Dustin L. Dyer, CPA, LLC
8341 NW Mace Rd Ste 101
Kansas City, MO 64152
816-746-4444

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2024 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2023 personal income tax return.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2024 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please delete it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

Please answer all applicable questions and use the Notes to Preparer screen to enter additional information not provided in the Tax Organizer. The Notes to Preparer screen is also available for any questions that you may have for our office.

You will also need to provide the following information:
- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, digital assets, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements and receipts supporting qualified educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- Statements from U.S. Department of Education supporting federal student loan forgiveness.
- All Forms 1095-A related to health care coverage or the Premium Tax Credit.
- All Forms 1099-H related to Health Coverage Tax Credit (HCTC) advance payments.
- Statements supporting deductions for mortgage interest (Forms 1098), taxes, and charitable contributions (including any Form 1098-C).
- Statements supporting the receipt, exchange, sale, use, or any other disposition of a digital asset
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Six-digit Identity Protection PIN for use during calendar year 2022, if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Additionally, beginning on January 1, 2024, many companies in the United States will have to report (BOI) information about their beneficial owners, i.e., the individuals who ultimately own or control the company. They will have to report the information to the Financial Crimes Enforcement Network (FinCEN). FinCEN is a bureau of the U.S. Department of the Treasury. Please contact your legal counsel for advice on filing requirements and compliance. BOI will not be filed by Dustin L. Dyer, CPA, LLC.

Thank you for the opportunity to serve you.

Sincerely,

Dustin L. Dyer, CPA, LLC

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	☐	☐
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	☐	☐
Did your address change from last year?	☐	☐
Can you be claimed as a dependent by another taxpayer?	☐	☐
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	☐	☐
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	☐	☐
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter for filing returns in 2023.	☐	☐
Dependent Information		
Were there any changes in dependents from the prior year?	☐	☐
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned investment income in excess of $2,300?	☐	☐
Did you provide over half the support for any other person(s) other than your dependent children during the year?	☐	☐
Did you pay for child care while you worked, looked for work, or while a full-time student?	☐	☐
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	☐	☐
Did you pay any expenses related to the adoption of a child during the year?	☐	☐
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	☐	☐
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	☐	☐
Did you sell, exchange, or purchase any assets used in your trade or business?	☐	☐
Did you acquire a new or additional interest in a partnership or S corporation?	☐	☐
Did you sell, exchange, or purchase any real estate during the year?	☐	☐
Did you purchase or sell a principal residence during the year?	☐	☐
Did you foreclose or abandon a principal residence or real property during the year?	☐	☐
Did you acquire or dispose of any stock during the year?	☐	☐
Did you take out a home equity loan this year?	☐	☐
Did you refinance a principal residence or second home this year?	☐	☐
Did you sell an existing business, rental, or other property this year?	☐	☐
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	☐	☐
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	☐	☐
Did you purchase a qualified plug-in electric drive vehicle this year?	☐	☐

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	☐	☐
Did you receive any income from property sold prior to this year?	☐	☐
Did you receive any unemployment benefits during the year?	☐	☐
Did you receive any disability income during the year?	☐	☐
Did you receive tip income not reported to your employer this year?	☐	☐
Did any of your life insurance policies mature, or did you surrender any policies?	☐	☐
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	☐	☐
Did you receive any income considered to be nonemployee compensation?	☐	☐
Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?	☐	☐
Do you expect a large fluctuation in income, deductions, or withholding next year?	☐	☐
Did you have any sales or other exchanges of digital assets such as crypto currency?	☐	☐

Retirement Information

Are you an active participant in a pension or retirement plan?	☐	☐
Did you receive any Social Security benefits during the year?	☐	☐
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	☐	☐
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	☐	☐
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	☐	☐

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	☐	☐
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	☐	☐
Did you make any withdrawals from an education savings or 529 Plan account?	☐	☐
Did you make any contributions to an education savings or 529 Plan account?	☐	☐
Did you pay any student loan interest this year?	☐	☐

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family?	☐	☐
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?	☐	☐
If the previous question was answered yes, did you share a policy with anyone who is not included in your family?	☐	☐
Did you have any contributions or distributions to or from an HSA?	☐	☐
Did you pay long-term care premiums for yourself or your family?	☐	☐
If you are a business owner, did you pay health insurance premiums for your employees this year?	☐	☐

Itemized Deduction Information

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	☐	☐
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	☐	☐
Did you donate a vehicle or boat during the year?.	☐	☐
Did you pay real estate taxes for your primary home and/or second home?	☐	☐
Did you pay any mortgage interest on an existing home loan?	☐	☐
Did you incur interest expenses associated with any investment accounts you held?	☐	☐

Did you make any major purchases during the year (cars, boats, etc.)?	☐	☐

Miscellaneous Information

Did you make gifts of more than $17,000 to any individual?	☐	☐
Did you retire or change jobs this year?	☐	☐
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	☐	☐
Did you pay any individual as a household employee during the year?	☐	☐
Did you make energy efficient improvements to your main home this year?	☐	☐
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	☐	☐
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	☐	☐
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	☐	☐
Did you receive correspondence from the State or the IRS?	☐	☐
If yes, explain: _____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	☐	☐
Do you want to designate $3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	☐	☐

Personal Information

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

Wages and Salaries #1

Please provide all copies of Form W-2.

	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Employer name Wages	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care)	[5]	
Mark if this is your current employer	[6]	
Mark if this is the last year for this employer	[9]	
Federal wages and salaries **(Box 1)**	+ [10]	
Federal tax withheld **(Box 2)**	+ [12]	
Social security wages **(Box 3)** (If different than federal wages)	+ [14]	
Social security tax withheld **(Box 4)**	+ [16]	
Medicare wages **(Box 5)** (If different than federal wages)	+ [18]	
Medicare tax withheld **(Box 6)**	+ [21]	
SS tips **(Box 7)**	+ [23]	
Allocated tips **(Box 8)**	+ [25]	
Dependent care benefits **(Box 10)**	+ [27]	
Box 13 -		
Statutory employee	[29]	
Retirement plan	[30]	
Third-party sick pay	[31]	
State postal code **(Box 15)**	[32]	
State wages **(Box 16)** (If different than federal wages)	+ [34]	
State tax withheld **(Box 17)**	+ [36]	
Local wages **(Box 18)**	+ [38]	
Local tax withheld **(Box 19)**	+ [40]	
Name of locality **(Box 20)**	[43]	

Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2.

	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care)	[5]	
Mark if this your current employer	[6]	
Mark if this is the last year for this employer	[9]	
Federal wages and salaries **(Box 1)**	+ [10]	
Federal tax withheld **(Box 2)**	+ [12]	
Social security wages **(Box 3)** (If different than federal wages)	+ [14]	
Social security tax withheld **(Box 4)**	+ [16]	
Medicare wages **(Box 5)** (If different than federal wages)	+ [18]	
Medicare tax withheld **(Box 6)**	+ [21]	
SS tips **(Box 7)**	+ [23]	
Allocated tips **(Box 8)**	+ [25]	
Dependent care benefits **(Box 10)**	+ [27]	
Box 13 -		
Statutory employee	[29]	
Retirement plan	[30]	
Third-party sick pay	[31]	
State postal code **(Box 15)**	[32]	
State wages **(Box 16)** (If different than federal wages)	+ [34]	
State tax withheld **(Box 17)**	+ [36]	
Local wages **(Box 18)**	+ [38]	
Local tax withheld **(Box 19)**	+ [40]	
Name of locality **(Box 20)**	[43]	

Control Totals +

Interest Income

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

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

T/S/J	Type Code (**See codes below)			Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer	Bank						
			Amounts	+						
		2	Payer							
			Amounts	+						
		3	Payer							
			Amounts	+						
		4	Payer							
			Amounts	+						
		5	Payer							
			Amounts	+						
		6	Payer							
			Amounts	+						
		7	Payer							
			Amounts	+						
		8	Payer							
			Amounts	+						
		9	Payer							
			Amounts	+						
		10	Payer							
			Amounts	+						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

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

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

T S J	Type Code (**See codes below)			Ordinary Dividends	[2]	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer	Investment Company											
			Amounts	+											
		2	Payer												
			Amounts	+											
		3	Payer												
			Amounts	+											
		4	Payer												
			Amounts	+											
		5	Payer												
			Amounts	+											
		6	Payer												
			Amounts	+											
		7	Payer												
			Amounts	+											
		8	Payer												
			Amounts	+											
		9	Payer												
			Amounts	+											
		10	Payer												
			Amounts	+											

**Dividend Codes	
Blank = Other	3 = Nominee

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Name of payer	IRA or Pension [3]	
State postal code	[6]	
Gross distributions received **(Box 1)**	+ [8]	
Taxable amount received **(Box 2a)**	+ [10]	
Federal withholding **(Box 4)**	+ [12]	
Distribution code **(Box 7)**	[15]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	[17]	
State withholding **(Box 14)**	+ [18]	
Local withholding **(Box 17)**	+ [20]	
Amount of rollover	+ [22]	
Mark if distribution was due to a pre-retirement age disability	[24]	

Control Totals +

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Name of payer	[3]	
State postal code	[6]	
Gross distributions received **(Box 1)**	+ [8]	
Taxable amount received **(Box 2a)**	+ [10]	
Federal withholding **(Box 4)**	+ [12]	
Distribution code **(Box 7)**	[15]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	[17]	
State withholding **(Box 14)**	+ [18]	
Local withholding **(Box 17)**	+ [20]	
Amount of rollover	+ [22]	
Mark if distribution was due to a pre-retirement age disability	[24]	

Control Totals +

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

	2024 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Name of payer	[3]	
State postal code	[6]	
Gross distributions received **(Box 1)**	+ [8]	
Taxable amount received **(Box 2a)**	+ [10]	
Federal withholding **(Box 4)**	+ [12]	
Distribution code **(Box 7)**	[15]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	[17]	
State withholding **(Box 14)**	+ [18]	
Local withholding **(Box 17)**	+ [20]	
Amount of rollover	+ [22]	
Mark if distribution was due to a pre-retirement age disability	[24]	

Control Totals +

NOTES/QUESTIONS:

Schedule C - General Information

1 **Preparer use only**

	2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession	Self-employment Income [6]	
Business code	[12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	[15]	
City/State/Zip	[16] [17] [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	[19]	
If other:	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	[22]	
If other enter explanation:		
	[24]	
Enter an explanation if there was a change in determining your inventory:		
	[25]	
Did you "materially participate" in this business? (Y, N)	[26]	
If not, number of hours you did significantly participate	[28]	
Mark if you began or acquired this business in 2024	[30]	
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y, N)	[31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[33]	
Mark if this business is considered related to qualified services as a minister or religious worker	[35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	[37]	
Medical insurance premiums paid by this activity	+ [40]	
Long-term care premiums paid by this activity	+ [44]	
Amount of wages received as a statutory employee	+ [47]	

Business Income

	2024 Information	Prior Year Information
Gross receipts and sales		
	+ [52]	
	+	
	+	
	+	
Returns and allowances	+ [55]	
Other income:		
	+ [57]	
	+	
	+	
	+	

Cost of Goods Sold

	2024 Information	Prior Year Information
Beginning inventory	+ [59]	
Purchases	+ [61]	
Labor:		
	+ [63]	
	+	
Materials	+ [65]	
Other costs:		
	+ [67]	
	+	
	+	
	+	
Ending inventory	+ [69]	

1 **Preparer use only**

Principal business or profession Self-employment Income

	2024 Information		Prior Year Information
Advertising	+	[6]	
Car and truck expenses	+	[8]	
Commissions and fees	+	[10]	
Contract labor	+	[12]	
Depletion	+	[14]	
Depreciation	+	[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):			
	+	[18]	
	+		
Insurance (Other than health):			
	+	[20]	
	+		
Interest:			
Mortgage (Paid to banks, etc.)			
	+	[22]	
	+		
	+		
Other:			
	+	[24]	
	+		
Legal and professional services	+	[26]	
Office expense	+	[29]	
Pension and profit sharing:			
	+	[31]	
	+		
Rent or lease:			
Vehicles, machinery, and equipment	+	[33]	
Other business property	+	[35]	
Repairs and maintenance	+	[37]	
Supplies	+	[39]	
Taxes and licenses:			
	+	[41]	
	+		
	+		
	+		
	+		
Travel and meals:			
Travel	+	[43]	
Meals (Enter 100% subject to 50% limitation)	+	[45]	
Meals (Enter 100% subject to DOT 80% limit)	+	[47]	
Meals (Fully deductible)	+	[49]	
Utilities	+	[51]	
Wages (Less employment credit):			
	+	[53]	
	+		
Other expenses:			
	+	[55]	
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		

Rent and Royalty Property - General Information

1 **Preparer use only**

	2024 Information	Prior Year Information
Description	Rental [2]	
Taxpayer/Spouse/Joint (T, S, J) [3]	State postal code [5]	
Physical address: Street	[6]	
City, state, zip code	[7] [8] [9]	
Foreign country	[11]	
Foreign province/county	[12]	
Foreign postal code	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)	[14]	
Description of other type (Type code #8)	[15]	
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y,N)	[16]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	[20]	
Percentage of ownership if not 100%	[22]	
Business use percentage, if not 100% (Not vacation home percentage)	[24]	

Rent and Royalty Income

Rents and royalties	2024 Information	Prior Year Information
	+ [33]	

Rent and Royalty Expenses

	2024 Information	Percent if not 100%	Prior Year Information
Advertising	+ [35]	[36]	
Auto	+ [38]	[39]	
Travel	+ [41]	[42]	
Cleaning and maintenance	+ [44]	[45]	
Commissions:			
	+ [47]	[49]	
	+		
Insurance:			
	+ [50]	[52]	
	+		
Legal and professional fees	+ [54]	[55]	
Management fees:			
	+ [57]	[59]	
	+		
Mortgage interest paid to banks, etc (Form 1098)			
	+ [60]	[62]	
	+		
Other mortgage interest	+ [63]	[65]	
Qualified mortgage insurance premiums	+ [66]	[67]	
Other interest:			
	+ [69]	[71]	
	+		
Repairs	+ [72]	[73]	
Supplies	+ [75]	[76]	
Taxes:			
	+ [78]	[80]	
	+		
Utilities	+ [81]	[82]	
Depreciation	+ [84]	[85]	
Depletion	+ [87]	[88]	
Other expenses:			
	+ [90]		
	+		
	+		
	+		

Farm Income - General Information

Please provide all Forms 1099-K

1 **Preparer use only**

		2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]		
Employer identification number	[3]		
Description	Farm [4]		
Principal Product	[5]		
State postal code	[6]		
Accounting method (1 = Cash, 2 = Accrual)	[7]		
Agricultural activity code	[9]		
Did you "materially participate" in this business? (Y, N)	[12]		
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y, N)	[14]		
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[16]		
Mark if Schedule F net income or loss should be excluded from self-employment income	[18]		
Medical insurance premiums paid by this activity	+ [21]		
Long-term care premiums paid by this activity	+ [25]		

Schedule F Income

Sales Code**	Income description		2024 Information	Prior Year Information
		+ [35]		
		+		
		+		
		+		
		+		

**** Sales Codes**

1 = Cash sales of items bought for resale
2 = Cash sales of items raised
3 = Accrual sales
4 = Custom hire (machine work)
5 = Other income

		2024 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ [37]		
Beginning inventory of livestock and other items (Accrual method)	+ [39]		
Accrual cost of livestock, produce, grains, and other products purchased	+ [41]		
Ending Inventory of livestock and other items (Accrual method)	+ [43]		
Total cooperative distributions you received	+ [45]		
Taxable cooperative distributions you received	+ [47]		

Agricultural program payments	2024 Total	2024 Taxable	Prior Year Information
	+	+ [50]	
	+	+	
	+	+	

		2024 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ [52]		
Commodity credit loans reported under election:			
	[54]		
Total commodity credit loans forfeited	+ [56]		
Taxable commodity credit loans forfeited	+ [58]		

Total crop insurance proceeds you received in 2024	2024 Total	2024 Taxable	Prior Year Information
	+	+ [61]	
	+	+	
	+	+	

Mark if electing to defer crop insurance proceeds to 2025	[63]		
Crop insurance proceeds deferred from 2023	+ [65]		

Farm Expenses

1 **Preparer use only**

Description Farm

	2024 Information	Prior Year Information
Car and truck expenses	+ [5]	
Chemicals	+ [7]	
Conservation expenses	+ [9]	
Carryover from prior years	+ [11]	
Custom hire (machine work)	+ [13]	
Depreciation	+ [15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ [17]	
Feed purchased	+ [19]	
Fertilizers and lime	+ [21]	
Freight and trucking	+ [23]	
Gasoline, fuel, and oil	+ [25]	
Insurance (Other than health)		
	+ [28]	
	+	
	+	
Mortgage interest (Paid to banks, etc.)		
	+ [30]	
	+	
	+	
Other interest	+ [32]	
Labor hired (Less employment credit)	+ [34]	
Pension and profit sharing	+ [36]	
Rent - vehicles, machinery, and equipment	+ [38]	
Rent - other	+ [40]	
Repairs and maintenance	+ [42]	
Seed and plants purchased	+ [44]	
Storage and warehousing	+ [46]	
Supplies purchased	+ [48]	
Taxes:		
	+ [50]	
	+	
	+	
	+	
	+	
Utilities	+ [52]	
Veterinary, breeding, and medicine	+ [54]	
Other expenses:		
	+ [56]	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
Preproductive period expenses	+ [58]	

Schedule A - Medical and Dental Expenses

T/S/J | 2024 Information | Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1] Medical [2]

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4] [5]

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7] [8]

Prescription medicines and drugs:

[10] [11]

[13] Miles driven for medical items (21 cents) [14]

Schedule A - Tax Expenses

T/S/J | 2024 Information | Prior Year Information

State/local income taxes paid:

[18] [19]

2023 state and local income taxes paid in 2024:

[21] [22]

Real estate taxes paid:

[24] Real Estate Taxes [25]

Personal property taxes:

[27] Personal Property Tax [28]

Other taxes, such as: foreign taxes and State disability taxes

[30] [31]

Sales tax paid on major purchases:

[36] [37]

Sales tax paid on actual expenses:

[39] [40]

Interest Expenses

T/S/J		2024 Interest Paid [2]	2024 Points Paid	Type*	Prior Year Information
	Home mortgage interest: From Form 1098				
[1]	Mortgage Company				

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home

1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2024 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			[5]	
	Address			
	City, state and zip code			
	Address			
	City, state and zip code			

T/S/J **Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

Payer's/Borrower's name [7]

Street Address

City/State/Zip code

Refinancing Points paid in 2024 -

Taxpayer/Spouse/Joint (T, S, J) [11]

Recipient/Lender name

Total points paid at time of refinance

Points deemed as paid in 2024 **(Preparer use only)** [12]

Date of refinance

Term of new loan (in months)

Reported on Form 1098 in 2024

Taxpayer/Spouse/Joint (T, S, J)

Recipient/Lender name

Total points paid at time of refinance

Points deemed as paid in 2024 **(Preparer use only)**

Date of refinance

Term of new loan (in months)

Reported on Form 1098 in 2024

T/S/J		2024 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:		
[15]		[16]	

Charitable Contributions

T/S/J		2024 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)		
	Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.		
	Individual contributions of $250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.		
[2]	Charitable Contributions	[3]	
[5]	Volunteer miles driven	[6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8]		[9]	

Miscellaneous Deductions

T/S/J		2024 Information	Prior Year Information
	Other expenses		
[12]		[13]	
	Gambling losses: (Enter only if you have gambling income)		
[15]		[16]	

NOTES/QUESTIONS:

Notes to Preparer

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

Taxpayer name(s) _____

Social security number _____