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## 2024 TAX ORGANIZER

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**This tax organizer has been prepared for your use in gathering the information needed for your 2024 tax return.**

**To save you time, selected information from your 2023 tax return has been entered in this organizer. Please line through any information that does not apply to your 2024 tax return.**

**In some cases, 2023 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

**Flynn Abell Nixon LLC**  
7979 Old Georgetown Road  
Suite 550  
Bethesda, MD 20814

December 27, 2024

[Client Mailing Address Line 1]  
[Client Mailing Address Line 2]  
[Client Mailing Address Line 3]  
[Client Mailing Address Line 4]

Dear Client:

Best wishes for the New Year!

Enclosed please find our 2024 tax organizer, directions to our office, organizer tips and checklist, and our engagement letter. Please sign one copy of the engagement letter. Please keep the other copy for your files.

Please review the information requested in the organizer, particularly the organizer questions that are included in the first few pages of the organizer. The organizer tips and checklist sheet are included to assist you in gathering your 2024 tax information. Please call with any questions about the organizer.

As in the past, we have included various forms on our website to better assist you with gathering your tax information. Included under the "Clients" tab of our website is a blank organizer, which should be helpful in the event that you need an additional organizer or a single page. Feel free to visit us online at [www.flynnncpas.com](http://www.flynnncpas.com).

Our office administrator is available to schedule virtual and in-person appointments with Pat, Bill or Hannah, and can also provide further details on mailing or uploading to the portal your tax return information.

Please note that our last date for appointments for this tax season is March 10, 2025. We must generally receive your tax information by this date in order to have an opportunity to review it prior to the April 15th deadline. Even if you are still awaiting items such as Schedules K-1, please schedule your appointment or ensure that we receive your information by this date. The missing items can be forwarded to us later.

We thank you for your continued business, and look forward to working with you this year!

Sincerely,

*Pat*  
Patrick J. Flynn, CPA

*Bill*  
William T. Abell, CPA

*Hannah*  
Hannah K. Nixon, CPA

# **IMPORTANT CHANGES FOR 2024!**

## **PLEASE READ**

- **If you plan to fill this out electronically, you must save the PDF on your device, complete it, save it, and then re-upload the changed document to the portal.**
- **ATTENTION SMALL BUSINESS OWNERS AND OWNERS OF LLCs!** Last year we provided you with important information regarding the Corporate Transparency Act (CTA), which requires new governmental reporting for owners of separate legal entities including corporations and LLCs. At the present time, the legality of the CTA is under litigation. As a result, it is unclear if and when the actual implementation will be required. A conservative approach may be to file as soon as possible if you have not done so already. However, we suggest that you contact legal counsel for further details. Below is the information that we provided last year.

As part of the federal government's anti-money laundering and anti-tax evasion efforts, the Financial Crimes Enforcement Network (FinCEN) established a beneficial ownership information requirement (BOI) under the Corporate Transparency Act (CTA) whereby most U.S entities must report information on their beneficial owners to FinCEN starting on January 1, 2024. This applies to most separate legal entities formed under state laws including LLCs, Single Member LLCs, corporations, partnerships, etc. Unfortunately, this will impose burdensome reporting requirements on most businesses, and the willful failure to report information and timely update any changed information can result in significant fines of up to \$500 per day until the violation is remedied, or if criminal charges are brought, fines of up to \$10,000 and/or two years imprisonment. These penalties can be imposed against the beneficial owner, the entity, and/or the person completing the report.

Please note that if applicable, you should contact your attorney or legal counsel for advice and filing assistance. As Flynn Abell Nixon LLC is not rendering any legal services as part of our engagement, we will not be responsible for advising you regarding the legal or regulatory aspects of your company's compliance with the CTA, nor are we responsible for the preparation or submission of Client's beneficial ownership information reports to FinCEN. If you have any questions regarding Client's compliance with the CTA, including but not limited to whether an exemption may apply to your organization or to ascertain whether relationships constitute beneficial ownership under CTA rules, we strongly encourage you to consult with qualified legal counsel experienced in this area.

- The last day for virtual appointments and the date by which we must receive your documents order for us to complete your tax returns by the filing deadline is **MARCH 10, 2025**. If we receive your information after this date, we will likely need to file an extension for you and will be in touch after the filing deadline.
- For security reasons, we will no longer be emailing tax returns. If you would like electronic copies of your tax returns, please contact our office administrator so we can set you up on our secure client portal. Please also consider the portal for sending us any electronic documents that contain Social Security Numbers or other sensitive information.
- If you are using direct deposit or direct withdrawal, please reconfirm the information contained on page 4A of this organizer. It is very important that we have the correct information for this purpose.

- **Some additional reminders as you complete your organizer:**

Please enclose copies of any notices or other correspondence you have received from the IRS or state taxing authorities (unless already provided).

REMINDER: please include a copy of all settlement statements for purchase, sale or refinance of your residence, vacation home or rental property.

REMINDER: If you had **sales of stocks and securities** during the year, please **provide the cost basis and date acquired** for each security sold if not included on the Form 1099. If not readily available, please request that your broker send it to you or to us directly.

Please inform us of the details of any foreign financial assets you have an interest in so that we can assist you in meeting your US filing requirements with respect to these assets. Please note that a financial interest is more broadly defined than direct ownership. Please discuss whatever foreign assets or interests you have with us, as the penalties for non-compliance with US reporting requirements can be quite severe.

- Please notice the parking information change on the Directions sheet following this. In short, the parking lot behind our building is no longer generally available for parking, but there is usually ample street parking and Montgomery County public garage parking across Auburn Avenue.

**Flynn Abell Nixon LLC**  
Certified Public Accountants  
7979 Old Georgetown Road • Suite 550 • Bethesda, Maryland 20814

December 27, 2024

Dear Client:

We appreciate the opportunity to work with you. The purpose of this letter is to confirm our understanding of the terms and objectives of our engagement.

We will prepare your 2024 federal and state income tax returns. We will not verify that data that you provide us, but may ask for clarification of some of the information submitted. We will render accounting and bookkeeping assistance as we find necessary to complete your returns.

You have the final responsibility for your tax returns, and for providing us with the necessary information to prepare complete and accurate returns. An income tax organizer will be provided to expedite your information gathering, and will help keep your cost to a minimum. Please review it carefully, as this may alert you of tax provisions which are relevant to your situation. Please review your returns before you sign them.

We will use judgement to resolve questions where the law is unclear, or where there are conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed, we will resolve questions involving application of tax rules in your favor if there is reasonable justification for it. The law provides various penalties that may be imposed when taxpayers understate their tax liability. Please contact us if you would like further information.

Your returns are, of course, subject to review by the taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available to represent you. Such representation, however, shall be deemed a separate engagement and our fees therefore shall be based upon our normal hourly charges.

It is our policy to respond to electronic and email inquiries within 24 hours. If you do not receive a response within 24 hours, you must assume that we did not receive your message and should take further action to contact us. Further, if we have indicated that any electronic or email correspondence will be sent to you, and that correspondence does not reach you for any reason, you must assume a problem with transmission and take further action to contact us.

You agree that in the event your return cannot be completed by the due date, it may become necessary for us to apply to extend the due date. An extension does not extend the time for payment of tax that may be due, and therefore may affect your liability for penalties and interest, and may extend the time available for a taxing authority to undertake an examination of your return. In the event that you request us to apply for an extension, you will be responsible for ensuring that any payment due with the extension is timely sent to the appropriate taxing authority(ies). You will also be responsible for any additional costs our firm incurs arising from the extension preparation.

Our fee for these services are based on our normal rates, plus out of pocket expenses, generally \$175 to \$485 per hour. Our invoices are due and payable upon receipt. Accounts over 30 days will be charged interest at the rate of 1% per month. In the event that any collection action is required to collect unpaid balances due us, you agree to reimburse us for our reasonable costs of collection, including attorneys' fees.

If this letter is consistent with your understanding, please sign one copy and return it to our office. The additional enclosed copy is for your files. Please feel free to call us with any questions. We look forward to working with you.

Sincerely,

Flynn Abell Nixon LLC

Acknowledged:

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Client Signature

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Print Name & Date

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Client Signature

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Print Name & Date

**Flynn Abell Nixon LLC**  
Certified Public Accountants  
7979 Old Georgetown Road • Suite 550 • Bethesda, Maryland 20814

December 27, 2024

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If this letter is consistent with your understanding, please sign one copy and return it to our office. The additional enclosed copy is for your files. Please feel free to call us with any questions. We look forward to working with you.

Sincerely,

Flynn Abell Nixon LLC

Acknowledged:

Client Signature

Print Name & Date

Client Signature

Print Name & Date

*Directions to:*

**Flynn Abell Nixon LLC**  
7979 Old Georgetown Road, Suite 550  
Bethesda, Maryland 20814  
(301) 951-1019

***NOTE PARKING CHANGE!***

**From Rockville :** Take Rockville Pike (Route 355) South towards Bethesda. After passing National Institutes of Health on the right, make a slight right onto Woodmont Avenue. Make a right onto Cordell Avenue. At the stop sign, make a right onto Norfolk Avenue. Make a left onto Auburn Avenue. There is ample metered street parking surrounding the building, as well as a Montgomery County public garage across Auburn Avenue (also metered).

**From Silver Spring:** Take East-West Highway west. After crossing Wisconsin Avenue, the road turns into Old Georgetown Road. Continue for about six blocks. 7979 is on the right, and is an eleven story brown brick building. Make a right onto Auburn Avenue. There is ample metered street parking surrounding the building, as well as a Montgomery County public garage across Auburn Avenue (also metered).

**From the Beltway:** Take I-495 to Exit 36 – Old Georgetown Road – towards Bethesda. Proceed about 1.8 miles on Old Georgetown Road--7979 is on the left, and is an eleven story brown brick building. Make a left onto Auburn Avenue. There is ample metered street parking surrounding the building, as well as a Montgomery County public garage across Auburn Avenue (also metered).

**From DC:** Take Wisconsin Avenue towards Bethesda. Turn left onto Old Georgetown Road. Continue for about six blocks. 7979 is on the right, and is an eleven story brown brick building. Make a right onto Auburn Avenue. There is ample metered street parking surrounding the building, as well as a Montgomery County public garage across Auburn Avenue (also metered).

**From Northern Virginia :** Take I-495 towards Baltimore/Rockville to Exit 36 - Old Georgetown Road. Veer right off exit towards Bethesda (south). Proceed about 1.8 miles on Old Georgetown Road--7979 is on the left, and is an eleven story brown brick building. Make a left onto Auburn Avenue. There is ample metered street parking surrounding the building, as well as a Montgomery County public garage across Auburn Avenue (also metered).

**From Metro:** Take the Red Line to Bethesda. At the top of the long escalator, take the shorter escalator in front of you to Old Georgetown Road. Turn left and continue along the side walk for about six blocks. Our building, a tall brown brick building, is on your right. Alternatively, you can take the complimentary Bethesda Circulator from the Metro station to the Glenbrook Road stop, which is directly across the street from our office.

## **ORGANIZER TIPS**

- 1** *If filling out your organizer in paper: USE A **PENCIL!** ... USE A **PENCIL!** ... USE A **PENCIL!***
- 2** *Round ALL entries to the nearest whole number.*
- 3** Gather all pertinent year-end tax information: (*W-2s, 1099s, mortgage documents, K-1s, etc.*)  
Please note that the following organizer number references are on the top right hand side of each organizer page. **It is not necessary to duplicate the information included on your W-2s, 1099s and K-1s on the organizer.**
- 4** Spend a few minutes reviewing the organizer pages for information that was included last year.
- 5** Draw a line across (***do not remove***) any pages that will not apply to your taxes. This will make your task easier.
- 6** Spend a few minutes answering the questions on the "questions" pages of the organizer. If you are unsure of the answer to a specific question, please leave it blank and we can discuss it. Please list any of your questions in the space provided following the organizer questions on Questions page 5 of 5.
- 7** Please review the personal information on the organizer Form 3 for accuracy. Is all of the personal information correct? Do we have a current home address, email address (if applicable); work, and home phone numbers? Do we have the correct date of birth?
- 8** Do we have a social security number for each dependent or new dependent you are claiming? ***You must have a social security number for each dependent you are claiming.*** Please call our office if you need assistance in obtaining a social security number.
- 9** If you have any Schedules K-1 from Partnerships, S-Corporations, Trusts or Estates, please include the K-1s with your organizer. You do not need to make any entries in the organizer pertaining to K-1s.
- 10** If you are claiming the childcare credit or you took advantage of a dependent care reimbursement program through your employer, please complete organizer Form 18.
- 11** If you require additional organizer pages, please contact our office or visit our website at [www.flynnncpas.com](http://www.flynnncpas.com) under the "Clients" tab.
- 12** **Please review bank account information for direct deposit and withdrawal on Form 4A of the Organizer. If there any changes or inaccuracies, please make the appropriate change.**

## **VIRTUAL APPOINTMENT OR MAIL IN CHECK LIST**

*Please be sure to upload or send in the items below, if applicable, prior to your virtual tax appointment. If you choose to mail in your tax information, please include the following, if applicable, in your package along with your organizer.*

- 1 The organizer – regardless of the degree of completion.
- 2 Original W-2s, 1099-R, 1099-INT, 1099-DIV, 1099-B, 1095 and any other 1099s that you have received.
- 3 K-1 schedules from Partnerships, S-Corporations, Trusts, Estates, LLCs, LLPs, etc.
- 4 Copies of settlement sheets regarding the purchase or sale of real estate. Also, if your personal residence was converted to rental, bring the original settlement sheet.
- 5 **Copies of settlement sheets for the refinancing of any real estate mortgages.**
- 6 Form 1098-mortgage interest expense. Please be sure that you have received a form 1098 from all of your mortgage lenders during the year.
- 7 Social Security Numbers, dates of birth, etc. for all dependents.
- 8 Changes to dependents or filing status.
- 9 Any other information, notices or receipt of an unusual nature relating to your taxes.
- 10 A copy of last year's tax returns (if we did not prepare the return).

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2024

## Personal Information

3

**Taxpayer:**

First Name and Initial	Last Name	Social Security Number	
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	
Driver's License or State-Issued ID Number	Expiration Date (Mo/Da/Yr)	Issue Date (Mo/Da/Yr)	State
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification	<input type="checkbox"/> Does not expire

**Spouse:**

First Name and Initial	Last Name	Social Security Number	
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	
Driver's License or State-Issued ID Number	Expiration Date (Mo/Da/Yr)	Issue Date (Mo/Da/Yr)	State
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification	<input type="checkbox"/> Does not expire

**Contact Information:**

Street Address	Apartment Number	
City	State	ZIP or Postal Code
Foreign Province or County		
Foreign Country		
Taxpayer Daytime/Work Phone	Taxpayer Evening/Home Phone	Taxpayer Foreign Phone
Taxpayer Cell Phone	Taxpayer Fax Number	
Spouse Daytime/Work Phone	Spouse Evening/Home Phone	Spouse Foreign Phone
Spouse Cell Phone	Spouse Fax Number	
Taxpayer Email Address		
Spouse Email Address		
Preferred Method of Contact		

May the IRS or other taxing authority discuss the return with the preparer?  Yes  NoIs the taxpayer claimed as a dependent on someone else's tax return?  Taxpayer  SpouseAre you considered legally blind per IRS regulations?  Yes  NoDo you want to contribute to the Presidential Election Campaign Fund?  Yes  NoAre you a U.S. citizen or Green Card holder?  Yes  No**Personal Identification Numbers:**  Code - 1 - Issued by IRS  2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

TS	State	City	Code	PIN

**Tax Organizer Legend:**Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.**Worksheets:** Basic Data > General and Return Options > Processing Options**Forms 1, 1A and 2**

400131 04-01-24



### Dependent Information:

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A					
B					
C					
D					
E					
F					
G					
H					

### Did dependent have income over \$5,050?

	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A			
B			
C			
D			
E			
F			
G			
H			

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

**Wages and Salaries:** **Include all copies of your current year Forms W-2**

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.



2024

## Electronic Filing

4

### **Electronic Filing:**

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?  
Taxpayer .....

 Yes No

Spouse .....

If No, enter a 5-digit self-selected PIN:  
Taxpayer PIN .....

Spouse PIN .....



2024

## Direct Deposit and Withdrawal

4A

### Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2023, your account information is already included below.

Yes	No

Would you like any refunds owed to you directly deposited? .....

Would you like to pay any amount due on your federal return using electronic withdrawal? .....

If Yes, what amount would you like withdrawn, if not the entire balance due? .....

If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal? .....

If Yes, what amount would you like withdrawn, if not the entire balance due? .....

If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your federal return using electronic withdrawal? .....

Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? .....


Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:  Checking  Traditional Savings  IRA Savings  
 Archer MSA Savings  Coverdell Ed. Savings  HSA Savings

Is this a business account?  Yes  No

Account owner  Taxpayer  Spouse  Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Yes	No

Would you like any refunds owed to you directly deposited? .....

Would you like to pay any amount due on your federal return using electronic withdrawal? .....

If Yes, what amount would you like withdrawn, if not the entire balance due? .....

If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal? .....

If Yes, what amount would you like withdrawn, if not the entire balance due? .....

If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your federal return using electronic withdrawal? .....

Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? .....


Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:  Checking  Traditional Savings  IRA Savings  
 Archer MSA Savings  Coverdell Ed. Savings  HSA Savings

Is this a business account?  Yes  No

Account owner  Taxpayer  Spouse  Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



### **Interest Information:**

**Include copies of all Forms 1099-INT or other documents for interest received**

### **Seller-Financed Mortgage Interest Information:**

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2024 Interest Amount	2023 Interest Amount

**Address of Individual from Whom Mortgage Interest Was Received**

**Enter Any Additional Information:**

**Note: List all items sold during the year on Form 7.**



2024

Dividend Income

5B

## Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2023 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
<b>Total</b>		

## Enter Any Additional Information:


**Note: List all items sold during the year on Form 7.**



## Foreign Assets

2024

5C

**Note:** If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

### General Information:

TSJ .....  
 Title of filer .....  
 Enter all countries where you have foreign bank accounts .....

### Foreign Identification:

Passport .....  
 Foreign TIN .....  
 If not passport or TIN, enter description .....  
 Number .....  
 Country of issue .....

Yes	No

### Information on Foreign Financial Accounts:

1 - Bank Account    2 - Securities Account    3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country
A		
B		

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

**Type of TIN Code:** A - Employer Identification No. (EIN)   B - SSN or ITIN   C - Foreign

Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number
A				
B				

# of Joint Owners	Street Address	City
A		
B		

1 - No financial interest    1B - No financial interest - US person, officer or employee, residing outside US    2A - Joint - spouse is joint owner    2B - Joint - other joint owner    3 - Consolidated

State	ZIP/Postal Code	Country	Ownership Code	Filer's Title
A				
B				

1 - Deposit    2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							



2024

# Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

## Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

**Include all Forms 1099-A, 1099-B, 1099-MISC, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

Mutual fund transactions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exchange of any securities or investments for something other than cash	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sales of inherited property	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Commodity sales, short sales or straddles	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Securities which became worthless	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Yes	No

	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				

## Other Income:

Nature and Source	2024 Amount	2023 Amount

## Other Adjustments to Income:

Nature and Source	2024 Amount	2023 Amount

## Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

Paid To	2024 Amount	2023 Amount

## Foreign Bank Accounts and Trusts:

At any time during 2024, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2024, whether or not you had any beneficial interest in it? .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------



2024

**Business Income and Cost of Goods Sold**

6

**Name of Business:** .....**Principal Business or Profession:** .....

TSJ .....  
 Employer ID number .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Method of inventory .....  
 Method of accounting .....

**Business Questions for 2024:**

<b>Yes</b>	<b>No</b>
------------	-----------

Did you dispose of this business? .....  
 If Yes, what was the disposition date? ..... (Mo/Da/Yr) .....  
 Was there a change in determining quantities, costs or valuations between opening and closing inventory? .....  
 Were you involved in the operations of this business on a regular, continuous and substantial basis? .....  
 Have you prepared or will you prepare all required Forms 1099? .....

2024 Amount	2023 Amount

Health insurance premiums paid for yourself and your dependents .....

**Income:**

Payment card and third party transactions:

Include all Forms 1099-K

Description	2024 Amount	2023 Amount

Miscellaneous income:

Include all Forms 1099-MISC and 1099-NEC


Other Income:


Other gross receipts or sales .....  
Less returns and allowances .....**Cost of Goods Sold:**

Beginning inventory .....  
 Purchases less cost of items withdrawn for personal use .....  
 Cost of labor (do not include amounts paid to yourself) .....  
 Materials and supplies .....  
 Other costs of goods sold:

2024 Amount	2023 Amount

Other costs of goods sold:

Description	2024 Amount	2023 Amount

Ending inventory .....



**Name of Business:** \_\_\_\_\_

**Principal Business or Profession:** \_\_\_\_\_

## Expenses:

Advertising	.....
Car and truck expenses	.....
Parking fees and tolls	.....
Commissions and fees	.....
Contract labor	.....
Employee benefit programs and health insurance (other than pension and profit-sharing plans)	.....
Insurance (other than health)	.....
Interest - mortgage (paid to banks, etc.)	.....
Interest - other	.....
Legal and professional fees	.....
Office expense	.....
Pension and profit-sharing plans	.....
Rent or lease - vehicles, machinery and equipment	.....
Rent or lease - other business property	.....
Repairs and maintenance	.....
Supplies (not included in Cost of Goods Sold)	.....
Taxes and licenses	.....
Travel	.....
Meals	.....
Entertainment (deductible only on some state returns)	.....
Utilities	.....
Wages	.....
Dependent care benefits	.....

## **Other Expenses:**

**Property and Equipment:** **Include a list if more space is needed**

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



2024

## Business Expenses - Vehicle and Other Listed Property

6B

**Name of Business:** .....

**Principal Business or Profession:** .....

### **Listed Property Questions for 2024:**

<b>Yes</b>	<b>No</b>

Do you have evidence to support your deduction? .....

If Yes, is the evidence written? .....

Do you have evidence to support the business use percentage claimed on listed property? .....

If Yes, is the evidence written? .....

### **If you are an employer who provides vehicles for use by employees:**

<b>Yes</b>	<b>No</b>

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .....

Do you treat all use of vehicles by employees as personal use? .....

Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....

Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....

### **Vehicle:**

Description of vehicle .....

Date placed in service .....

(Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?

Yes  No

Was your vehicle available for use during off-duty hours? .....

Yes  No

<b>Vehicle 1</b>	

<b>Vehicle 2</b>	

### **Mileage:**

Total miles .....

Total business miles .....

Total commuting miles for the year .....

<b>2024 Miles</b>	<b>2023 Miles</b>

<b>2024 Miles</b>	<b>2023 Miles</b>

### **Actual Expenses:**

Gasoline, oil, repairs, insurance, etc .....

Interest .....

Taxes .....

Fair market value of leased vehicle .....

Vehicle rentals/leases .....

<b>2024 Amount</b>	<b>2023 Amount</b>

<b>2024 Amount</b>	<b>2023 Amount</b>



**Name of Business:** \_\_\_\_\_

**Principal Business or Profession:** \_\_\_\_\_

## Partial Use of Your Home for Business:

Square footage of home used exclusively for business ..... . . . . .

Total square footage of home \_\_\_\_\_

Total hours home was used for day care during the year .....

2024	2023

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

**Yes**

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

Casualty losses	.....
Deductible mortgage interest paid to:  
    Financial institutions	.....
    Individuals	.....
Real estate taxes	.....
Insurance	.....
Repairs and maintenance	.....
Utilities	.....
Rent	.....

## Other Expenses:

## **Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





2024

## Pension, Annuity and Retirement Plan Information

9A

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2024 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2023 Gross Distributions

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R**Taxpayer****Spouse**Have you established a self-employed retirement or SIMPLE plan with  
deductible contributions? .....

Yes	No

Yes	No

Do you want to contribute the maximum amount allowed? .....**2024 Amount****2024 Amount**

**Contributions to:**  
 Simplified employee pension plan .....  
 Defined benefit plan .....  
 Defined contribution plan .....  
 SIMPLE plan .....



2024

## Rental and Royalty Income

10

**Location of Property:** \_\_\_\_\_

TSJ ..... \_\_\_\_\_

Type of property ..... \_\_\_\_\_

Yes	No

Have you prepared or will you prepare all required Forms 1099? ..... \_\_\_\_\_

2024	2023
	%

Ownership percentage if not 100% ..... \_\_\_\_\_

How many days was this property rented at fair market value? ..... \_\_\_\_\_

How many days was this property used personally (including use by family members)? ..... \_\_\_\_\_

**Income:**

Rents received ..... \_\_\_\_\_

Royalties received ..... \_\_\_\_\_

2024 Amount	2023 Amount

Payment card and third party transactions:  Include all Forms 1099-K

Description	2024 Amount	2023 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2024 Amount	2023 Amount

Other income:

Description	2024 Amount	2023 Amount



**Location of Property:** \_\_\_\_\_

## Expenses:

Advertising	.....
Auto and travel	.....
Cleaning and maintenance	.....
Commissions	.....
Insurance	.....
Legal and other professional fees	.....
Management fees	.....
Mortgage interest paid to banks, etc.	.....
Mortgage interest paid to individuals	.....
Other interest	.....
Repairs	.....
Supplies	.....
Taxes	.....
Utilities	.....
Dependent care benefits	.....
Employee benefits	.....
Other Expenses:	.....

1000



2024

## Rental and Royalty Property and Equipment & Depletion

10B

**Location of Property:** \_\_\_\_\_

**Property and Equipment:** Include a list if more space is needed

## Acquisitions:

## Dispositions:

### Percentage Depletion Information:



**Partnership Income:** **Include all Schedules K-1**

## **S Corporation Income: Include all Schedules K-1**

## **Estate and Trust Income: Include all Schedules K-1**

**Real Estate Mortgage Investment Conduit (REMIC) Income:**

TSJ	Entity Name	Employer ID Number



**Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G**

### **Miscellaneous Income and Adjustments:**

Unemployment compensation received	.....
Unemployment compensation repaid in 2024	.....
Social security benefits received	.....
Social security benefits repaid in 2024	.....
Medicare premiums withheld	.....
Tier 1 railroad retirement benefits received	.....
Tier 1 railroad retirement benefits repaid in 2024	.....
Total lump sum social security received	.....
Lump sum taxable social security	.....
Other federal withholding	.....
Other state withholding	.....

## **State and Local Income Tax Refunds:**

### **Other Income:**

### **Alimony Paid or Received:**



### **Medical and Dental Expenses:**

Prescription medicines and drugs . . . . .  
Total medical insurance premiums paid \* . . . . .  
Long-term care expenses . . . . .  
Total insurance reimbursement . . . . .  
Number of miles traveled for medical care . . . . .  
Personal protective equipment . . . . .  
Lodging . . . . .  
Doctors, dentists, etc. . . . . .  
Hospitals . . . . .  
Lab fees . . . . .  
Eyeglasses and contacts . . . . .

Taxpayer long-term care insurance premiums paid .....  
Spouse long-term care insurance premiums paid

2024 Amount	2023 Amount

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

### **Other Medical Expenses:**

TSJ	Description	2024 Amount	2023 Amount

**Taxes Paid:**  **Include copies of your tax bills**

Personal property taxes paid (include vehicle taxes) . . . . .  
General sales taxes paid on specified items

TSJ	2024 Amount	2023 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2024 Amount	2023 Amount

### **Other Taxes Paid:**

TSJ	Description	2024 Amount	2023 Amount

If you purchased or sold your home in 2024, did you include any taxes from your closing statement in the amounts above?  Yes  No



2024

**Itemized Deductions - Mortgage Interest and Points****14A****Mortgage Questions for 2024:**

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below?  Yes  No

Did you refinance your home? (If Yes, enclose the closing statement.)

If Yes, how many years is your new mortgage loan?

Did you purchase a new home or sell your former home during the year?

If Yes, enclose the closing statements from the purchase and sale of your new and former homes.

If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?

If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?

**Home Mortgage Interest Paid To Financial Institutions:**

TSJ	Paid To	Did You Receive Form 1098?		2024 Amount	2023 Amount
		Yes	No		

**Other Home Mortgage Interest Paid:**

TSJ	Paid To		ID Number	2024 Amount	2023 Amount
	Name	Address			

**Deductible Points:**

TSJ	Paid To	Did You Receive Form 1098?		2024 Amount	2023 Amount
		Yes	No		

**Investment Interest Expense:**

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2024 Amount	2023 Amount



**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Conservation Real Property	2024 Amount	2023 Amount
	100% limit		
	50% limit		

TSJ	Description	2024 Miles	2023 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

TSJ	Description of Donated Property	2024 Amount	2023 Amount

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A			
B			
C			

1 - Appraisal   3 - Comparable Sale   5 - Thrift Shop Value  
2 - Catalog   4 - Other (Describe)

1 - Gift            3 - Exchange  
2 - Inheritance    4 - Purchase

	Donee Organization Name	Donee Organization Address



\* These expenses are not deductible on the federal return but may be deductible on some state returns.

### **Miscellaneous Itemized Deductions:**

- Union and professional dues \* . . . . .
- Tax preparation fee \* . . . . .
- Professional subscriptions \* . . . . .
- Hobby expense (To extent of income)\* . . . . .
- Safe deposit box \* . . . . .
- Uniforms and protective clothing \* . . . . .
- Work tools \* . . . . .
- Gambling losses . . . . .
- Estate taxes

### **Other Itemized Deductions:**

### Examples:

- Certain legal and accounting fees \*
- Investment expenses \*
- Custodial fees \*
- Employment agency fees \*
- Certain educational expenses \*
- Amortizable bond premium
- Impairment-related work expense of a disabled person
- Repayment of amounts under a claim of right

### **Casualty or Theft Loss:**

TSJ .....

Property description .....

Which of the following describes the type of property that sustained the casualty or theft loss?

Personal use    Business use    Income producing    Employee Use    Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster?  Yes  No

Date acquired . . . . . (Mo/Da/Yr) \_\_\_\_\_  
Date damaged or lost . . . . . (Mo/Da/Yr) \_\_\_\_\_

Fair market value before casualty

Fair market value after casualty

**Cost of replacement**

## Insurance reimbursement



2024

## Child/Dependent Care Expenses & Education Expenses

18

### Child/Dependent Care Expenses:

#### General Information:

TSJ ..... \_\_\_\_\_

Were you or your spouse a full time student or disabled? ..... \_\_\_\_\_

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Did you pay an individual for services performed in your home? ..... \_\_\_\_\_

Expenses incurred in 2023 but paid in 2024 ..... \_\_\_\_\_

Employer-provided dependent care benefits that were forfeited in 2024 ..... \_\_\_\_\_

2023 carryover used in grace period ..... \_\_\_\_\_


#### Child/Dependent Care Providers:

##### Provider 1:

Name ..... \_\_\_\_\_

Street address ..... \_\_\_\_\_

City, state, ZIP or postal code, and country ..... \_\_\_\_\_

Social security number OR ..... \_\_\_\_\_

Employer identification number ..... \_\_\_\_\_

Telephone number (California only) ..... \_\_\_\_\_

Provider was a household employee ..... \_\_\_\_\_

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2024 Amount		2023 Amount	

Expenses incurred and paid in 2024 ..... \_\_\_\_\_

Expenses incurred and not paid in 2024 ..... \_\_\_\_\_

##### Provider 2:

Name ..... \_\_\_\_\_

Street address ..... \_\_\_\_\_

City, state, ZIP or postal code, and country ..... \_\_\_\_\_

Social security number OR ..... \_\_\_\_\_

Employer identification number ..... \_\_\_\_\_

Telephone number (California only) ..... \_\_\_\_\_

Provider was a household employee ..... \_\_\_\_\_

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2024 Amount		2023 Amount	

Expenses incurred and paid in 2024 ..... \_\_\_\_\_

Expenses incurred and not paid in 2024 ..... \_\_\_\_\_

#### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	Dis-abled	2024 Expenses Incurred	2023 Expenses Incurred

#### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2024 Qualified Expenses



2024

## Household Employment Taxes

19

**General Information:**

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$2,400 or more in 2024? .....  Yes  No

Did you withhold any federal income tax from wages paid to any household employee? .....

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024? .....

**Social Security, Medicare and Income Taxes:**

2024 Amount	2023 Amount

Cash wages subject to social security taxes .....

Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....

Cash wages subject to additional Medicare tax withholding .....

Federal income tax withheld .....

State disability plan payments subject to social security taxes .....

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....

**Federal Unemployment (FUTA) Tax:**

Did you pay unemployment contributions to more than one state? .....  Yes  No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? .....

State	Total Cash Wages Subject to FUTA	2023 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2025

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2023 Amount



2024

## Federal Tax Payments

20

**Refund Application:**

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

Refunded . . . . .  Yes  No  
 Applied to your 2025 estimated tax liability  Yes  No

**Federal Estimated Tax Payments:**

2024 1st Quarter Estimate . . . . . (Due 04-15-2024)  
 2024 2nd Quarter Estimate . . . . . (Due 06-17-2024)  
 2024 3rd Quarter Estimate . . . . . (Due 09-16-2024)  
 2024 4th Quarter Estimate . . . . . (Due 01-15-2025)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2023 overpayment applied to 2024 estimate . . . . . **Tax Planning Information for Tax Year 2025:**

Do you expect any of the following to occur in 2025?

Yes  No

A change in your marital status . . . . .

Yes  No

A change in the number of your dependents . . . . .

Yes  No

A substantial change in your income . . . . .

Yes  No

A substantial change in your withholding . . . . .

Yes  No

A substantial change in deductions . . . . .

Yes  No

**If you answered Yes to any of the above questions, provide details.**




2024

**State and City Tax Payments****20A****State and City Estimated Tax Payments:**

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2024 1st Quarter Estimate		
2024 2nd Quarter Estimate		
2024 3rd Quarter Estimate		
2024 4th Quarter Estimate		

If you have an overpayment of 2024 taxes, do you  
want the excess applied to your 2025 estimated tax liability? .....

Yes  No

2023 overpayment applied to 2024 estimate .....

Balance of prior year(s)' tax paid in 2024 plus amount paid with 2023 extensions .....
Estimated tax payments for 2023 paid in 2024 .....

**State and City Estimated Tax Payments:**

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2024 1st Quarter Estimate		
2024 2nd Quarter Estimate		
2024 3rd Quarter Estimate		
2024 4th Quarter Estimate		

If you have an overpayment of 2024 taxes, do you  
want the excess applied to your 2025 estimated tax liability? .....

Yes  No

2023 overpayment applied to 2024 estimate .....

Balance of prior year(s)' tax paid in 2024 plus amount paid with 2023 extensions .....
Estimated tax payments for 2023 paid in 2024 .....

**State and City Estimated Tax Payments:**

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2024 1st Quarter Estimate		
2024 2nd Quarter Estimate		
2024 3rd Quarter Estimate		
2024 4th Quarter Estimate		

If you have an overpayment of 2024 taxes, do you  
want the excess applied to your 2025 estimated tax liability? .....

Yes  No

2023 overpayment applied to 2024 estimate .....

Balance of prior year(s)' tax paid in 2024 plus amount paid with 2023 extensions .....
Estimated tax payments for 2023 paid in 2024 .....



## **Include all of your current year Forms W-2G**



2024

## Foreign Employment Information (Page 1 of 3)

30

### General Information:

TS .....  
Foreign address .....  
  
Name of employer .....  
Employer's U.S. address .....  
  
Employer's foreign address .....  
  
Employer type: Foreign entity, U.S. company,  
Foreign affiliate of a U.S. company, Self .....  
Enter the last year that Form 2555 was filed to  
claim either of the exclusions .....  
Type of exclusions revoked in prior years .....  
Year exclusion revoked .....  
If a separate foreign residence was maintained for your  
family due to adverse living conditions, please provide  
the city, country, and number of days maintained .....  
List tax home(s) during tax year and dates established .....  
Country of citizenship or nationality .....  
  
Qualified housing expenses for the tax year .....   
Adjustment to employer provided amounts for qualified  
housing expense .....

### Tax Home History:

Principal City and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)
Most recent tax home .....		
First previous tax home .....		
Second previous tax home .....		
Third previous tax home .....		



2024

# Foreign Employment Information

## (Page 2 of 3)

30A

**Bona Fide Residence Test Information:**

Beginning date for foreign residence ..... (Mo/Da/Yr) \_\_\_\_\_

Ending date for foreign residence ..... (Mo/Da/Yr) \_\_\_\_\_

Kind of foreign living quarters:

Purchased house, Rented house or apartment, Rented room,

Quarters furnished by employer \_\_\_\_\_

If any family members lived abroad with you during any part  
of the tax year, enter their names. Include the dates when  
the family members lived with you

Relationship	First Name	MI	Last Name	Date Arrived	Date Left	X if Entire Period

Was a statement made to foreign country authorities declaring you  
were not a resident of their country? ..... Yes No

Were you required to pay income tax in that country? .....

Does the foreign country have an income tax? .....

State any contractual terms or other conditions relating to the  
length of employment abroad .....

What type of visa was used to enter the foreign country? .....

Explain any limitations of the visa as to length of stay or  
employment in a foreign country .....If a home was maintained in U.S. while residing abroad, show  
address, whether rented, names and relationships of occupants

Address

Street address .....

City .....

State .....

ZIP Code .....

X if rented .....

Occupants			
First Name	MI	Last Name	Relationship



### **Travel Abroad for 12 Month Period:**



2024

## Foreign Housing Expenses Worksheet

30C

Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, indicate dates of payment to the left of the amount boxes and enter type of currency.

Type of currency . . . . .

Rent . . . . .

Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge) . . . . .

Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet) . . . . .

Utilities (but not telephone charges) . . . . .

Real and personal property insurance . . . . .

"Key money" or other similar nonrefundable deposits paid to secure a lease . . . . .

Repairs and maintenance . . . . .

Furniture rental . . . . .

Lodging portion of temporary living expenses (Do not include on Moving Expenses page) . . . . .

Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses

Other Expenses:

Description	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses

Total expenses . . . . .      

Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises:  
(If you resided in a camp, you are considered to be on the business premises of your employer.)

To you . . . . .    

Yes	No
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To your family members . . . . .    

Yes	No
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2024

**Foreign Travel and Workdays Information Worksheet****30D****Complete for every month even if this may have been your first or last year in the U.S.**

Travel To/From the U.S.				Days in Month	Days Worked In and Outside U.S.				
Dates (Mo/Da/Yr)		Dates (Mo/Da/Yr)			Days Not Worked*		Days Worked**		
Left Foreign Country	Arrived U.S.	Left U.S.	Arrived Foreign Country		U.S.	Foreign	U.S.	Foreign	
				January 31					
				February 29					
				March 31					
				April 30					
				May 31					
				June 30					
				July 31					
				August 31					
				September 30					
				October 31					
				November 30					
				December 31					
				Total 366					

\* Weekends, holidays, vacation, sick, etc.

\*\* Include weekends and holidays if you worked on these days.

**During 2024, in which state(s)/city(ies) did you work? List the dates**

State/City	From (Mo/Da/Yr)	To (Mo/Da/Yr)	Days Worked

Total (must agree with U.S. days worked shown above) 

Days in U.S. for any reason in ..... 2023 \_\_\_\_ 2022 \_\_\_\_