

| | | | | |
|------|------|----|--------------------|---|
| 2024 | 1040 | US | Client Information | 1 |
|------|------|----|--------------------|---|

MALKASIAN ACCOUNTANCY

2233 WATT AVE SUITE 290

SACRAMENTO CA 95825

Telephone number: 9169719315

Fax number:

E-mail address: FLORC@MALKASIAN.COM

Tax Return Appointment

Date:

Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2024 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

| | | |
|-----------------|--|--|
| Filing Status | Filing status (table) | |
| | 1=married filing separate and lived with spouse | |
| | Year spouse died, if qualifying surviving spouse (2022 or 2023) | |
| Taxpayer | First name and initial | |
| | Last name | |
| | Title/suffix | |
| | Social security number | |
| | Occupation | |
| | Date of birth (m/d/y) | |
| | Date of death (m/d/y) | |
| | 1=blind | |
| Spouse | First name and initial | |
| | Last name | |
| | Title/suffix | |
| | Social security number | |
| | Occupation | |
| | Date of birth (m/d/y) | |
| | Date of death (m/d/y) | |
| | 1=blind | |
| Address | In care of | |
| | Street address | |
| | Apartment number | |
| | City | |
| | State | |
| | ZIP code | |
| Foreign Address | Region | |
| | Postal code | |
| | Country | |

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying surviving spouse (QSS)

| | | | | |
|--|------------------------------|----|--|------|
| 2024 | 1040 | US | Client Information (continued) | 1 p2 |
| Please add, change or delete information for 2024. | | | | |
| CLIENT INFORMATION | | | | |
| Taxpayer Contact Information | Home phone..... | | <div>Daytime Phone</div> <div>1 = Work 2 = Home 3 = Mobile</div> | |
| | Work phone..... | | | |
| | Work extension..... | | | |
| | Daytime phone (table)..... | | | |
| | Mobile phone..... | | | |
| | Fax number..... | | | |
| | E-mail address..... | | | |
| Spouse Contact Information | Home phone..... | | | |
| | Work phone..... | | | |
| | Work extension..... | | | |
| | Daytime phone (table)..... | | | |
| | Mobile phone..... | | | |
| | Fax number..... | | | |
| | E-mail address..... | | | |
| Taxpayer Authentication | Driver's license no..... | | | |
| | Driver's license state..... | | | |
| | Issue date (m/d/y)..... | | | |
| | Expiration date (m/d/y)..... | | | |
| | Theft protection PIN..... | | | |
| Spouse Authentication | Driver's license no..... | | | |
| | Driver's license state..... | | | |
| | Issue date (m/d/y)..... | | | |
| | Expiration date (m/d/y)..... | | | |
| | Theft protection PIN..... | | | |
| | | | | |

| | | | | |
|--|------|-----------|------------|---|
| 2024 | 1040 | US | Dependents | 2 |
| Please add, change or delete information for 2024. | | | | |
| DEPENDENTS | | | | |
| | | Dependent | Dependent | Type of Dependent 1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent 5 = Earned income credit only, not a dependent Earned Income Credit 1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of: 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement |
| First name..... | | | | |
| Last name..... | | | | |
| Title/suffix..... | | | | |
| Date of birth (m/d/y)..... | | | | |
| Date of death..... | | | | |
| Date of adoption..... | | | | |
| Social security number..... | | | | |
| Relationship..... | | | | |
| Months lived at home..... | | | | |
| Type of dependent (see table)..... | | | | |
| Earned income credit (see table)..... | | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | | |
| IRS theft protection PIN..... | | | | |
| | | Dependent | Dependent | |
| First name..... | | | | |
| Last name..... | | | | |
| Title/suffix..... | | | | |
| Date of birth (m/d/y)..... | | | | |
| Date of death..... | | | | |
| Date of adoption..... | | | | |
| Social security number..... | | | | |
| Relationship..... | | | | |
| Months lived at home..... | | | | |
| Type of dependent (see table)..... | | | | |
| Earned income credit (see table)..... | | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | | |
| IRS theft protection PIN..... | | | | |
| | | Dependent | Dependent | |
| First name..... | | | | |
| Last name..... | | | | |
| Title/suffix..... | | | | |
| Date of birth (m/d/y)..... | | | | |
| Date of death..... | | | | |
| Date of adoption..... | | | | |
| Social security number..... | | | | |
| Relationship..... | | | | |
| Months lived at home..... | | | | |
| Type of dependent (see table)..... | | | | |
| Earned income credit (see table)..... | | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | | |
| IRS theft protection PIN..... | | | | |
| | | | | |

| | | | |
|------|------|----|-------------------------|
| 2024 | 1040 | US | Miscellaneous Questions |
|------|------|----|-------------------------|

If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary.

YES

☐

NO

☐

PERSONAL INFORMATION

Did your marital status change during the year?

☐

☐

Did your address change during the year?

☐

☐

In 2023, could you be claimed as a dependent on another person's tax return?

☐

☐

DEPENDENTS

Were there any changes in dependents?

☐

☐

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2024?

☐

☐

Did you have any children under age 19 or full-time students under age 24 at the end of 2024, with interest and dividend income in excess of \$1,300, or total investment income in excess of \$2,600?

☐

☐

HEALTH CARE COVERAGE

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

☐

☐

INCOME

Did you receive unreported tip income of \$20 or more in any month?

☐

☐

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

☐

☐

Did you receive any disability income?

☐

☐

Did you have any foreign income or pay any foreign taxes?

☐

☐

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

☐

☐

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

☐

☐

In 2023, did you buy or sell any stocks, bonds or other investment property?

☐

☐

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

☐

☐

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

☐

☐

Did you have any debts cancelled or forgiven?

☐

☐

Does anyone owe you money which has become uncollectible?

☐

☐

Miscellaneous Questions

| | | | |
|------|------|----|-------------------------------------|
| 2024 | 1040 | US | Miscellaneous Questions (continued) |
|------|------|----|-------------------------------------|

If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary.

| | | |
|--------------------------|--------------------------|--|
| YES | NO | RETIREMENT PLANS |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
| | | EDUCATION |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| | | ITEMIZED DEDUCTIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| | | ESTIMATED TAXES |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of 2023 taxes to your 2024 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2025 taxable income and withholdings to be different from 2024? |
| | | MISCELLANEOUS |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |

| | | | |
|------|------|----|-------------------------------------|
| 2024 | 1040 | US | Miscellaneous Questions (continued) |
|------|------|----|-------------------------------------|

If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary.

| YES | NO | MISCELLANEOUS (continued) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$18,000, or any gifts to a trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months? |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time during 2024, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? |

| | | | | |
|------|------|----|------------------------------------|----------------|
| 2024 | 1040 | US | Wages, Pensions, Gambling Winnings | 10, 13.1, 13.2 |
|------|------|----|------------------------------------|----------------|

Please enter all pertinent 2024 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) | | Wages, Tips, Other Compensation (Box 1) | Tax Withheld | | | | | 2023 Wages |
|-----|--------------------------|----------------------------|--|---|-----------------|-------------------------|------------------|----------------|----------------|------------|
| | | 1=spouse | | | Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

PENSIONS, IRA DISTRIBUTIONS (13.1)

| No. | Name of Payer | Distribution code #2 | | | | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld | | Value of all IRAs at 12/31/24 | 2023 Distribution |
|-----|---------------|----------------------|--|--|--|----------------------------|-------------------------|-----------------|----------------|-------------------------------|-------------------|
| | | Distribution code #1 | | | | | | Federal (Box 4) | State (Box 14) | | |
| | | 1=IRA/SEP/SIMPLE | | | | | | | | | |
| | | 1=spouse | | | | | | | | | |
| | | | | | | | | | | | |
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GAMBLING WINNINGS (W-2G) (13.2)

| No. | Name of Payer | 1=spouse | Gross Winnings (Box 1) | Tax Withheld | | | 2023 Winnings |
|-----|---------------|----------|------------------------|-----------------|----------------|----------------|---------------|
| | | | | Federal (Box 4) | State (Box 15) | Local (Box 17) | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

| | | | |
|---|-------------|----|-------------|
| Total gambling losses..... | 2024 Amount | TS | 2023 Amount |
| Winnings not reported on Form W-2G..... | | | |

| | |
|--|----------------|
| | 10, 13.1, 13.2 |
|--|----------------|

| | | | | |
|------|------|----|----------------------|------|
| 2024 | 1040 | US | Miscellaneous Income | 14.1 |
|------|------|----|----------------------|------|

Please enter all pertinent 2024 amounts and attach all 1099-MISC, 1099-NEC, 1099-K, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

| | 2024 Amount | | 2023 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Social security benefits (SSA-1099, box 5) | | | | |
| Medicare premiums paid (SSA-1099) | | | | |
| 1=treat Medicare premiums paid as SE health ins. | | | | |
| Tier 1 RR retirement benefits (RRB-1099, box 5) | | | | |
| 1=lump-sum election for SS benefits | | | | |
| Alimony received | | | | |
| Taxable scholarships and fellowships | | | | |
| Jury duty pay | | | | |
| Household employee income not on W-2 | | | | |
| Excess minister's allowance | | | | |
| Alaska permanent fund dividends | | | | |
| Income from rental of personal property | | | | |
| Activity not engaged in for profit income | | | | |
| Olympic & Paralympic medals & USOC prize money | | | | |
| Prizes and awards | | | | |
| Stock Options | | | | |
| Strike or lockout benefits (other than bona fide gifts) | | | | |
| Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes | | | | |
| Wages earned while incarcerated not on W-2 | | | | |
| Income subject to S/E tax: (1099-NEC, box 1) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Other income (1099-MISC, box 3, 8) | | | | |
| | | | | |
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Form 1099-K

| | | | | |
|--|--|--|--|--|
| Amount of sale proceeds from Form 1099-K for personal item(s) sold at a loss | | | | |
| Amount from Form 1099-K that was incorrectly reported | | | | |

TAX WITHHELD (not entered elsewhere)

| | | | | |
|-----------------------------|--|--|--|--|
| Federal income tax withheld | | | | |
| State income tax withheld | | | | |
| Local income tax withheld | | | | |

Please enter all pertinent 2024 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

| | 2024 Amount | TS | 2023 Amount |
|---|-------------|----|-------------|
| Prescription medicines and drugs | | | |
| Doctors, dentists and nurses | | | |
| Hospitals and nursing homes | | | |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) | | | |
| Long-term care premiums - taxpayer | | | |
| Long-term care premiums - spouse | | | |
| Insurance reimbursement (enter as a positive number) | | | |
| Lodging and transportation: | | | |
| Out-of-pocket expenses | | | |
| Medical miles driven | | | |
| Other medical and dental expenses: | | | |
| | | | |
| | | | |
| | | | |

TAXES PAID (State and local withholding and 2024 estimates are automatic.)

| | | | |
|--|--|--|--|
| State income taxes - 1/24 payment on 2023 state estimate | | | |
| State income taxes - paid with 2023 state return extension | | | |
| State income taxes - paid with 2023 state return | | | |
| State income taxes - paid for prior years and/or to other state | | | |
| City/local income taxes - 1/24 payment on 2023 city/local estimate | | | |
| City/local income taxes - paid with 2023 city/local extension | | | |
| City/local income taxes - paid with 2023 city/local return | | | |

SALES AND USE TAXES PAID

| | | | |
|--|--|--|--|
| State and local sales taxes (except autos and special items) | | | |
| Use taxes paid on 2024 purchases | | | |
| Use taxes paid with 2023 state return | | | |
| Sales tax on autos not included above | | | |
| Sales tax on boats, aircraft, other special items | | | |

OTHER TAXES PAID

| | | | |
|--|--|--|--|
| Real estate taxes - principal residence: | | | |
| | | | |
| Real estate taxes - held for investment : | | | |
| | | | |
| | | | |
| | | | |
| Personal property taxes (including auto fees in some states. Provide a copy of tax notice) | | | |
| Foreign income taxes | | | |
| Other taxes: | | | |
| | | | |

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 5) reported on Form 1098:

| | 2024 Amount | TS | 2023 Amount |
|--|-------------|----|-------------|
| | | | |
| | | | |
| | | | |

Home mortgage interest not reported on Form 1098:

| | |
|--------------------------|--|
| Payee's name..... | |
| Payee's SSN or FEIN.... | |
| Payee's street address.. | |
| Payee's city..... | |
| Payee's state..... | |
| Payee's ZIP code..... | |
| Payee's region..... | |
| Payee's postal code.... | |
| Payee's country..... | |
| Amount paid..... | |

Points not reported on Form 1098:

| | | |
|--|--|--|
| | | |
| | | |

Investment interest (interest on margin accounts):

| | | |
|--|--|--|
| | | |
| | | |

Passive interest.....

| | | |
|--|--|--|
| | | |
|--|--|--|

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Volunteer expenses (out-of-pocket) | | |
| Number of charitable miles..... | | |

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Volunteer expenses (out-of-pocket) | | |
| Number of charitable miles..... | | |

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

| | 2024 Amount | TS | 2023 Amount |
|--|-------------|----|-------------|
| | | | |
| | | | |
| | | | |

30% limitation (see above):

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

| | | |
|--|--|--|
| | | |
|--|--|--|

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

Investment expense:

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

Tax return preparation fee

Safe deposit box rental

| | | |
|--|--|--|
| | | |
|--|--|--|

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

Series: 400 (T=taxpayer, S=spouse, Blank=joint) Itemized Deductions (continued)

1. Total home equity debt exceeded \$100,000 at any time during 2024 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2024 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2024 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

| | 2024 Amount | TS | 2023 Amount |
|--|-------------|----|-------------|
| Fair market value of the property on the date that the last debt was secured . | | | |
| Home acquisition and grandfather debt on the date that the last debt was secured | | | |

Loan #1

Lender's name

Form (see table)

Number of form

1=taxpayer, 2=spouse, blank=joint

Interest paid

Points paid

Total principal paid

Lump sum principal payment (if paid off)

Months outstanding (if not 12)

1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)

Home acquisition debt balance - beginning of year

Home acquisition debt borrowed in 2024

Home equity debt balance - beginning of year

Home equity debt borrowed in 2024

Grandfather debt balance - beginning of year

[illegible]

Loan #2

Lender's name.....

Form (see table).....

Number of form.....

1=taxpayer, 2=spouse, blank=joint.....

Interest paid.....

Points paid.....

Total principal paid.....

Lump sum principal payment (if paid off).....

Months outstanding (if not 12).....

1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17).....

Home acquisition debt balance - beginning of year.....

Home acquisition debt borrowed in 2024.....

Home equity debt balance - beginning of year.....

Home equity debt borrowed in 2024.....

Grandfather debt balance - beginning of year.....

[illegible]

1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

Please enter all pertinent 2024 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3

2024 Amount

TS

2023 Amount

| | | |
|--|--|--|
| Lender's name..... | | |
| Form (see table)..... | | |
| Number of form..... | | |
| 1=taxpayer, 2=spouse, blank=joint..... | | |
| Interest paid..... | | |
| Points paid..... | | |
| Total principal paid..... | | |
| Lump sum principal payment (if paid off)..... | | |
| Months outstanding (if not 12)..... | | |
| 1=home acquisition debt incurred after 12/15/17..... | | |
| Home acquisition debt balance - beginning of year..... | | |
| Home acquisition debt borrowed in 2024..... | | |
| Home equity debt balance - beginning of year..... | | |
| Home equity debt borrowed in 2024..... | | |
| Grandfather debt balance - beginning of year..... | | |

Loan #4

2024 Amount

TS

2023 Amount

| | | |
|--|--|--|
| Lender's name..... | | |
| Form (see table)..... | | |
| Number of form..... | | |
| 1=taxpayer, 2=spouse, blank=joint..... | | |
| Interest paid..... | | |
| Points paid..... | | |
| Total principal paid..... | | |
| Lump sum principal payment (if paid off)..... | | |
| Months outstanding (if not 12)..... | | |
| 1=home acquisition debt incurred after 12/15/17..... | | |
| Home acquisition debt balance - beginning of year..... | | |
| Home acquisition debt borrowed in 2024..... | | |
| Home equity debt balance - beginning of year..... | | |
| Home equity debt borrowed in 2024..... | | |
| Grandfather debt balance - beginning of year..... | | |

Form

1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

| | | | | |
|------|------|----|-----------------------------------|-----------|
| 2024 | 1040 | US | Noncash Contributions (Form 8283) | 26.1,26.2 |
|------|------|----|-----------------------------------|-----------|

If your total noncash contributions are in excess of \$500 in 2024, please complete the information below for each donee using the following guidelines:

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

| | | | |
|--|---|-----------------------------------|--|
| No. <input type="text"/> | Name of charitable organization (donee) | | |
| | Street address | | |
| | City | | |
| | State | | |
| | ZIP code | | |
| | 1=spouse, 2=joint | | |
| | Property description (other than vehicle) | | |
| | Vehicle | Identification number (VIN) | |
| | | Year (yyyy) | |
| | | Make | |
| | | Model | |
| | | Odometer mileage | |
| | Date of contribution (m/d/y) | | |
| | Date acquired by donor (m/y) | | |
| How acquired by donor (Table 1 or describe) | | | |
| Donor's cost or basis | | | |
| Fair market value | | | |
| Method used to determine FMV (Table 2 or describe) | | | |

| | | | |
|--|---|-----------------------------------|--|
| No. <input type="text"/> | Name of charitable organization (donee) | | |
| | Street address | | |
| | City | | |
| | State | | |
| | ZIP code | | |
| | 1=spouse, 2=joint | | |
| | Property description (other than vehicle) | | |
| | Vehicle | Identification number (VIN) | |
| | | Year (yyyy) | |
| | | Make | |
| | | Model | |
| | | Odometer mileage | |
| | Date of contribution (m/d/y) | | |
| | Date acquired by donor (m/y) | | |
| How acquired by donor (Table 1 or describe) | | | |
| Donor's cost or basis | | | |
| Fair market value | | | |
| Method used to determine FMV (Table 2 or describe) | | | |

| | |
|---|--|
| 1 How Property was Acquired 1 = Purchase 3 = Inheritance 2 = Gift 4 = Exchange | 2 Method Used to Determine FMV 1 = Appraisal 3 = Catalog 2 = Thrift shop value 4 = Comparable sales For other methods, see IRS Pub. 561. |
|---|--|