Form ID: 1040 CLEAR

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse)

Mark if you were married but living apart all year

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?	No	
Mark if dependent of another taxpayer	No	
Mark if legally blind	No	No
Date of birth		
Date of death		
Cell phone Number		
Do you authorize us to discuss your return with the IRS? (Y, N)	Yes	

Present Mailing Address

Address

Apartment number

City, state postal code, zip code

Foreign country name

Foreign phone number

In care of addressee

Dependent Information

Children you provide for...

First Name	Last Name	Date of Birth	Social Security No.	Relationship to you	If share custody #mo. in home	Dependent Code (see below)	Care expenses

Do you support an adult relative by providing 50% or more of the funds for care? NO YES

Does the dependent have income? NO YES

Doe the dependent file a tax return? NO YES

Dependent Codes

***Basic** **1 = Child who lived with you**
2 = Child who did not live with you due to divorce/separation

****Other** **A = Student (Age 19 - 23)**
B = Disabled dependent
C = Disabled student (Age 19-23)

Form ID: Info

Client Contact Information

2

Preparer - Enter on Screen Contact

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

Taxpayer ○
Spouse ○
Both ○

Taxpayer email address

Spouse email address

NOTES/QUESTIONS:

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information

3

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 Note that electronic funds will be withdrawn only from the primary account listed below.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:

Bank Routing Number
Bank Name
Account Number

Type of account (1 = Savings, 2 = Checking)

Is the account owner: (T) Taxpayer, (S) Spouse, or (J) Joint

Form ID: ELF

Electronic Filing and Electronic Payments

6

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.

If you are filing a balance due return, do you want to pay with your tax return?
- ◯ Pay with Check or Online Payment
- ◯ Pay with Tax Return Submission

Do you want to schedule payment for your 2025 estimated taxes with your tax return?
- ◯ Pay by Check or Online Payment Schedule
- ◯ Pay with Tax Return Submission

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.
Each year you may choose a pin or use one computer generated.

If you would like to select your PIN, please enter the desired 5 digits.

Taxpayer self-selected Personal Identification Number (PIN) _____

Spouse self-selected Personal Identification Number (PIN) _____

NOTES/QUESTIONS:

Form ID: IDAuth

Identity Authentication

7

Taxpayer -

Form of identification ◯ Driver's License ◯ State ID ◯ Passport ___

Identification number

Issue date _____

Expiration date (mm/dd/yyyy) _____

Location of issuance (State issued only) ___

Document number (New York only) _____

Spouse -

Form of identification ◯ Driver's License ◯ State ID ◯ Passport ___

Identification number

Issue date _____

Expiration date (mm/dd/yyyy) _____

Location of issuance (State issued only) ___

Document number (New York only) _____

2024 Tax Payments

If you have an overpayment of 2024 taxes, do you want the excess: ◯ Refunded ◯ Applied to 2025 ◯ A Portion Applied to 2025

Refunded

Applied to 2025 estimated tax liability amount: or % 0%

Do you expect a considerable change in your 2025 income?

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2025?

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2025 withholding?

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2025?

If yes, please explain any differences:

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		

Income Summary

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.

Form No.	T/S/J	Description	Attached

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse covered by an employer's retirement plan?	○ No ○ 401(k) ○ SEP-IRA ○ Other	○ No ○ 401(k) ○ SEP-IRA ○ Other
Do you want to contribute to a traditional IRA for 2024?	☐ NO ☐ YES	☐ NO ☐ YES
Enter the total traditional IRA contributions made for use in 2024 so far:		

	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:

Schedule C - General Information

	2024 Information
Taxpayer/Spouse/Joint (T, S, J)	
Employer identification number	
Business name	
Principal business/profession	
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	

Schedule C - Expenses

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:	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	

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 _____

Vehicles Actual Expenses

Mileage Information	**Vehicle 1**	**Vehicle 2**
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		

Student Loan Interest Paid

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:

Schedule A - Medical and Dental Expenses

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)

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:

Form ID: A-2

Interest 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

Charitable Contributions

T/S/J		2024 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses) **Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.** **Individual contributions of $250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.**		
	Volunteer miles driven		
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		

Miscellaneous Deductions

T/S/J		2024 Information
	Other expenses	
	Gambling losses: (Enter only if you have gambling income)	

NOTES/QUESTIONS:

Form ID: A-St

Miscellaneous Itemized Deductions (State Use Only)

59a

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

NOTES/QUESTIONS:

Home Office General Information

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)		
Self-employed long-term care premiums: (Not entered elsewhere)		

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

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:

Form ID: CA

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