

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN)

	Taxpayer	Spouse
Social security number		
First name		
Last name		
Occupation		
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)		
Mark if dependent of another taxpayer		
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)		
Mark if legally blind		
Date of birth		
Date of death		
Work/daytime telephone number/ext number		
Home/evening telephone number		
Do you authorize us to discuss your return with the IRS? (Y, N)		

Address _____
 Apartment number _____
 City, state postal code, zip code _____
 Foreign country name _____
 Foreign phone number _____
 In care of addressee _____

(*Please refer to Dependent Codes located at the bottom)

Months in home	Dep Codes * **	Care expenses paid for dependent
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[illegible]

Name of child who lived with you but is not your dependent _____
Social security number of qualifying person _____

*Basic	1 = Child who lived with you	**Other	A = Student (Age 19 - 23)
	2 = Child who did not live with you due to divorce/separation		B = Disabled dependent
	3 = Other dependent		C = Dependent who is both a student and disabled
	4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)		
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit		
**Months	77 = Reported on odd year return		
	88 = Reported on even year return		
	99 = Not reported on return		

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____

Taxpayer email address _____

Spouse email address _____

Taxpayer

Spouse

Fax telephone number _____

Mobile telephone number _____

Mobile telephone #2 number _____

Pager number _____

Other: _____

Telephone number _____

Extension _____

Preferred method of contact: _____

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____

NOTES/QUESTIONS:

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct.

Primary account: _____

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund

Dollar _____

or

Percent (xxx.xx) _____

Secondary account #1: _____

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund

Dollar _____

or

Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____

Spouse self-selected Personal Identification Number (PIN) _____

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date (mm/dd/yyyy) _____

Location of issuance (State issued only) _____

Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date (mm/dd/yyyy) _____

Location of issuance (State issued only) _____

Document number (New York only) _____

If you have an overpayment of 2024 taxes, do you want the excess:

Refunded _____

Applied to 2025 estimated tax liability _____

Do you expect a considerable change in your 2025 income? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2025? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2025 withholding? (Y, N) _____

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2025? (Y, N) _____

If yes, please explain any differences:

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) _____

2024 Federal Estimated Tax Payments

2023 overpayment applied to 2024 estimates. _____

	Date Paid	Amount Paid
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		
Additional payment		

2024 State Estimated Tax Payments

	Date Paid	Amount Paid
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		
Additional payment		

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

[illegible]

Taxpayer

Spouse

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

—

—

Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

—

—

Enter the total traditional IRA contributions made for use in 2024

Taxpayer

Spouse

Enter the nondeductible contribution amount made for use in 2024

Enter the nondeductible contribution amount made in 2025 for use in 2024

Traditional IRA basis

Value of all your traditional IRA's on December 31, 2024:

Roth IRA

Please provide copies of any 1998 through 2023 Form 8606 not prepared by this office

Taxpayer

Spouse

Enter the total Roth IRA contributions made for use in 2024

—

—

Enter the amount a 2024 Roth IRA conversion should be adjusted by

Enter the total contribution Roth IRA basis on December 31, 2023

Enter the total Roth IRA contribution recharacterizations for 2024

Enter the Roth conversion IRA basis on December 31, 2023

Value of all your Roth IRA's on December 31, 2024:

NOTES/QUESTIONS:

2024 Information

Taxpayer/Spouse/Joint (T, S, J) _____
Employer identification number _____
Business name _____
Principal business/profession _____
Business code _____
Business address, if different from home address on Organizer Form ID: 1040
Address _____
City/State/Zip _____
Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____
If other: _____
Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____
If other enter explanation: _____

Enter an explanation if there was a change in determining your inventory:

Did you "materially participate" in this business? (Y, N) _____
If not, number of hours you did significantly participate _____
Mark if you began or acquired this business in 2024 _____
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y, N) _____
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____
Mark if this business is considered related to qualified services as a minister or religious worker _____
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____
Medical insurance premiums paid by this activity _____
Long-term care premiums paid by this activity _____
Amount of wages received as a statutory employee _____

Business Income

2024 Information

Gross receipts and sales _____

Returns and allowances _____
Other income: _____

Cost of Goods Sold

2024 Information

Beginning inventory _____
Purchases _____
Labor: _____

Materials _____
Other costs: _____

Ending inventory _____

Principal business or profession _____

2024 Information

Advertising _____

Car and truck expenses _____

Commissions and fees _____

Contract labor _____

Depletion _____

Depreciation _____

Employee benefit programs (Include Small Employer Health Ins Premiums credit):

Insurance (Other than health):

Interest:

Mortgage (Paid to banks, etc.)

Other:

Legal and professional services _____

Office expense _____

Pension and profit sharing:

Rent or lease:

Vehicles, machinery, and equipment _____

Other business property _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses:

Travel and meals:

Travel _____

Meals (Enter 100% subject to 50% limitation) _____

Meals (Enter 100% subject to DOT 80% limit) _____

Meals (Fully deductible) _____

Utilities _____

Wages (Less employment credit):

Other expenses:

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____

Employer identification number _____

Name of entity _____

State postal code _____

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			
	Other losses - 1040 Sch 1			
	Section 179			

Taxpayer/Spouse/Joint (T, S, J) _____

Employer identification number _____

Name of entity _____

State postal code _____

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			
	Other losses - 1040 Sch 1			
	Section 179			

Taxpayer/Spouse/Joint (T, S, J) _____

Employer identification number _____

Name of entity _____

State postal code _____

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			
	Other losses - 1040 Sch 1			
	Section 179			

Reimbursements for other expenses not included on Form W-2 _____

Reimbursements for meals not included on Form W-2 _____

Reimbursements for meals for DOT service limitation not included on Form W-2 _____

Taxpayer/Spouse (T, S) _____

Occupation in which expenses were incurred _____

Vehicle Questions

2024 Information

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) _____

Was another vehicle available for personal use? (Y, N) _____

Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) _____

Vehicle Information

Vehicle 1 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 2 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 3 -	Date placed in service	_____
	Description	_____
	Comments	_____

Vehicles Actual Expenses

Mileage Information

	Vehicle 1	Vehicle 2	Vehicle 3
Total mileage for the year	_____	_____	_____
Business miles	_____	_____	_____
Average daily round trip commuting mileage	_____	_____	_____
Total commuting mileage	_____	_____	_____
Gasoline	_____	_____	_____
Oil	_____	_____	_____
Repairs	_____	_____	_____
Maintenance	_____	_____	_____
Tires	_____	_____	_____
Car washes	_____	_____	_____
Insurance	_____	_____	_____
Interest	_____	_____	_____
Registration	_____	_____	_____
Licenses	_____	_____	_____
Property taxes (Plates, tags, etc)	_____	_____	_____
Vehicle rentals	_____	_____	_____
Inclusion amt (Preparer only)	_____	_____	_____
Other vehicle expenses	_____	_____	_____
Value of employer provided vehicle	_____	_____	_____
Depreciation	_____	_____	_____

Complete this section if you paid interest on a qualified student loan in 2024 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2024. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2024 Interest Paid
—	_____	_____
—	_____	_____
—	_____	_____
—	_____	_____

NOTES/QUESTIONS:

T/S/J

2024 Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

—	_____	_____
—	_____	_____
—	_____	_____
—	_____	_____
—	_____	_____
—	_____	_____

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

—	_____	_____
—	_____	_____
—	_____	_____
—	_____	_____

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

—	_____	_____
—	_____	_____

Prescription medicines and drugs:

—	_____	_____
—	_____	_____
—	_____	_____

Miles driven for medical items (21 cents)

—	_____	_____
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Schedule A - Tax Expenses

T/S/J

2024 Information

State/local income taxes paid:

—	_____	_____
—	_____	_____
—	_____	_____
—	_____	_____
—	_____	_____

2023 state and local income taxes paid in 2024:

—	_____	_____
—	_____	_____
—	_____	_____

Real estate taxes paid:

—	_____	_____
—	_____	_____
—	_____	_____

Personal property taxes:

—	_____	_____
—	_____	_____
—	_____	_____

Other taxes, such as: foreign taxes and State disability taxes

—	_____	_____
—	_____	_____
—	_____	_____

Sales tax paid on major purchases:

—	_____	_____
—	_____	_____

Sales tax paid on actual expenses:

—	_____	_____
—	_____	_____
—	_____	_____

T/S/J		2024 Interest Paid	2024 Points Paid	Type*
	Home mortgage interest: From Form 1098			
—	_____	_____	_____	—
—	_____	_____	_____	—
—	_____	_____	_____	—
—	_____	_____	_____	—
—	_____	_____	_____	—
—	_____	_____	_____	—
—	_____	_____	_____	—
—	_____	_____	_____	—
—	_____	_____	_____	—
*Mortgage Types				
Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment				

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

Other expenses

Gambling losses: (Enter only if you have gambling income)

NOTES/QUESTIONS:

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J

2024 Information

Unreimbursed expenses, such as: Uniforms, Professional dues,
Business publications, Job seeking expenses, Educational expenses

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—		
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—		

Union dues, other than amounts reported on Form W-2:

—		
—		
—		
—		

Tax preparation fees

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

—		
—		
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—		
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—		
—		

Safe deposit box rental

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

—		
—		
—		
—		
—		
—		
—		
—		
—		
—		

NOTES/QUESTIONS:

Principal business or profession _____

Taxpayer/Spouse/Joint (T, S, J) _____

Business Use of Home**2024 Information**

Total area of home _____

Area used exclusively for business _____

Information for day-care facilities only:

Total hours used for day-care during this year _____

Total hours used this year, if less than 8784 _____

Special computation for certain day-care facilities:

Area used regularly and exclusively for day-care business _____

Area used partly for day-care business _____

List as direct expenses any expenses which are attributable only to the business part of your home.**List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.****2024 Information****Direct Expenses****Indirect Expenses**

Mortgage interest: _____

Real estate taxes: _____

Excess mortgage interest _____

Insurance _____

Rent _____

Repairs & maintenance _____

Utilities _____

Other expenses, such as: Supplies & Security system _____

Excess casualty losses _____

Carryovers:

Operating expenses _____

Casualty losses _____

Depreciation _____

Business expenses not from business use of home, such as:

Travel, Supplies, Business telephone expenses _____

Depreciation _____

NOTES/QUESTIONS:

2024 Information

Taxpayer

Spouse

Self-employed health insurance premiums: (Not entered elsewhere)

<div></div>	<div></div>	<div></div>
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Self-employed long-term care premiums: (Not entered elsewhere)

<div></div>	<div></div>	<div></div>
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NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

2024 Information

Taxpayer/Spouse (T, S) _____

Name of Trustee _____

State postal code _____

Indicate type of health or medical savings account:

 HSA _____

 Archer MSA _____

 MA (Medicare Advantage) MSA _____

Total HSA/MSA contributions made

 for 2024 (Enter all amounts contributed, including through employer cafeteria plans) _____

Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) _____

Number of months in qualified high deductible health plan in 2024 _____

Mark if you want to contribute the maximum allowable health or

 medical savings account contribution amount _____

Total HSA/MSA contribution to be made for 2024 _____

Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) _____

Excess contributions for 2023 taken as constructive contributions for 2024 _____

Rollover contribution (Form 5498-SA, Box 4) _____

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible _____

Enter compensation from employer maintaining high deductible health plan _____

If self-employed, enter earned income from business _____

 under which plan was established _____

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2024? (Y, N) _____

NOTES/QUESTIONS:

California General Information

Prior year last name

Taxpayer

Spouse

Health Care Coverage

Entire family covered for full year with minimum essential health care coverage (1 = Yes, 2 = No)

Use Tax

Item purchased

Purchase price

County (City)

Sales Tax paid

Contributions**Amount of contributions you wish to make to:**

Seniors Special Fund

Alzheimer's Disease/Related Dementia Fund

Rare and Endangered Species Preservation Program

Breast Cancer Research Fund

Firefighters' Memorial Fund

Emergency Food for Families Fund

Peace Officer Memorial Foundation Fund

Sea Otter Fund

Cancer Research Fund

School Supplies for Homeless Children Fund

Parks Pass Purchase (\$195)

State Parks Protection Fund

Protect Our Coast and Oceans Fund

Keep Arts in Schools Fund

Prevention of Animal Homelessness Fund

California Senior Citizen Advocacy Fund

Native California Wildlife Rehabilitation

Mental Health Crisis Prevention Fund

California ALS Research Network Fund

Renter Information

Number of months rented principal residence in California in 2024

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only)

Property rented was exempt from property tax in 2024

Taxpayer claimed homeowner's property tax exemption in 2024

Spouse claimed homeowner's property tax exemption during 2024

Maintained separate residencies for the entire year

Addresses if more than one or different from mailing address

Address

City

State

Zip Code

Date Rented From

Date Rented To

Landlord information

Name

Address

City

State

Zip Code

Telephone