General: 1040
Personal Information

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

Mark if you were married but living apart all year ___ Mark if your nonresident alien spouse does not have an ITIN ___

	Taxpayer	Spouse
Social security number	___	___
First name	___	___
Last name	___	___
Occupation	___	___
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)	___	___
Mark if legally blind	___	___
Mark if dependent of another taxpayer	___	___
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)	___	
Date of birth	___	___
Date of death	___	___
Work/daytime telephone number/ext number	___ ___	___ ___
Do you authorize us to discuss your return with the IRS (Y, N)	___	

General: 1040, Contact
Present Mailing Address

Address ___

Apartment number ___

City/State postal code/Zip code ___ ___ ___

Foreign country name ___

Foreign phone number ___

Home/evening telephone number ___

Taxpayer email address ___

Spouse email address ___

General: 1040
Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441
Child and Dependent Care Expenses

Provider information:

- Business name ___
- First and Last name ___ ___
- Street address ___
- City, state, and zip code ___ ___ ___
- Social security number OR Employer identification number ___
- Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) ___
- Amount paid to care provider in 2024 ___

	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited	___	___

NOTES/QUESTIONS:

2024 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) J[1]
State postal code MO[2]

Amount paid with 2023 return + 164 [3]
2023 overpayment applied to '24 estimates + ____ [4]
Treat calculated amounts as paid __[8]

	Date Paid		Amount Paid		Calculated Amount
1st quarter payment	[9]	+		[10]	
2nd quarter payment	[11]	+		[12]	
3rd quarter payment	[13]	+		[14]	
4th quarter payment	[15]	+		[16]	
Additional payment	[17]	+		[18]	

2024 City Estimated Tax Payments

City #1

City name ____ [28]
Amount paid with 2023 return + ____ [31]
2023 overpayment applied to '24 estimates + ____ [32]
Treat calculated amounts as paid __[36]

	Date Paid		Amount Paid	
1st quarter payment	[37]	+		[38]
2nd quarter payment	[39]	+		[40]
3rd quarter payment	[41]	+		[42]
4th quarter payment	[43]	+		[44]

Calculated Amount

1st quarter payment	
2nd quarter payment	
3rd quarter payment	
4th quarter payment	

City #2

City name ____ [50]
Amount paid with 2023 return + ____ [53]
2023 overpayment applied to '24 estimates + ____ [54]
Treat calculated amounts as paid __[58]

	Date Paid		Amount Paid	
1st quarter payment	[59]	+		[60]
2nd quarter payment	[61]	+		[62]
3rd quarter payment	[63]	+		[64]
4th quarter payment	[65]	+		[66]

Calculated Amount

1st quarter payment	
2nd quarter payment	
3rd quarter payment	
4th quarter payment	

City #3

City name ____ [72]
Amount paid with 2023 return + ____ [75]
2023 overpayment applied to '24 estimates + ____ [76]
Treat calculated amounts as paid __[80]

	Date Paid		Amount Paid	
1st quarter payment	[81]	+		[82]
2nd quarter payment	[83]	+		[84]
3rd quarter payment	[85]	+		[86]
4th quarter payment	[87]	+		[88]

Calculated Amount

1st quarter payment	
2nd quarter payment	
3rd quarter payment	
4th quarter payment	

City #4

City name ____ [94]
Amount paid with 2023 return + ____ [97]
2023 overpayment applied to '24 estimates + ____ [98]
Treat calculated amounts as paid __[102]

	Date Paid		Amount Paid	
1st quarter payment	[103]	+		[104]
2nd quarter payment	[105]	+		[106]
3rd quarter payment	[107]	+		[108]
4th quarter payment	[109]	+		[110]

Calculated Amount

1st quarter payment	
2nd quarter payment	
3rd quarter payment	
4th quarter payment	

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.
Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.
Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.
Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.
Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.
Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

NOTES/QUESTIONS:

Income: B1

Interest Income

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information

Income: B3

Seller Financed Mortgage Interest

T, S, J ___ Payer's name ______ Payer's social security number ______

Payer's address, city, state, zip code ______

Amount received in 2024 ______ Amount received in 2023 ______

Income: B2

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
	TAXABLE DIVIDEND INCOME			

Income: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

Income: Income

Other Income

Please provide copies of all supporting documentation.

	2024 Information	Prior Year Information
State and local income tax refunds		

	T/S	Agreement Date	2024 Information	Prior Year Information
Alimony received				

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation			
Unemployment compensation repaid			
Social security benefits			
Medicare premiums to be reported on Schedule A			
Railroad retirement benefits			

T/S/J	Other Income:	2024 Information	Prior Year Information

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2024 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		
Enter the total traditional IRA contributions made for use in 2024		
Roth IRA Contributions for 2024 -		
Mark if you want to contribute the maximum Roth IRA contribution		
Enter the total Roth IRA contributions made for use in 2024		

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2024 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2024 Information	Prior Year Information

Complete this section if you paid qualified education expenses for higher education costs in 2024. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information

***Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction**
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	
Taxpayer/Spouse/Joint (T, S, J)	
Mark if the move was due to service in the armed forces	
Number of miles from old home to new workplace	
Number of miles from old home to old workplace	
Mark if move is outside United States or its possessions	
Transportation and storage expenses	
Travel and lodging (not including meals)	
Total amount reimbursed for moving expenses	

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2024 Information	Prior Year Information

Street address

City, State and Zip code

*Enter the divorce/separation agreement date

	Taxpayer	Spouse	Prior Year Information
Educator expenses:			
Other adjustments:			

Itemized: A1

Medical and Dental Expenses

T/S/J		2024 Information	Prior Year Information
	Medical and dental expenses		
	Medical insurance premiums you paid***		
	Long-term care premiums you paid***		
	Prescription medicines and drugs		
	Miles driven for medical items (21 cents)		

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2024 Information	Prior Year Information
	State/local income taxes paid		
	2023 state and local income taxes paid in 2024		
	Sales tax paid on actual expenses		
	Real estate taxes paid		
	Personal property taxes		
	Other taxes		

Itemized: A2

Interest Expenses

T/S/J		2024 Information	Prior Year Information
	Home mortgage interest From Form 1098		

Other home mortgage interest paid to individuals:

T/S/J	Payee's Name	SSN or EIN	2024 Information	Prior Year Information

Address	City	State	Zip Code

T/S/J		2024 Information	Prior Year Information
	Investment interest expense, other than on Sch K-1s:		

Refinancing Information:	Refinance #1	Refinance #2
T/S/J		
Recipient/Lender name		
Total points paid at time of refinance		
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2024		

Itemized: A3

Charitable Contributions

T/S/J		2024 Information	Prior Year Information
	Contributions made by cash or check		
	Volunteer miles driven		
	Noncash items, such as: Goodwill, Salvation Army		

Itemized: A3, A-St

Miscellaneous Deductions

T/S/J		2024 Information	Prior Year Information
	Other expenses		
	Gambling losses (enter only if you have gambling income)		

*****STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA**

T/S/J		2024 Information	Prior Year Information
	Unreimbursed expenses***		
	Union dues, other than amounts reported on Form W-2***		
	Tax preparation fees***		
	Other expenses, subject to 2% AGI limitation***:		
	Safe deposit box rental***		
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***		

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number , and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. ___

Primary account:
- Financial institution routing transit number ___
- Name of financial institution ___
- Your account number ___
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ___
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ___
- Enter the maximum dollar amount, or percentage of total refund Dollar ___ or Percent (xxx.xx) ___

Secondary account #1:
- Financial institution routing transit number ___
- Name of financial institution ___
- Your account number ___
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ___
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ___
- Enter the maximum dollar amount, or percentage of total refund Dollar ___ or Percent (xxx.xx) ___

Secondary account #2:
- Financial institution routing transit number ___
- Name of financial institution ___
- Your account number ___
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ___
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ___
- Enter the maximum dollar amount, or percentage of total refund Dollar ___ or Percent (xxx.xx) ___

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -
- Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ___
- Identification number ___
- Issue date ___
- Expiration date ___
- Location of issuance ___
- Document number (New York only) ___

Spouse -
- Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ___
- Identification number ___
- Issue date ___
- Expiration date ___
- Location of issuance ___
- Document number (New York only) ___

NOTES/QUESTIONS:

Form ID: 1040

Personal Information

1

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

Mark if you were married but living apart all year ___[2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) ___[3]

	Taxpayer	Spouse
Social security number	___[4]	___[5]
First name	___[6]	___[7]
Last name	___[8]	___[9]
Occupation	___[10]	___[11]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	___[12]	___[14]
Mark if dependent of another taxpayer	___[15]	___[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	___[17]	
Mark if legally blind	___[20]	___[21]
Date of birth	___[22]	___[24]
Date of death	___[26]	___[27]
Work/daytime telephone number/ext number	___[28] ___[29]	___[30] ___[31]
Home/evening telephone number	___[32]	___[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	___[34]	

Present Mailing Address

Address ___[40]

Apartment number ___[41]

City, state postal code, zip code ___[42] ___[43] ___[44]

Foreign country name ___[46]

Foreign phone number ___[49]

In care of addressee ___[51]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name[52]	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes *	Dep Codes **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent ___[53]

Social security number of qualifying person ___[54]

Dependent Codes

*Basic	1 = Child who lived with you	**Other	1 = Student (Age 19 - 23)
	2 = Child who did not live with you due to divorce/separation		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)		
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit		
***Months	77 = Reported on odd year return		
	88 = Reported on even year return		
	99 = Not reported on return		

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) ____[8]

Taxpayer email address ____[9]

Spouse email address ____[10]

	Taxpayer	Spouse
Fax telephone number	____[11]	____[20]
Mobile telephone number	____[12]	____[21]
Mobile telephone #2 number	____[13]	____[22]
Pager number	____[14]	____[23]
Other:	____[15]	____[24]
Telephone number	____[16]	____[25]
Extension	____[17]	____[26]
Preferred method of contact: Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	____[18]	____[27]

NOTES/QUESTIONS:

Electronic Filing

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing ____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) ____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account ____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes. This is not the same as an IRS assigned six-digit Identity Protection PIN (IP PIN).

Taxpayer self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN) ________[7]

Spouse self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN) ________[8]

NOTES/QUESTIONS:

ACA - Health Insurance Marketplace Statement #1

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____________________[6]
Marketplace-assigned policy number **(Box 2)** ____________________[7]
Policy issuer's name **(Box 3)** ____________________[2]

Part III Household Information -

	A. 2024 Monthly Premium Amount	Prior Year Information	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2024 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ ______[12]		+ ______[25]	+ ______[38]	
February	+ ______[13]		+ ______[26]	+ ______[39]	
March	+ ______[14]		+ ______[27]	+ ______[40]	
April	+ ______[15]		+ ______[28]	+ ______[41]	
May	+ ______[16]		+ ______[29]	+ ______[42]	
June	+ ______[17]		+ ______[30]	+ ______[43]	
July	+ ______[18]		+ ______[31]	+ ______[44]	
August	+ ______[19]		+ ______[32]	+ ______[45]	
September	+ ______[20]		+ ______[33]	+ ______[46]	
October	+ ______[21]		+ ______[34]	+ ______[47]	
November	+ ______[22]		+ ______[35]	+ ______[48]	
December	+ ______[23]		+ ______[36]	+ ______[49]	
Annual total	+ ______[24]		+ ______[37]	+ ______[50]	

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____________________[6]
Marketplace-assigned policy number **(Box 2)** ____________________[7]
Policy issuer's name **(Box 3)** ____________________[2]

Part III Household Information -

	A. 2024 Monthly Premium Amount	Prior Year Information	B. 2024 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2024 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ ______[12]		+ ______[25]	+ ______[38]	
February	+ ______[13]		+ ______[26]	+ ______[39]	
March	+ ______[14]		+ ______[27]	+ ______[40]	
April	+ ______[15]		+ ______[28]	+ ______[41]	
May	+ ______[16]		+ ______[29]	+ ______[42]	
June	+ ______[17]		+ ______[30]	+ ______[43]	
July	+ ______[18]		+ ______[31]	+ ______[44]	
August	+ ______[19]		+ ______[32]	+ ______[45]	
September	+ ______[20]		+ ______[33]	+ ______[46]	
October	+ ______[21]		+ ______[34]	+ ______[47]	
November	+ ______[22]		+ ______[35]	+ ______[48]	
December	+ ______[23]		+ ______[36]	+ ______[49]	
Annual total	+ ______[24]		+ ______[37]	+ ______[50]	

Control Totals +

NOTES/QUESTIONS:

20 Year Carryovers - Pre-TCJA

Prior C/O Year	Net Operating Loss	AMT Net Operating Loss
2004	+ ______ [1]	+ ______ [21]
2005	+ ______ [2]	+ ______ [22]
2006	+ ______ [3]	+ ______ [23]
2007	+ ______ [4]	+ ______ [24]
2008	+ ______ [5]	+ ______ [25]
2009	+ ______ [6]	+ ______ [26]
2010	+ ______ [7]	+ ______ [27]
2011	+ ______ [8]	+ ______ [28]
2012	+ ______ [9]	+ ______ [29]
2013	+ ______ [10]	+ ______ [30]
2014	+ ______ [11]	+ ______ [31]
2015	+ ______ [12]	+ ______ [32]
2016	+ ______ [13]	+ ______ [33]
2017	+ ______ [14]	+ ______ [34]

Indefinite Carryovers - Starting in 2018

	Net Operating Loss	AMT Net Operating Loss
Post-TCJA	+ ______ [20]	+ ______ [40]

NOTES/QUESTIONS:

Form ID: Notes

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s)

Social security number