.

Does the VIN entered above belong to a new clean vehicle placed in service during 2024? If "Yes," go to Part II.

Does the VIN entered above belong to a previously owned clean vehicle acquired after 2022 and placed in service during 2024? If "Yes," go to Part IV.

Does the VIN entered above belong to a qualified commercial clean vehicle acquired after 2022 and placed in service during 2024? If "Yes," go to Part IV. If "No," stop here.

Part II - Credit Amount for Business / Investment Use Part of New Clean Vehicle

Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person.

Business or investment use percentage _____

Part IV - Credit Amount for Previously Owned Clean Vehicle

Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person.

Is the vehicle a qualified fuel cell motor vehicle?

Sales price of vehicle _____

Part V - Credit Amount for Qualified Commercial Clean Vehicle

Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person.

Is the vehicle powered by gas or diesel?

Sales price of vehicle _____

Vehicle's gross weight rating (GVWR) is 14,000 pounds or more

Dividend Income

Name:

SSN:

Provide all Forms 1099-DIV, 1099-PATR, and statements related to dividend income

TSJ	Name of Payer Account Number	Ordinary	Qualified	Capital Gains	Federal Income Tax Withheld	Section 199A Dividends	Foreign Tax Paid

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

TSJ _____

Property description _____

Address, city, state, ZIP _____

Select the property type

- Single family residence
 Vacation / short-term rental
 Land
 Self-rental
 Multi-family residence
 Commercial
 Royalties
 Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- This property was placed in service during 2024. Yes No
 This property was disposed of during 2024. Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.
 This property is your main home or second home. If "Yes," did you file Forms 1099 for the individuals?
 This property was owned as a qualified joint venture.

Income

	2024	2023		2024	2023
Rent Income	_____	_____	Royalties from oil, gas, mineral, copyright, or patent	_____	_____

Expenses

	Rental Unit Expenses		Rental <u>and</u> Homeowner Expenses		
Advertising	_____	_____	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto and travel	_____	_____	_____	_____	
Cleaning and maintenance	_____	_____	_____	_____	
Commissions	_____	_____	_____	_____	
Insurance	_____	_____	_____	_____	
Legal and professional fees	_____	_____	_____	_____	
Management fees	_____	_____	_____	_____	
Mortgage interest	_____	_____	_____	_____	
Other interest	_____	_____	_____	_____	
Repairs	_____	_____	_____	_____	
Supplies	_____	_____	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Taxes	_____	_____	_____	_____	
Utilities	_____	_____	_____	_____	
Depletion	_____	_____	_____	_____	
Other expenses (list)	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

TS _____ Principal product _____ Employer ID number _____

Accounting method, if not cash: Accrual

This farm was disposed of during 2024.

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

If "Yes," did you file Forms 1099 for the individuals?

You received a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021.

If "Yes," was any portion of the loan forgiven in 2024?

Income

	2024	2023		2024	2023
Sale of livestock and other items	_____	_____	Crop insurance proceeds:		
Cost of items bought for resale	_____	_____	Amount received in 2024	_____	_____
Sale of products you raised	_____	_____	<input type="checkbox"/> You elect to defer to 2025		
Total cooperative distributions	_____	_____	Amount deferred from 2023	_____	_____
(Provide 1099-PATR)			Custom hire income	_____	_____
Total agricultural payments	_____	_____	Beginning inventory for accrual	_____	_____
Commodity Credit Corporation (CCC) loans:			Ending inventory for accrual	_____	_____
CCC loans reported	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.		
CCC loans forfeited	_____	_____	Other income	_____	_____

Expenses

	2024	2023		2024	2023
Car and truck expenses	_____	_____	Repairs and maintenance	_____	_____
Chemicals	_____	_____	Seeds and plants purchased	_____	_____
Conservation expenses	_____	_____	Storage and warehousing	_____	_____
Custom hire (machine work)	_____	_____	Supplies purchased	_____	_____
Employee benefit programs	_____	_____	Taxes	_____	_____
Feed purchased	_____	_____	Utilities	_____	_____
Fertilizers and lime	_____	_____	Veterinary, breeding, medicine	_____	_____
Freight and trucking	_____	_____	Family health coverage payments for taxpayer, spouse or dependents	_____	_____
Gasoline, fuel, and oil	_____	_____	Other expenses (list)	_____	_____
Insurance (other than health)	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other	_____	_____		_____	_____
Non-W-2 labor hired	_____	_____		_____	_____
W-2 wages paid	_____	_____		_____	_____
Pension and profit-sharing plans	_____	_____		_____	_____
Rent - vehicles, machinery, equipment	_____	_____		_____	_____
Rent - other (land, animals, etc.)	_____	_____		_____	_____

Household Employment

Name:

SSN:

TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,700 or more in 2024?

Did you withhold federal income tax during 2024 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2024 by April 15, 2025?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2024	2023
Total cash wages subject to Social Security tax	_____	_____
Total cash wages subject to Medicare tax	_____	_____
Total cash wages subject to Additional Medicare tax withholding	_____	_____
Federal income tax withheld	_____	_____
Qualified sick leave wages	_____	_____
Qualified family leave wages	_____	_____
Qualified health plan expenses	_____	_____

TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,700 or more in 2024?

Did you withhold federal income tax during 2024 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2024 by April 15, 2025?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2024	2023
Total cash wages subject to Social Security tax	_____	_____
Total cash wages subject to Medicare tax	_____	_____
Total cash wages subject to Additional Medicare tax withholding	_____	_____
Federal income tax withheld	_____	_____
Qualified sick leave wages	_____	_____
Qualified family leave wages	_____	_____
Qualified health plan expenses	_____	_____

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2024 Taxpayer	2023 Taxpayer	2024 Spouse	2023 Spouse
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____	_____	_____
Unemployment compensation repaid in 2024	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____	_____	_____
Alaska Permanent Fund	_____	_____	_____	_____
Jury duty pay	_____	_____	_____	_____
ABLE distributions	_____	_____	_____	_____
Scholarships or grants not reported on Form W-2	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Adjustments

	2024 Taxpayer	2023 Taxpayer	2024 Spouse	2023 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____	_____	_____
Alimony paid				
Name _____		_____		_____
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____		_____		_____
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____	_____	_____
Interest paid on a student loan	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

Form 1099-NEC - Nonemployee Compensation

Name:

SSN:

Provide all copies of Form 1099-NEC

TS ____ For ____ Payer's federal ID number _____ Account number _____

Payer's name _____

Payer's address _____

	2024	2023		2024	2023
Non-employee compensation	_____	_____	Federal tax withheld	_____	_____

Payer made direct sales of \$5000 or more of consumer products.

State ____ State ID _____ State ____ State ID _____

State tax withheld _____ State tax withheld _____

State income _____ State income _____

Name of locality _____ Name of locality _____

Local tax withheld _____ Local tax withheld _____

Local income _____ Local income _____

TS ____ For ____ Payer's federal ID number _____ Account number _____

Payer's name _____

Payer's address _____

	2024	2023		2024	2023
Non-employee compensation	_____	_____	Federal tax withheld	_____	_____

Payer made direct sales of \$5000 or more of consumer products.

State ____ State ID _____ State ____ State ID _____

State tax withheld _____ State tax withheld _____

State income _____ State income _____

Name of locality _____ Name of locality _____

Local tax withheld _____ Local tax withheld _____

Local income _____ Local income _____

TS ____ For ____ Payer's federal ID number _____ Account number _____

Payer's name _____

Payer's address _____

	2024	2023		2024	2023
Non-employee compensation	_____	_____	Federal tax withheld	_____	_____

Payer made direct sales of \$5000 or more of consumer products.

State ____ State ID _____ State ____ State ID _____

State tax withheld _____ State tax withheld _____

State income _____ State income _____

Name of locality _____ Name of locality _____

Local tax withheld _____ Local tax withheld _____

Local income _____ Local income _____

2024 Tax Organizer Personal Information

Personal Information

	Name	SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2024

Single Married Widowed - If widowed and your spouse died after December 31, 2022, enter the date of death _____

Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2024? _____

Yes No

Are you or your spouse blind?

Are you or your spouse disabled?

Are you or your spouse a full-time student?

Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?

At any time during 2024 did you:

(a) receive (as a reward, award, or payment for property or services) a digital asset?

(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID

Driver's license State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

Driver's license State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account For	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2024 appointment is scheduled for _____

Dependent and Other Information

Name: _____

SSN: _____

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return _____

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2023	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Wages and Salaries

Name: _____

SSN: _____

Provide all copies of Form W-2

TS _____ Federal EIN _____

Payers name _____

Payer's address _____

	2024	2023		2024	2023
Wages, tips, other compensation	_____	_____	State _____ State ID _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State ID _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

TS _____ Federal EIN _____

Payer's name _____

Payer's address _____

	2024	2023		2024	2023
Wages, tips, other compensation	_____	_____	State _____ State ID _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State ID _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			