2024 Individual Taxpayer Organizer Sole Proprietorship and Rental

(See next page for Organizer)

ALL COUNTY TX RESOLUTION INCOME TAXES- TAX RESOLUTION 569 EASTON TPKE LAKE ARIEL ,PA 18427 PA: Office:570-630-0201 Fax: 570-630-0927 NY: Office:631-924-1400 Fax: 631-775-9506 Email: ACTinfo02@gmail.com

Web Site: allcountytaxresolution.com



Taxpayer						Tax ID # *				
First Name	M.I.	Last	Name	Em	ail	I		IP PIN		
Occupation		Date o	of birth			Are you nev	v to our	firm?	Yes	No
Address		City				State		Zip		
County		Primary phone Secondary pho				hone				
Driver's License No.				Stai	te Issue	Date	Exp	. Date		
Spouse						Tax ID # *				
First Name	M.I.	Last	Name	Em	ail	I		IP PIN		
Occupation		Date of birth				Are you nev	v to our	firm?	Yes	No
Address (If different from Taxpayer)		City				State		Zip		
County		Prima	ry phone			Secondary p	hone			
Driver's License No.		1		Stai	te Issue	Date	Exp	. Date		
If you moved during 2024, enter your previous address. Date of move							'e			
Marital status on 12/31/24: Single Were you divorced or separated durin <i>Note:</i> Individuals in registered domes	ng the year? Ye)	W	Vere there any	gistered Domesti deaths in the fan ed married for fe	nily?	Yes N	0	
Names of dependent children <i>Child's full name</i>	Tax ID #	÷ *	IP PIN		Date of birth	Months lived home in 2024		lationship		ollege ıdent?
Did any of the children have unearned Is it anticipated that a different taxpay					5	the children hav ent for tax year 2		oility? Yes N	Yes	No
Other dependents or people who liv	ed with you									
Name	<i>Tax ID</i> # *		IP PIN	1	Date of birth	Months lived in home in 2024	Relatio	onship	Inc	ome
Bank information: Use for Direct d	eposit of refund	Direc	t debit of balar	nce d	due Name of l	pank				
Checking Savings Routing tra	<u>^</u>				Account nu	nber				
Ask your tax preparer for information	about depositing	g a refu	nd into an IRA	acco	ount or splittir	ng the deposit in	to more	than one	acco	unt.
*A Tax ID # is a Social Security Number (SS	N), adoption taxpay	/er ident	ification number	r (AT	'IN), or an indiv	idual taxpayer idei	ntification	n number	(ITIN).

Questions—All Taxpayers

(Provide related statements or other documentation.)

"You" refers to both taxpayer and spouse—ask your preparer if you are unsure about a question.

			1 2 1			1				
	Yes	No	Are either you or you	ır spouse legally blind?						
Ī	Yes	No	Have you received a	ny notice from the IRS or sta	te revenue	department within the p	oast year? If yes, p	rovide	а сору.	
	Yes	No	Did you pay or recein Paid Received		Recipien	t's SSN	Date of divorce of	or separi	ation	
	Yes	No	Did you purchase he	alth insurance through a pu	blic exchan	ge/marketplace? (Provi	de Form 1095-A.)			
XES	Yes	No	Will there be any sign	nificant changes in income o	r deductior	ns next year, such as reti	rement?			
LIFESTYLE & TAXES	Yes	No	Did you pay anyone	for domestic services (e.g., r	anny, hous	ekeeper, cook, caretaker) in your home?			
TYLE	Yes	No	Did you purchase an	energy-efficient, hybrid, or	electric veh	icle?				
LIFES	Yes	No	Are you involved in	bankruptcy, foreclosure, rep	ossession, o	or had any debt (includi	ng credit cards) ca	ncelled	?	
	Yes	No	Are you a member of the military? State of residency							
ľ	Yes	No	Were you a citizen of	ere you a citizen of or did you live in a foreign country? Foreign country						
	Yes	No	Do you own or have	financial interest in a foreigr	n bank or fi	nancial account? Maxim	um value in 2024	\$		
	Yes	No	Would you like to all Designee's name	ow your tax preparer or and <i>Ph</i>	ther person		with the IRS? PIN (any five a	ligits)		
	Yes	No	Were any children bo	orn or adopted in 2024? (Prot	vide stateme	nt for other expenses.)				_
ŀ	Yes	No	Were any children at	tending college? (Provide For	m 1098-T a	nd Form 1098-E.)				
			Year in college	Paid by you: <i>Tuition</i> \$	Books \$	Student loan inte	erest \$			
NOI				Books \$	Student loan inte	erest \$				
UCAT	Yes	No	Did you pay any tuit	Paid by student: <i>Tuition</i> \$ ion for a private school for a			?			
CHILDREN & EDUCATION			Student	1	1		Amount paid \$			
REN			Name and address of so	chool			,			
HILD	Yes	No			ould work	or go to school? (Provide	e statement if applic	able)		
5			Did you pay for child or dependent care so you could work or go to school? (Provide statement if applicable) Name of provider							
			Address				Amount paid \$			
ŀ	Yes	No		ontributions to a 529 plan in	2024? If ves	s. provide details.				
	Yes	No		contribute any money to an		- -	Traditional I	RA	Roth IR	2 A
ŀ	Yes	No		amounts from a retirement			munionari			
2	Yes	No		fer any stock or sell rental or						
IENI	Yes	No	5	income from an installment		. property .				
INVESTMENTS	Yes	No	· · · · ·	vestments become worthless		u a victim of investmen	t theft in 2024?			
N I	Yes	No		did you exercise, any emplo						
ŀ	Yes	No		as a reward, award, or paym	•		sell exchange or	otherw	vise disn	
	105	110		financial interest in a digita						03
	Yes	No	Did you, or do you p	lan to, contribute money by	April 15, 2	025 to an HSA for 2024?	If yes, provide de	tails.		
TION	Yes	No		erest on a loan for a boat or F	·					
DEDUCTIONS	Yes	No		kes on a major purchase in 20						
O I	Yes	No		naritable contributions in 202						
SS	Yes	No		home office or use your car						_
BUSINESS	Yes	No	Did you receive inco	me from a sharing/gig econ	omy activit	y (e.g. Airbnb, Uber, etc.	.)?			
BU	Yes	No	-	ess or an interest in a partner	-			enture?	,	
	Yes	No		sell a main home during the						_
	Yes	No	If you sold a home, d	id you claim the First-Time H	Homebuyer	Credit when it was pur	chased? If yes, pro	vide de	etails.	
HOME	Yes	No	-	nortgage or take a home equ		-				
H	Yes	No	-	tgage loan proceeds for pur				ve vou	r home?	,
ŀ	Yes	No		ew energy-efficient improve	-	-		<u> </u>		
Sta	te infor				Nonreside					_
			ce during 2024 and dat		. torn colde	Do you rent or ov	vn vour home?	Rent	Own	
		Jucin	2021 and da	~~~		Total rent paid \$	Includes		Yes	N
						тони тепи риш \$	includes	meat:	165	1

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, 1099-NEC, 1099-K, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

	e "T" for taxpayer, "S" for spouse, "J" for jo	oint			Pro	vide additional statemen	ts if mo	ore room is needed	
	W-2—Wage and Tax Statement				1				
T/S	Employer name			T/S	Employ	er name			
	1)				4)				
	2)				5)	5)			
	3)				6)				
Forms	1099-INT—Interest Income								
T/S/J	/J Name of issuer			T/S/J	Name of	f issuer			
	1)				4)				
	2)				5)				
	3)			6)					
Forms	1099-DIV—Dividends and Distributions								
T/S/J	6/J Name of issuer			T/S/J	Name of	f issuer			
	1)				4)				
	2)				5)				
	3)				6)				
Forms	1099-R—Distributions From Pensions, An	nuities, Ret	irement	or Profit	-Sharing l	Plans, IRAs, Insurance C	ontract	s, Etc.	
T/S	Name of issuer			T/S	Name of issuer				
	1)				4)				
	2)				5)				
	3)				6)				
If the d	istribution is before age 59½, give a reason	to determin	e if an e	exception	to penalty	y applies.			
Tax-Exe	empt Interest (such as municipal bonds—	include state	ement)						
Payer		\$		Payer				\$	
Other I	ncome							1	
State ta	x refund		\$			Unreported tips			
Unemp	loyment compensation		\$			Other	\$		
Social S	Security (taxpayer)—provide SSA-1099 or	RRB-1099	\$				\$		
Social S	Security (spouse)—provide SSA-1099 or RI	RB-1099	\$				\$		
Gambli	ng income—provide Form W-2G		\$				\$		
Busines	ss income (see Sole Proprietorship Tax Organ	izer)				Stock sales	See "Sales and Exchange		
	income (see <i>Rental Property Tax Organizer</i>)					Sale of other property		sheet" below.	
	s and Exchanges Works	heet							
	e information about sales of stock, real esta				:(h E	1000 P 1000 C			

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Description of property	Purchase date	Cost/basis	Sale date	Sale price
		\$		\$
		\$		\$
		\$		\$

Notes:

• When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.

• Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.

• If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.

• If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$14,600 Single, \$29,200 MFJ/QSS, \$21,900 HOH, or \$14,600 MFS to be a tax benefit.

Medical Expenses. Must exceed 7.5% of income to be a benefit— include cost for dependents—do not include any expenses that were reimbursed by insurance or paid with funds from an FSA, HSA, or HRA.			Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions.						
Dentists	\$	Hospitals	\$	Monetary (cash, c	heck, credit card)		\$		
Doctors	\$	Insurance	\$	Noncash contributions (FMV). Clothing or household					
Equipment	\$	Prescriptions	\$	items must be in good used condition or better. \$					
Eyeglasses	\$	Other	\$	Did you transfer funds from an IRA directly to a					
Medical miles	:	@ 21¢	1		No	@ 14¢	\$		
		s paid for full or partia		Charitable mileag		@ 14¢			
		siness use of the hom				ected damage or loss	of property, or		
State withhold	0	224	Reported on W-2	a theft in a federa	lly-declared disas	ter area, provide deta			
State estimated taxes—paid in 2024 \$				preparer. Yes	No				
Real estate tax—residence \$				Miscellaneous Itemized Deductions. Miscellaneous itemized					
Real estate tax			\$	deductions subject to the 2% AGI limitation are not deductible on the federal return. However, these expenses may be deductible on your state return. For use of home, auto mileage, or other job-related expenses, provide information on a separate sheet. Were any expenses reimbursed					
Personal prop	,		\$						
Property tax r	efund—received in	n 2024	\$()						
Foreign tax pa	nid		\$	by your employer	1				
Other			\$	Dues	\$	Subscriptions	\$		
Other			\$	Investment	\$	Supplies	\$		
Other			\$	expenses Job education	\$	Tax mean face	\$		
	n 2024 from prior y					Tax prep fees Tools	\$ \$		
	e interest or penalt		\$	Job seeking	\$				
		ax paid during 2024?	Yes No Yes No	Legal fees	\$	Uniforms	\$		
Sales tax paid		oat, or home in 2024? e vaid \$ Date		Licenses	\$	Union dues	\$		
		terest paid for full or		Safety equipment		Other	\$		
use or rental-	ise property, includ	ling business use of the tion and ID numbers.		Other Deduction AGI limitation.	Other Deductions. The following deductions are not subject to the 2% AGI limitation.				
Main home	\$	Equity loan	\$	Gambling losses	\$	Federal estate tax on IRD	\$		
Second home	\$	Equity loan	\$	Impairment-	\$	Other	\$		
	i	-	\$	Impairment- \$ Other \$					

Notes: • Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.

Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.

Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$300 each. \$ *Health savings account (HSA).* Contributions for 2024 may be made through April 15, 2025. \$ (Only include contributions you made out-of-pocket). \$ Self-employed SEP, SIMPLE, and qualified plans. Contributions for 2024 may be made through April 15, 2025. Self-employed health insurance. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer \$ coverage. \$ Penalty on early withdrawal of savings. IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Contributions for 2024 may be made through April 15, 2025. \$ \$ Student loan interest. Paid for taxpayers and dependents. Moving expenses. Available only to members of the Armed Forces (or their spouses or dependents) on active duty that move pursuant to a military order and incident to a permanent change of station. Ask preparer Business expenses of reservists, performing artists, and fee-based government officials. Ask preparer \$ Other adjustments. Include description.

Estimated Tax Payments — Tax Year 2024

Installment	Date paid	Federal	Date paid	State
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied from 2023 overpayment		\$		\$
Total		\$		\$
Tour Duomonotion Obsolution		·		

Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange/marketplace), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought, sold, or refinanced real estate.

Mileage amounts for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage. Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2024.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the returns carefully before signing to make sure the information is correct.
- Fees must be paid before your tax returns are delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer may be required for preparation of returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a duplicate copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer Spouse Date	Duine en Delien		
	Taxpayer	Spouse	Date

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your express written permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Sole Proprietorship Tax Organizer

Sole Proprietor General Information Name of sole proprietor Business name (if different) EIN (if applicable) Business address (if different from home address) Date business closed Principal business activity Date business started Principal product or service No | Was the primary purpose of the business activity to realize a profit? Yes No | Did you materially participate (involved in a regular, continuous, and substantial basis) in the operation of this business? Yes Yes No Has the business reported any losses in prior years? Other (specify) Accounting method: Accrual Cash No Does the business file under a calendar year? (If no, list the fiscal year.) Yes **Sole Proprietor Specific Questions** No | Did you pay any family members for business services? Yes Yes No Did you make any payments of \$600 or more to subcontractors, attorneys, accountants, directors, etc.? If Yes, did you issue Form 1099-NEC? List name and Social Security Number (SSN) for each person to whom you paid \$600 or more. Name SSN SSN Name Yes No Did you make, or do you plan to make, any contributions to a self-employed retirement plan? Type of plan Amount contributed \$ No Did you pay for your own health/dental insurance? If Yes, provide amount of premiums paid during the year. \$ Yes No Did you have any employees? Yes No Did you have any bartering transactions in 2024? Yes No Did you have a Paycheck Protection Program (PPP) loan that was forgiven in 2024? Yes **Sole Proprietor Business Income** Gross receipts or sales (if you received Forms 1099-NEC or 1099-K, list name of payer and amount separately from gross receipts or sales) \$ Form 1099-NEC Form 1099-K \$ \$ Total of all Forms 1099-NEC and 1099-K received \$ Returns (cash or credit refunds) and allowances (discounts or reductions in selling price) \$ (Other income (not included in gross receipts above) \$ Form 1099-NEC. You may receive Form 1099-NEC (instead of Form W-2) if you are not classified as an employee. If you receive Form 1099-NEC, you are generally required to file Schedule C, Profit or Loss From Business, claim any expenses associated with the income received, and must pay self-employment (SE) tax on the net income. Sole Proprietor Cost of Goods Sold (for manufacturers, wholesalers, and businesses that make, buy, or sell goods) Inventory at the beginning of the year \$ \$ Purchases less costs of items withdrawn for personal use \$ Cost of labor Materials and supplies \$ Inventory at the end of the year \$ **Sole Proprietor Business Expenses** Advertising \$ Wages* \$ \$ Management fees Bad debts \$ Meals - business \$ Other \$ \$ Bank charges Office supplies \$ \$ \$ Start-up costs (first year of business) \$ \$ **Business** licenses Commissions and fees \$ Pension and profit-sharing plans \$ \$ Contract labor* \$ \$ \$ Rent or lease - car, machinery, equipment Employee benefit programs \$ Rent or lease - other business property \$ \$ \$ \$ \$ Employee health care plans Repairs and maintenance Entertainment (not deductible) \$ Supplies (not included in inventory cost) \$ \$ \$ Taxes - payroll* \$ \$ Gifts Insurance (other than health insurance) \$ Taxes - property \$ \$ Interest - mortgage \$ Taxes - sales \$ \$ Interest - other \$ Taxes - state \$ \$

* Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-NEC, Form 1099-MISC, and any state tax forms filed.

Telephone

Utilities

\$

\$

\$

\$

\$

\$

Internet service

Legal and professional services

	ess Expenses – L		\$					\$	
			\$					\$	
			\$					\$	
			 \$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
<u>о г</u>			\$					\$	
		orm for each vehicle)			D i	1 1			
Make/Mode			<i>(</i> (1) 1) 2		Date car	placed in servic	ce		
Yes No		personal use durin							
Yes No			other cars for persona			trade in your ca		Yes N	0
Yes No	,				Cost of t	rade-in	Trade-ir	ı value	
Yes No	Is your evidence				\$		\$		
		Mileage				1	Actual Expen	ses	
Beginning of	year odometer				Gas/oil		\$		
End of year c	odometer				Insuran	e	\$		
Business mile	eage				Parking	fees/tolls	\$		
Commuting	mileage				Registra	tion/fees	\$		
Other mileage					Repairs		\$		
then choose b Fravel Expe	petween either the nses	standard mileage i standard mileage i	e rate or actual expe rate, it must be used rate method or actua aveling away from	in the fir Il expense	rst year t es.				
then choose b Travel Expe • Meals. You home on bu	petween either the nses can deduct the con usiness. You can us	standard mileage r	rate, it must be used rate method or actua aveling away from your meals or the	in the fir il expense • Trav pens	rst year t es. v el/Lodg ses of tra	ne car is availab ng. You can de veling away fro enses are transp	educt the or om your hor	dinary and ne for busi	l necessary e ness purpose
then choose b Travel Expe • Meals. You home on bu standard m	between either the nses can deduct the cou usiness. You can us eal allowance per	standard mileage r standard mileage r st of meals while tra- se the actual cost of	rate, it must be used rate method or actua aveling away from your meals or the	in the fir il expense • Trav pens Inclu	rst year t es. v el/Lodg ses of tra	ng. You can de veling away fro enses are transp	educt the or om your hor	dinary and ne for busi fare, taxi, lo	l necessary e ness purpose odging, etc.
then choose l Travel Expe • Meals. You home on bu	between either the nses can deduct the cou usiness. You can us eal allowance per	standard mileage r standard mileage r st of meals while tra- se the actual cost of	rate, it must be used rate method or actual aveling away from your meals or the ary by location.	in the fir il expense • Trav pens Inclu	rst year t es. 7 el/Lodg ses of tra uded exp	ng. You can de veling away fro enses are transp	educt the or om your hor	dinary and ne for busi fare, taxi, lo	l necessary e ness purpose
then choose b Travel Expe • Meals. You home on bu standard m	between either the nses can deduct the cou usiness. You can us eal allowance per	standard mileage r standard mileage r st of meals while tra- se the actual cost of	rate, it must be used rate method or actual aveling away from your meals or the ary by location.	in the fir il expense • Trav pens Inclu	rst year t es. 7 el/Lodg ses of tra uded exp	ng. You can de veling away fro enses are transp	educt the or om your hor	dinary and ne for busi fare, taxi, lo	l necessary e ness purpose odging, etc.
then choose h Travel Experi- • Meals. You home on bu standard m City visited (for	between either the nses can deduct the con- usiness. You can us leal allowance per by per diem)	standard mileage r standard mileage r st of meals while tra- se the actual cost of	rate, it must be used rate method or actual aveling away from your meals or the ary by location.	in the fir il expense • Trav pens Inclu	rst year t es. 7 el/Lodg ses of tra uded exp	ng. You can de veling away fro enses are transp	educt the or om your hor	dinary and ne for busi fare, taxi, lo	l necessary e ness purpose odging, etc.
then choose I Travel Experi- • Meals. You home on bu standard m City visited (for Travel expenses)	between either the nses can deduct the con- usiness. You can us leal allowance per by per diem)	standard mileage r standard mileage r st of meals while tra- se the actual cost of	rate, it must be used rate method or actual aveling away from your meals or the ary by location.	in the fir il expense • Trav pens Inclu City vis	rst year t es. vel/Lodg ses of tra uded exp sited (for p	ng. You can de veling away fro enses are transp	educt the or om your hor portation, air	dinary and ne for busi fare, taxi, lo	l necessary e ness purpose odging, etc.
then choose le Travel Experi- • Meals. You home on bu standard m City visited (for City visited (for Travel expenses) Airfare	between either the nses can deduct the con- usiness. You can use eal allowance per for per diem) ses	standard mileage r standard mileage r st of meals while tra- se the actual cost of	rate, it must be used rate method or actual aveling away from your meals or the ary by location. # of days in city	in the fir il expense • Trav pens Inclu City vis	rst year t es. vel/Lodg ses of tra uded exp sited (for p	ng. You can de veling away fro enses are transp <i>er diem)</i>	educt the or om your hor portation, air	dinary and ne for busi fare, taxi, lo	l necessary e ness purpose odging, etc.
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Depreciation. Depreciation is the annual deduction that allows you to recover the cost or other basis of your business property over a certain number of years. Depreciation starts when you first use the property in your business. It ends when you either take the property out of service, deduct all your depreciable cost or basis, or no longer use the property in your business. The IRS has outlined a useful life (a set number of years) for most assets.

Equipment Sold or Disposed of During Year				
Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	
			\$	
			\$	
			\$	

Disposition of Property. A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

Business Use of the Home

Area of home must be used regularly and exclusively for business except for storage of inventory or daycare.

Note: Managing rental activities or investments does not qualify for business use of the home.

All Taxpayers		For Daycare Only			
A) Business use area (square footage)		1) Hours used for daycare			
B) Total area of home (square footage)		2) Total hours in year	8,784 hrs.		

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home during 2024, copy this worksheet and fill out one for each home.

	Direct	Tes diment		Dinest	Tes diment
	Direct	Indirect		Direct	Indirect
Mortgage interest	\$	\$	Repairs and maintenance	\$	\$
Property taxes	\$	\$	Utilities	\$	\$
Insurance	\$	\$	Other	\$	\$
Rent	\$	\$	Other	Other \$	
Depreciation of the Home					
Lower of cost or fair market	value of home	\$	Improvements?	Yes No	
Value of land		\$	Casualty losses in 2024?	Yes No	

1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if you use the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening. Storage of inventory or product samples—exception to exclusive use test. If you use part of a home for business to store inventory or product samples, you are not required to meet the exclusive use test. However, you must meet all the following tests.

- You are in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- Your home is the only fixed location of the business.
 - The storage space is used on a regular basis.
 - The storage space is a separately identifiable space suitable for storage.

2) Regular Use Test—Business Use of Home

The exclusive use test is not required for:

• A home used as a daycare facility.

product samples.

The regular use test means you must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

3) Trade or Business Use Test—Business Use of Home

· An area used on a regular basis for storage of inventory or

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered. A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.
- The relative importance of the activities performed at each place where business is conducted, andThe amount of time spent at each place where business is

Self-Employment (SE) Tax

conducted.

- SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.
- You must pay SE tax if your net earnings from self-employment were \$400 or more, or you had church employee income of \$108.28 or more. The SE tax rules apply no matter how old you are and even if you are already receiving Social Security or Medicare benefits.
- The SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$168,600 (2024) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.

Rental Property Tax Organizer

Rental Income and Expenses

Indicate type of property as 1-Single Family Residence, 2-Multi-Family Residence, 3-Vacation/Short-Term Rental, 4-Commercial, 5-Land, 6-Self-Rental, or 7-Other (describe).

	Prope	erty A	Property B		Property C		
	Address o	Address of property:		Address of property:		of property:	
	Туре		Туре	Туре			
	Any personal us	Any personal use? Yes No A		Any personal use? Yes No		Any personal use? Yes No	
	Fair Rental Days	Fair Rental Personal Use		Personal Use Days	Fair Rental Personal Use Days Days		
Date placed in service							
Rents received	\$		\$		\$		
Security deposite A cocurity	deposit is not included i	in rontal incomo i	f way plan to rate	m it to the top and	at the end of the lease. If any		

Security deposits. A security deposit is not included in rental income if you plan to return it to the tenant at the end of the lease. If any amount is forfeited by the renter during the year, include that amount as rental income.

Expenses		
Advertising	\$ \$	\$
Auto and travel	\$ \$	\$
Cleaning and maintenance	\$ \$	\$
Commissions	\$ \$	\$
Insurance	\$ \$	\$
Legal and professional fees	\$ \$	\$
Management fees	\$ \$	\$
Mortgage interest paid to banks	\$ \$	\$
Other interest	\$ \$	\$
Repairs	\$ \$	\$
Supplies	\$ \$	\$
Taxes	\$ \$	\$
Utilities	\$ \$	\$
Other (list)	\$ \$	\$
	\$ \$	\$
	\$ \$	\$

Property Information

If this is your first year with our firm, please provide a depreciation schedule for all property placed in service before 2024.

Property Purchased. Treat the cost of improvements made to real property as the purchase of a new asset.

Asset	Date purchased	Cost	Date placed in service
		\$	
		\$	
		\$	
		\$	
		\$	

Property Sold or Taken Out of Service

Asset	Date sold or taken out of service	Selling price	Trade in?
		\$	
		\$	
		\$	
		\$	
		\$	