



Dedicated Advocates of Your Dreams.

2024 Tax Guide and Organizer

Use this organizer to assist you in compiling your income tax data for the preparation of your tax return. This information will ensure that all income, credits, and allowable deductions are accounted for and assist us in keeping your fee as low as possible. We ask that you provide all supporting documentation requested. Please do not use a tax organizer from a previous year.

Please fill out the "Important Information" Section on page 12. The rest of the Tax Organizer is not required for you to fill it out, it's a tool to guide you in gathering your tax information so we can provide the best result for your tax situation. Fill out the parts that apply to you.

DOCUMENTS CHECKLIST

Please be sure you have included the following items with your organizer:

- All W-2 forms for wages and salaries
- All 1099 forms for interest and dividend income
- All 1099-R forms for pension and retirement income
- All 1099-S forms and 1099-B forms for sales of securities and real property
- Social Security Forms SSA-1099
- Health Insurance 1095-A forms (we **do not** need 1095-B or C forms)
- Purchase and sales statements for real estate purchases and sales in 2024
- All K-1 forms and instructions for partnerships, trusts, estates, S-Corporations and joint ventures
- Driver's License: Copy of front and back of valid driver's license(s)

TAXPAYER INFORMATION

Name _____ Social Security # ____ - ____ - ____

Occupation _____ Date of Birth ____ / ____ / ____ Blind? Y N

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____ Would you like to receive your copy of the returns to this e-mail address? Y N

SPOUSE INFORMATION

Name _____ Social Security # ____ - ____ - ____

Occupation _____ Date of Birth ____ / ____ / ____ Blind? Y N

Home Address (if different) _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____ Would you like to receive your copy of the returns to this e-mail address? Y N

If married but filing separately, list name of spouse _____ and SS# ____ - ____ - ____

If filing Head of Household and qualifying person is your child but not your dependent listed below, enter your child's name here _____

DEPENDENT INFORMATION

* Place an asterisk by any dependent attending college or post-secondary school.

Full Name	Date of Birth	Social Security #	Relationship	# of Months In Home
_____	____ / ____ / ____	____ - ____ - ____	_____	_____
_____	____ / ____ / ____	____ - ____ - ____	_____	_____

_____/_____/_____-_____-_____
 _____/_____/_____-_____-_____

Did any of your dependent's file or will they file a tax return for 2024? Y N

HEALTH INSURANCE

Did you receive any premium health insurance credits through a government exchange during the year? Y N

If Yes: Please provide **Form 1095-A** showing the amount of the premium credit you received.

WAGES

Please provide all W-2s

of W-2s provided by Taxpayer _____ by Spouse _____

Are there any W-2s missing or inaccurate? Y N

If Yes, Explain: _____

MISCELLANEOUS INCOME - Please provide all 1099s and W-2s * **T - taxpayer, S - spouse, J - joint**

	T	S	J	*	Amount
Alimony Received (not child support) If you pay alimony - list on page 7	_____	_____	_____	_____	_____
Date of Divorce Agreement ____/____/_____	_____	_____	_____	_____	_____
Jury Duty (or other public service)	_____	_____	_____	_____	_____
Tips, Gratuities (not reported on W-2)	_____	_____	_____	_____	_____
Prizes, Awards, Gambling Winnings	_____	_____	_____	_____	_____
Commissions, Bonuses (not reported on W-2)	_____	_____	_____	_____	_____
Pensions, Annuities	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
IRA / Keogh / 401k Withdrawals (Including RMDs)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Retirement Plan Distributions rolled over	_____	_____	_____	_____	_____
Unemployment Compensation	_____	_____	_____	_____	_____
Forgiven Debt	_____	_____	_____	_____	_____
Disability Income	_____	_____	_____	_____	_____
Social Security (attach SSA-1099)	T	_____	_____	_____	_____
Social Security (attach SSA-1099)	S	_____	_____	_____	_____
Self-Employed Business (see page 8)	_____	_____	_____	_____	_____
Rental Income (see page 9)	_____	_____	_____	_____	_____

The following are generally non-taxable, but may be required to justify deductions, etc.

Cash Gifts, Inheritance _____

Insurance or Court Settlements _____

Child Support _____
 Veteran's Benefits _____
 Worker's Compensation _____

STATE INFORMATION

State of Residence _____ County of Residence _____ School District Name _____

FEDERAL, STATE AND LOCAL INCOME TAXES PAID *not including withholding from W-2's and 1099s

Did you make Quarterly Estimated Tax payments in 2024? Y N

	<u>Federal</u>			<u>State</u>		<u>Local</u>	
	Due	Date paid	Amount	Date paid	Amount	Date paid	Amount
1st qtr. 04/15/2024	____/____/____	____/____/____	_____	____/____/____	_____	____/____/____	_____
2nd qtr. 06/17/2024	____/____/____	____/____/____	_____	____/____/____	_____	____/____/____	_____
3rd qtr. 09/16/2024	____/____/____	____/____/____	_____	____/____/____	_____	____/____/____	_____
4th qtr. 01/15/2025	____/____/____	____/____/____	_____	____/____/____	_____	____/____/____	_____
Other payments	____/____/____	____/____/____	_____	____/____/____	_____	____/____/____	_____

DIVIDEND / INTEREST INCOME - Be sure to list both Taxable and Tax-Exempt income (provide statements)

Source	T	S	J	Interest	Dividends	Statement Provided?	
						Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	Y	N

Penalty for early withdrawal of savings _____

CAPITAL GAINS AND LOSSES - Sale of property / real estate / stocks / bonds. Do not include information on 1099-B.

Description	Date Acquired	Date Sold	Selling Price	Original Cost or Basis
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

All sales of securities and property must be reported even if there is no profit or loss. For sales not included on form 1099-B please provide the details above.

Installment Sales - For all current year installment sales, please provide copy of contract and/or closing statement

SALE OF PERSONAL RESIDENCE - Please provide copy of real estate closing papers and Form 1099-S

Date old residence acquired ___ / ___ / ___ Cost or basis _____

Improvements (additions, landscaping, new roof, etc.) _____

Fixing-up expenses (painting, repairs, etc., to prepare for sale) _____

Date old residence sold ___ / ___ / ___ Selling Price _____

Expenses of sale (commissions, legal fees, etc.) _____

Was any part of the residence rented or used for business? Y N

Was it your principal residence for 2 of the last 5 years? Y N

Was the sale of the residence required due to a job transfer, medical or unforeseen circumstance? Y N

Have you deferred a gain from the sale of a personal residence into the home sold? If so, please provide **Form 2119** from tax return for year prior home sold. Y N

NEW RESIDENCE

Date new residence acquired ___ / ___ / ___ Cost of new residence _____

IRA / KEOGH / SEP RETIREMENT CONTRIBUTIONS

If you want the maximum, write MAX in the appropriate space. We will calculate your contribution limits for you.

	Taxpayer		Spouse	
	Y	N	Y	N
Are you covered by a qualified retirement plan at work?				
2024 Traditional IRA contribution (Deductible)	_____		_____	
2024 Roth IRA contribution (Nondeductible)	_____		_____	
2024 Keogh / Sep contributions	_____		_____	
Have you made your 2024 IRA / Keogh / Sep contribution yet?	Y	N	Y	N
If not, do you plan on making a 2024 contribution in 2025?	Y	N	Y	N

Total value of all your IRA's as of 12/31/24 _____

Do you need advice on choosing your retirement investment? _____

Y N

Y N

CHILD AND DEPENDENT CARE

A credit for child and dependent care expenses is available for qualified taxpayers who incur expenses for the care of dependents who are under age 13 or handicapped. You must be gainfully employed or a full-time student.

Number of qualifying persons cared for in 2024 _____

Care Provider's Name	Address	Identifying Number SS# or EIN	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Child Care Paid During 2024 _____

ITEMIZED DEDUCTIONS

Medical Expenses:

Only unreimbursed medical expenses that exceed 7.5 % of adjusted gross income are allowed.

Doctor and dental fees	_____	Nursing home, nursing care	_____
Prescribed drugs and medicine	_____	Medical equipment and supplies	_____
Hospital, medical and dental insurance premiums paid by you (after tax)	_____	Physical therapy	_____
Long term care insurance premiums (non-hybrid policies)	T _____ S _____	Ambulance	_____
HSA - Contributions	_____	Lab and x-ray fees	_____
Distributions	_____	Glasses, hearing aids, batteries	_____
Lodging while away from home	_____	Parking fees, taxi, bus	_____
Total number of miles driven for medical reasons	_____	Smoking Cessation Program	_____
Above amounts reimbursed by insurance	_____		

Additional Comments: _____

Taxes Paid:

Real estate - primary residence (include whether itemizing or not)	_____
Real estate - other (not including rental property)	_____
Property tax rebates, if any	_____
State and local income taxes paid in 2024 (other than on page 3)	_____
Personal Property Tax (if any)	_____
State Sales tax paid on vehicles and boats	_____

Interest Paid:

Interest paid on home equity loans and lines of credit are no longer deductible unless used to buy, build, or substantially improve your first or second home that secures the loan. Mortgage interest deduction may be limited if your total mortgage indebtedness is above \$750,000.

	Primary Residence	Second Residence	Is this a refinanced loan?	
Mortgage interest - 1st mortgage (1098)	_____	_____	Y	N
Mortgage interest - 2nd mortgage (1098)	_____	_____	Y	N
Home equity loan (1098)	_____	_____	Y	N
Points (1098)	_____	_____		
Interest paid to an individual	_____	_____		

Name _____ SS# _____ - _____ - _____

Address _____

Mortgage insurance premiums paid (new policies issued after 2006) _____

Investment Interest (Interest paid for investments, such as land, stocks, etc.) _____

Paid to	Reason for loan	Amount
_____	_____	_____
_____	_____	_____

Interest you or your spouse paid on Student Loans _____

Charitable Contributions:

- **Do not include political or legislative action contributions, raffle or lottery tickets, or amounts paid for bingo or similar games.**
- All charitable contributions exceeding \$249 need to be substantiated in writing by the charity. The written acknowledgement must state whether any goods or services were provided. You must obtain the substantiation by the time you file your tax return or, if earlier, the due date of your return. A cancelled check is not considered sufficient substantiation.

Total Cash Contributions (Church, Red Cross, United Way, Payroll Deduction, etc.) _____

Total Non-Cash Contributions (Clothing, Furniture, Food, etc.) Please provide value _____
and items donated if they are not indicated on the receipt.

If Non-Cash donations have a total value over \$500 or more, please provide a detailed list of items. The list must include cost, fair market value, date acquired, date contributed, and name and address of organization.

Donated clothing and household items must be in good condition. Items valued over \$5,000 require an appraisal.

Expenses as a Volunteer

Miles	_____	Travel: Meals	_____
Parking, tolls	_____	Lodging	_____
Phone	_____	Transportation	_____
Supplies	_____	Miscellaneous	_____
Uniforms	_____	Other:	_____

Casualty and Theft Losses- Was this in a federally declared disaster area? Y N

Generally, the total amount of all the losses are deductible only to the extent they exceed 10% of adjusted gross income. If more than one loss, provide similar detail for each.

Kind of property or item _____	Date acquired _____ / _____ / _____	Date of loss _____ / _____ / _____
Fair market value before loss _____	Cost or basis _____	
Fair market value after loss _____	Insurance reimbursement _____	

Describe how or what happened _____

Other Deductions:

Gambling losses (limited to winnings) _____
 Tax preparation fees _____

Alimony Paid: _____
 Date of Divorce Agreement ____ / ____ / ____
 Recipient's SS# ____ - ____ - ____

OFFICE IN THE HOME EXPENSE

If you own your home and this is your first year for home office expenses, please provide information to determine the adjusted basis of your home. (closing statements, capital improvements, etc.) This area must be used **exclusively** for your business.

Date acquired home _____ Cost of improvements thru 2023 _____
 Cost of land _____ Rent _____
 Total square footage of entire living area _____ Utilities _____
 Total square footage of office space & storage _____ Home Repair & Maintenance _____
 Cost of home not including land _____ Homeowners Insurance _____
 Capital improvements made in 2024 _____ Other _____

Day care providers - If the use of part of your home as a day care facility is regular, but not exclusive, please provide the number of days during the year the rooms were used and the amount of time spent daily in each room.

Number of days used: _____ Amount of time spent daily in each room: _____

Miscellaneous Deductions: For state tax purposes only.

List only those expenses related to your W-2 and employment. For self-employed business expenses see page 8.

All automobile expenses should be listed under the Business Mileage section on page 10. Do not enter expenses listed elsewhere in this organizer.

	Taxpayer	Spouse
Attorney fees (to protect taxable income)	_____	_____
Business gifts	_____	_____
Dues: union and professional	_____	_____
Employment related education and seminars		
Tuition and fees	_____	_____
Books and supplies	_____	_____
Travel (other than auto)	_____	_____
Meals and entertainment	_____	_____
Business insurance (malpractice, E & O, etc.)	_____	_____
Job seeking expenses in same field		
Employment and resume fees	_____	_____
Other: _____	_____	_____
Licenses and fees	_____	_____

Publications, books, etc., used in business _____
 Telephone (itemized business calls only) _____
 Tools, supplies, equipment _____
 Uniforms - purchase and cleaning _____
 Other: _____
 Other: _____

Investment Related Expenses:

IRA and Keogh fees paid by you _____
 Investment counsel fees _____
 Publications and journals _____
 Safe deposit box _____
 Travel (other than auto) _____
 Telephone (itemized investment use) _____
 Other: _____
 Other: _____

SELF EMPLOYED BUSINESS INCOME AND EXPENSES

Please provide the following information for each separate business. Please feel free to copy this page or call our office to obtain additional copies.

All automobile information should be listed under the Business Mileage section on page 10.

Name of proprietor _____ Business or activity _____
 Business name _____ Product or service _____
 Business address _____ Federal I.D. number _____

Do you use any part of your home for business? Y N (If yes, please complete Office in the Home section on page 7)

How many months in business during year? _____

Have you filed all required Forms 1099? Y N

Gross receipts/sales (net of sales tax) _____
 Returns and allowances _____
 Other: _____

Rent or lease:
 Vehicles / equipment _____
 Other business property _____
 Repairs and maintenance _____
 Supplies (other) _____

Beginning of year inventory _____
 Purchases _____
 Withdrawn for personal use _____
 Cost of labor _____
 Materials, supplies _____
 End of year inventory _____

Taxes:
 Payroll (provide all reports) _____
 Other: _____

Advertising _____
 Bad debts _____
 Commissions paid _____

Travel: See page 11
 Meals:(100%) _____
 *Note entertainment expenses are no longer deductible
 Utilities _____
 Wages _____
 Other expenses:
 Bank charges _____

Employee benefit programs _____
 Insurance (other than health) _____
 Interest (other than mortgage) _____
 Legal and professional fees _____
 Office expense _____
 Pension / profit sharing plans _____

Dues and publications _____
 Postage and freight _____
 Laundry and cleaning _____
 Telephone _____
 Other: _____
 Other: _____

If during the year you purchased or disposed of equipment, furniture, capital improvements, please list below. (List vehicle information under Business Mileage section on page 10)

Description	Date Acquired	Cost	Date Disposed	Amount Received
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____

Comments: _____

RENTAL INCOME AND EXPENSES

Please provide the following information for each separate rental property. Please feel free to copy this page or call our office to obtain additional copies.

All automobile information should be listed under the Business Mileage section on page 10. List all travel expenses on page 11.

Property description _____ Number of days used personally _____ Ownership percentage _____%

Property address _____

Was the property purchased during the current year? Y N If yes, please provide closing statements.
 Was the property disposed of during the current year? Y N If yes, please provide closing statements for both the purchase and sale of the property along with other documents needed to determine the adjusted tax basis.

Rents received _____	Supplies _____
Other income: _____	Real estate taxes _____
	Utilities _____
	Wages and salaries _____
Advertising _____	Other expenses:
Travel See page 11 _____	Bank charges _____
Cleaning and maintenance _____	Gardening and landscaping _____
Commissions _____	Dues and fees _____
Insurance _____	Licenses and permits _____
Legal and professional fees _____	Management fees _____

Mortgage interest paid to banks, etc. _____
 Other interest _____
 Repairs:
 Carpentry, hardware _____
 Electrical _____
 Painting and decorating _____
 Plumbing _____
 Appliances _____
 Miscellaneous _____

Office expenses _____
 Pest control _____
 Telephone _____
 Other: _____
 Other: _____
 Other: _____
 Other: _____
 Other: _____

If during the year you purchased or disposed of equipment, furniture, appliances, capital improvements (carpets, fence, roof, driveway, etc.), please list below.

Description	Date Acquired or Completed	Cost	Date Disposed	Amount Received
_____	__ / __ / __	_____	__ / __ / __	_____
_____	__ / __ / __	_____	__ / __ / __	_____
_____	__ / __ / __	_____	__ / __ / __	_____
_____	__ / __ / __	_____	__ / __ / __	_____
_____	__ / __ / __	_____	__ / __ / __	_____
_____	__ / __ / __	_____	__ / __ / __	_____

Comments: _____

BUSINESS MILEAGE

This section must be completed for every vehicle that is used in business. A mileage log is the best means of supporting your vehicle use for business.

Vehicle Description :	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Year	_____	_____	_____	_____
Make	_____	_____	_____	_____
Model	_____	_____	_____	_____
Driver (taxpayer, spouse)	_____	_____	_____	_____
Date purchased / placed in service	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
Cost of vehicle	_____	_____	_____	_____
Total miles driven during year	_____	_____	_____	_____
Business miles driven during year:				
Self-employed business #1	_____	_____	_____	_____
Self-employed business #2	_____	_____	_____	_____
Rental property activity #1	_____	_____	_____	_____
Rental property activity #2	_____	_____	_____	_____
Medical treatment	_____	_____	_____	_____
Charitable / volunteer work	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Other:

Average daily round trip commuting distance

Number of days vehicle was driven to work

If disposed, date of disposition

_____	_____	_____	_____
_____	_____	_____	_____
____/____/____	____/____/____	____/____/____	____/____/____

ACTUAL AUTOMOBILE EXPENSES

This section is not required if you are using the government's "standard mileage rate". However, this section must be completed if you are using the actual expense method, or if you ever depreciated your vehicle under the ACRS / MACRS method. If this is the first year of business use for your vehicle, please provide a copy of the purchase or lease contract. Amounts included in this section should not be included anywhere else in this organizer.

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Gasoline, oil, lubrication	_____	_____	_____	_____
Repairs and maintenance	_____	_____	_____	_____
Tires, batteries, etc.	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
License and taxes	_____	_____	_____	_____
Auto loan interest	_____	_____	_____	_____
Wash and wax	_____	_____	_____	_____
Lease payments	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

Comments: _____

AWAY FROM HOME TRAVEL EXPENSES

Amounts included in this section should not be included anywhere else in this organizer.

	Self Employed Business		Rental Property	Other	Other
	Taxpayer	Spouse			
Airfare, train, bus	_____	_____	_____	_____	_____
Auto rental, taxi, etc.	_____	_____	_____	_____	_____
Meals	_____	_____	_____	_____	_____
Lodging	_____	_____	_____	_____	_____
Laundry	_____	_____	_____	_____	_____
Tips	_____	_____	_____	_____	_____

HIGHER EDUCATION EXPENSES

Note: Many of your higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax deferred savings accounts. Please provide information individually for each student enrolled at least half time in a qualified post-secondary institution.

*Please provide form 1098-T tuition statement issued by school

	1 st Student	2 nd Student	3 rd Student
Code (T=Taxpayer, S=Spouse, D1=Dependent 1, D2=Dependent 2)	_____	_____	_____
Tuition (Tuition paid during the year for at least half-time enrollment)			
Post-Secondary Years 1 thru 4	_____	_____	_____
Post-Secondary Years after Year 4	_____	_____	_____

Graduate School	Y	N	Y	N	Y	N
Other Expenses						
Tuition Fees	_____		_____		_____	
Room and Board	_____		_____		_____	
Books and Supplies	_____		_____		_____	
Amount of any Grants, Scholarships or tax-free educational Funds	_____		_____		_____	
2024 Contributions to NYS Savings Plans (529 Plans)	_____		_____		_____	
2024 Distributions from NYS Savings Plans (529 Plans)	_____		_____		_____	
2024 Distributions used for secondary school (K-12) tuition included above	_____		_____		_____	

IMPORTANT INFORMATION: Please fill out this section

Yes No N/A

1. Did your name, address, or marital status change during the year?
2. Are you being claimed as a dependent on another tax return?
3. Were you notified by the IRS or State of any changes to a prior year tax return in the past three years? Please provide copy of notices.
4. Are any of your claimed dependents non residents or citizens of the U.S.?
5. Do you have any foreign income or a foreign bank account or any other foreign assets?
6. Do you have any worthless stocks or uncollectible bad debts or the victim of a Ponzi scheme?
7. Did you or your spouse receive any distribution from an IRA, Profit Sharing or Pension Plan?
8. Do you expect to start a new business this coming year?
9. Did you receive any reimbursement from a prior year casualty, theft loss or medical deduction?
10. Did you or your spouse receive any income not otherwise detailed in this organizer?
11. Do you have any children under age 19 (age 24 if a dependent student) with investment income of more than \$2,000?
12. If you (or your spouse) reached the age of 73, do you have a plan for your mandatory retirement saving withdrawals?
13. Did you buy a qualified clean fuel vehicle during the year? (If yes, provide details)
14. Do you anticipate a substantial change in your income, deductions, or withholding for next year?
15. For same sex couples, are you and your domestic partner legally married?
16. Did you convert dollars from a traditional IRA into a Roth IRA during the year?
17. Do you wish to designate \$3.00 to the Presidential Campaign Fund?
18. Does your spouse wish to designate \$3.00 to the Presidential Campaign Fund?
19. Did you have a Medical or Health Savings Account during the year?
20. Did you or your spouse receive employer provided educational assistance?

21. Did you or your spouse pay long-term healthcare insurance premiums or receive benefits during the year?
22. Are you a teacher (K-12) who paid for classroom materials without reimbursement? Please provide a recap of expenses and amounts.
23. Did you purchase any qualifying energy efficient equipment/home improvements for your residence (primary or secondary) for 2024? (windows, doors, furnace, water heater, air conditioner, geothermal, solar, heat pumps, biomass stove, etc.) * *Residence must be in the United States*
Please provide description and costs.
24. Have you or your dependents taken a distribution from a qualified tuition program of an educational institution during the year?
25. If over age 70½, did you make a direct contribution to a charity from an IRA?
26. Did you have any out-of-state purchases on which state sales tax is owed?
27. Did you pay anyone (over 18) \$2,600 or more as a household employee?
28. Did you live or incur a loss in a presidentially declared disaster area?
29. Have you sold, sent, acquired or exchanged virtual currency?
30. Did you adopt a child during the year?

* Please use the space below to comment on any of the above questions or on any other issues

DIRECT DEPOSIT OF REFUND

Please complete the section below and attach a void check if you would like your refund directly deposited into your bank account.

Bank Name _____ Name on Account _____
 Bank Routing # _____ Taxpayer Account # _____
 Type of account: Checking Savings

To pay your tax preparation fee using a credit card, please complete the following:

Name on card: _____ **Card number:** _____

CVV security number (4-digit number on the front of Am-EX, 3-digit number on the back of all others)

Expiration date: _____ **Type of card:** Visa MasterCard American Express Discover

Signature: _____

* Billing will appear on your statement as "Strebel & Strebel, CPAs"

The Strebel Planning Group

We provide income tax preparation and planning for individuals, partnerships, corporations, trusts and estates and non-profits. Additionally, we provide a wide range of advisory services including:

- Comprehensive Financial Planning ♦ Projections ♦ Budgets ♦ Goals ♦ Estate Planning ♦ Investment Strategies
- Sales Tax Reporting ♦ IRA Rollover Strategies ♦ Real Estate Investment Advice ♦ Payroll Tax Reporting
- Education Planning ♦ Charitable Donation Strategies