Taxpayer (and Spouse) Name:				Tax Year:
	Tax Questionnaire			
documents through the portal. You don	3 pages of this Tax Questionnaire and return t't have to complete the rest of the Tax Orga e should answer these questions together.			
Personal Information			Yes	No
Did your marital status char If yes, explain:				
Did your address change from New Address:				
provide.	Protection PIN (IP PIN) from the IRS? If yes,	please		
	vould you like a direct deposit? ation changed from last year?			
Dependent Information	If this group does not apply to you, check this box and proceed to the next group.	N/A		
•	dependents from the prior year?			
dependent children during the Did you pay for child care of	ne support for any other person(s) other than yo he year, such as an elderly parent? or preschool while you worked, looked for worl			
while a full-time student?	mdan aga 10 an a full tima atudant undan aga 24			
unearned income in excess	nder age 19 or a full-time student under age 24 of \$2,300? (i.e Interest, Dividends, Stock sales) elated to the adoption of a child during the year)		
Health Care Information	on			
*	tions to a Health Savings Account (HSA) or Ar	rcher		
MSA outside of work? If ye		c		
yes, please provide the Forr	utions from a Health savings account (HSA)? I n 1099-SA	1		
	putions used for qualified medical expenses?			
Did you pay long-term care	premiums for yourself or your family? If yes,	how		
much for you and your spot	use? You: Spouse: um Tax Credit advance payments? If yes, provi			
•	nsurance purchased on the Marketplace or	ae		
Did you pay health insurand outside of work?	ce premiums for an individual or family plan			
Education Information	If this group does not apply to you, check this box and proceed to the next group.	N/A		
Did you, your spouse, or yo If yes, please provide the 10	ur dependents attend a university during the ye 198-T.	ar?		
	children at anytime in 2024?			
	al expenses during the year on behalf of yourse	elf,		
your spouse, or a dependent	? ions to an education savings or 529 Plan accou	nt?		
If yes, please include Form				
2.2 jeu paj unij stadent iod	Jes, prease merade i om	-		

1098-E.

Itemized Deduction Information

Yes No

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.) that totals more than 7.5% of your income?

Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?

Did you donate a vehicle or boat during the year? If yes, please provide form 1098-C from the donee organization.

Did you pay real estate taxes for your primary home and/or second home?

Did you pay any mortgage interest? If yes, please provide Form 1098.

Did you pay any investment interest on brokerage accounts, etc

Retirement Information

If this group does not apply to you, check this box and proceed to the next group.

Did you receive any Social Security benefits during the year? If yes, provide Form 1099-SA.

Did you make any withdrawals from an IRA, Roth, 401(k), or other qualified retirement plan? If yes, provide the Form 1099-R.

Did you make any contributions to an IRA, Roth, or SEP or other qualified plan in 2024? If yes, how much?

Would you like to discuss the option of still making a contribution to a retirement account for the current tax year?

Income Information

Did you receive any unemployment benefits during the year? If yes, provide Form 1099-G.

Did you have any self-employment during the year?

Did you receive any non-employee compensation? If yes, provide Form 1099-NEC or the total amount received.

Did you collect money services via Square, Venmo, Paypal or similar platforms in 2024? If yes, please check your account for Form 1099-K.

Did you receive any awards, prizes, hobby income, gambling or lottery winnings?

Did you have any sales or other exchanges of virtual currencies such as bitcoin?

Do you expect a large fluctuation in income, deductions, or withholding next year?

Purchases, Sales and Debt Information

Did vehicle you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?

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 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 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 have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? Please provide the 1099-C.

Did you acquire a new or additional interest in a partnership or S corporation?

Did you foreclose or abandon a principal residence or real property during the year?

N/A

Miscellaneous Information

Yes No

Did you make energy efficient improvements to your main home this year? If you are an educator, did you purchase classroom supplies? If yes, how much?

Did you make gifts of more than \$17,000 to any individual?

Did you utilize an area of your home for business purposes? (Only available to self-employed persons. W-2 employees working remote doesn't qualify.) Did you pay any individual as a household employee during the year?

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?

If yes, did the maximum foreign bank account balance exceed \$10,000? Did you receive correspondence from the State or the IRS?

If yes, explain:

Please provide notices if not yet resolved.

202 Estimated Tax Payments		If this group does not apply to you, check this box and proceed to the
Federal		next group.
Q1 Due April 15th, 2024	Date Paid	Amount Paid
Q2 Due June 17th, 2024	Date Paid	Amount Paid
Q3 Due Sept 16th, 2024	Date Paid	Amount Paid
Q4 Due Jan 15th, 2025	Date Paid	Amount Paid
State(s)		
Q1 Due April 15th, 2024	Date Paid	Amount Paid
Q2 Due June 17th, 2024	Date Paid	Amount Paid
Q3 Due Sept 16th, 2024	Date Paid	Amount Paid
Q4 Due Jan 15th, 2025	Date Paid	Amount Paid

If there is anything else we should know about regarding your tax situation, please explain here

GENERAL INF	FORMATION			2 024 (MAIN INFO)
Taxpayer's First Name		M.I.	Spouse's First Name	Spouse's M.I.
Taxpayer's Last Name		Suffix	Spouse's Last Name (if different)	
Taxpayer's Social Secu	rity Number		Spouse's Social Security Number	г
Present Home Address			City, State, Zip Code	
E-Mail Address				
=	ried Filing Joint	Married Filing Separate		Qualifying Widow(er)
			ne child WHO LIVES WITH YOU and q	ualifies you for this status
				dames you for the status.
-	dependents Qualify ted below are nondependent		e and/or EIC in the column listed "Non Dep."	
recent any enmaners not		Date of		Months No
First Name	Last Name	Birth	Social Security Number	Relationship in home De
				
Pr	re-1985 divorce or separ	ation agreement	ou, check the documents that sub Signed Fo	
Po	ost-1984 divorce or sepa	ration agreement WITF	IOUT CONDITIONS	
Taxpayer's Birth Date			Spouse's Birth Date	
Taxpayer's Occupation			Spouse's Occupation	
Daytime Phone			Daytime Phone	
Evening Phone			Evening Phone	
Cell/FAX Phone			Cell/FAX Phone	
State of Residency:(2-L	₋etter Abbreviation)	State of Part-	year Residency 2nd 9	State of Part-year Residency
	g space for any commer			,

W-2 INCOME			2 024 (W-2)
List below your employers:			
Name of employer Street address			
City, State, Zip Code			
Employer Identification Number	TAXPAYER	SPOUSE	
Name of employer			
Street address City, State, Zip Code			
Employer Identification Number	TAXPAYER	SPOUSE	
Name of employer			
Street address City, State, Zip Code			
Employer Identification Number			
	☐ TAXPAYER	∐ SPOUSE	
Name of employer Street address			
City, State, Zip Code			
Employer Identification Number	TAXPAYER	SPOUSE	
Name of employer			
Street address			
City, State, Zip Code Employer Identification Number			
	TAXPAYER	SPOUSE	
Name of employer Street address			
City, State, Zip Code			
Employer Identification Number	TAXPAYER	SPOUSE	
		d. 0002	
Name of employer			
Street address City, State, Zip Code			
Employer Identification Number		П	
	☐ TAXPAYER	∐ SPOUSE	
Name of employer Street address			
City, State, Zip Code			
Employer Identification Number	TAXPAYER	SPOUSE	
* Please include a W-2 from		<u> </u>	

List below your payers: "Please include any W-2G from each of your payers. Name of payer Street address City, State, Zip Code Federal Identification Number TAXPAYER	W-2G INCOME				2 024 (W-2G)
Street address City, State, Zip Code Federal Identification Number TAXPAYER	List below your payers : *Please incl	ude any W-2G fro	om each of your pay	/ers.	
Name of payer Street address City, State, Zip Code Federal Identification Number TAXPAYER	Street address City, State, Zip Code	_ _			
Street address City, State, Zip Code Federal Identification Number TAXPAYER	Federal Identification Number	_ 	TAXPAYER	☐ SPOUSE	
Name of payer Street address City, State, Zip Code Federal Identification Number TAXPAYER	Street address	_			
Street address City, State, Zip Code Federal Identification Number TAXPAYER SPOUSE SSTIMATED TAX PAID FOR THE CURRENT TAX YEAR (FED/ST TAX) * Please enter only the payments to be applied to the current year tax, including any payments made in January of 2025. Federal payments State of payments Date paid Amount paid Date paid Amount paid Amount paid State/local income tax balance due for previous years paid in current year:		_ T	TAXPAYER	SPOUSE	
Street address City, State, Zip Code Federal Identification Number TAXPAYER SPOUSE SSTIMATED TAX PAID FOR THE CURRENT TAX YEAR (FED/ST TAX) * Please enter only the payments to be applied to the current year tax, including any payments made in January of 2025. Federal payments State of payments Date paid Amount paid Date paid Amount paid State/local income tax balance due for previous years paid in current year:	Name of paver				
*Please enter only the payments to be applied to the current year tax, including any payments made in January of 2025. Federal payments Date paid Amount paid Date paid Amount paid State/local income tax balance due for previous years paid in current year:	Street address				
* Please enter only the payments to be applied to the current year tax, including any payments made in January of 2025. Federal payments Date paid Amount paid Date paid Amount paid State/local income tax balance due for previous years paid in current year:	Federal Identification Number	Ţ	TAXPAYER	SPOUSE	
Date paid Amount paid Date paid Amount paid Amount paid State/local income tax balance due for previous years paid in current year:					
State/local income tax balance due for previous years paid in current year:	Federal payments			State of payments	
State/local income tax balance due for previous years paid in current year:	Date paid	Amount	paid	Date paid	Amount paid
		State/local in	come tax balance du	e for previous years paid in current yea	r:
	State/local estimated payments fo	or current tax year	due January 15th ne	ext tax year, paid on or after January 1st	:

INTER	EST AND DIVIDEND INCOME		2024 (SCH B)
INTERE	ST INCOME	Current Year	Previous Year
T,S,J*	NAME OF PAYER		
	If you received any interest income from a seller financed		
	mortgage, please enter the payer's name, address, and their SSN or EIN.	001//511	
	Name	SSN/EIN	
	City, State, Zip	Amount	
	Amount of nominee interest		
	Amount of accrued interest		
	Amount of tax-exempt interest		
	Amount of OID adjustment		
	Amount of ABP adjustment		
DIVIDE	ND INCOME	Current Year	Previous Year
T,S,J*	NAME OF PAYER	ORDINARY	ORDINARY
, ,			
*Taxnaver	, Spouse or Joint Nominee Distribution Dividends		
	pload any 1099-INT, 1099-OID, and 1099-DIV forms		

ITEMIZED DEDUCTIONS			2 024 (SCH A)
	*T,S,J	Current Year	Previous Year
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, r	nonprescription	medical supplies	
such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums	s, medical miles	or actual expense.*	
Number of medical miles			
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
TAXES PAID			
Real estate taxes		-	
Personal property taxes			
Other		-	
INTEREST PAID			
Home mortgage interest			
Points paid in purchasing new home			
Investment interest expense			
CONTRIBUTIONS - Receipts required for all contributions			
Cash			
			
Non-cash			
Number of charity miles		·	

OTHER INCOME AND AD	JUSTMENTS			2024
OTHER INCOME			Current Year	Previous Year
Seller Financed Mortgages Payer		Principal	Interest	Interest
<u>-</u>				
State and Local Income Tax Refu	nds Received in Prev	ious Year		
State or Local jurisdiction		Amount received		
State or Local jurisdiction State or Local jurisdiction				
		<u>-</u>		
Unemployment (Please attach 1099G	(s)).		Current Year	Previous Year
Amount received: Amount repaid:		-		
Alimony amount received		- -		
-		-		
Other Income Type:		Amount:		
	Taxpayer	Taxpayer	Spouse	Spouse
ADJUSTMENTS	Current Year	Previous Year	Current Year	Previous Year
Educator expense				
Self-employed retirement plans				
Self-employed health insurance paid				
IRA'S				
Traditional Roth				
Student loan interest				
Alimony Paid To whom paid:		Amount:	_	
SSN:				
Tuition and Fees		Amount:		
Cash Contributions for taxpayers wh	no did not itemize deducti	ons Amount:		
Other Adjustments				
Type:		Amount:		

PENSION AND RETIREMEN	T INCOME		2 024 (1099R)
PENSIONS AND IRAS List below your pension, IRA distributions, and Soc	cial Security received last year (if	any).	
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	L IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
* Please upload any 1099's and other information If you ever made non-deductible contribution	s to your IRA, please provide	year-end balances of all you	ur IRA accounts.
Taxpayer Amount	Current Year AMOUNTS		(1040 WKT) Previous Year TOTAL
Spouse Amount	\$	-	

PARTNERSHIP AND S-CORPORATION I	NCOME	2 024 (K-1 P/S)
K-1 INFORMATION		
Name of Partnership or S-Corporation		
Federal ID Number Enter "P" for partnership or "S" for S-Corp		
K-1 INFORMATION	•	_
Name of Partnership or S-Corporation Federal ID Number		
Enter "P" for partnership or "S" for S-Corp		
K-1 INFORMATION		
Name of Partnership or S-Corporation Federal ID Number		
Enter "P" for partnership or "S" for S-Corp		
K-1 INFORMATION		
Name of Partnership or S-Corporation		
Federal ID Number Enter "P" for partnership or "S" for S-Corp		
K-1 INFORMATION		
Name of Partnership or S-Corporation		
Federal ID Number Enter "P" for partnership or "S" for S-Corp		_
K-1 INFORMATION		
Name of Partnership or S-Corporation Federal ID Number		
Enter "P" for partnership or "S" for S-Corp		
K-1 INFORMATION		
Name of Partnership or S-Corporation		
Federal ID Number Enter "P" for partnership or "S" for S-Corp		
K-1 INFORMATION		
Name of Partnership or S-Corporation		
Federal ID Number Enter "P" for partnership or "S" for S-Corp		
K-1 INFORMATION	•	
Name of Partnership or S-Corporation Federal ID Number		
Enter "P" for partnership or "S" for S-Corp		
* Please upload all K-1 schedules received.		

K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
* Please upload all K-1 schedules received.	

CAPITAL GAINS AI	ND LOSSES			2 024 (SCH D)
		ls, and Non-Business	Assets	
Description	Date Acquired	Date Sold	Sales Price	Cost
	_			
	-			
	_			
	_	·		
	_			
	_			
	_			
	_			
	_			
Amount of short-term loss carryove	•			
Amount of long-term loss carryover	r from prior year			

BUSINESS INCOME AND EXPENSES		2024 (SCH C)
Your principal business or profession	Is this your spouse's	Schedule C?
Business name	Business code	
Business address	Employer ID	
Business address	(Not SSN)	
	Accounting method:	
Enter date if you disposed of or sold this business during the year		
BUSINESS VEHICLE	Current Year	Previous Year
Date placed in service		
Miles used for: Business		
Commuting		
Other		
PART I INCOME	,	
Gross receipts or sales		
Returns and allowances		
Other income		
PART II EXPENSES		
Advertising		
Car/Truck expenses		
Commissions		
Contract labor		
Depletion		
Employee benefit programs		
Insurance		
Interest - mortgage		
Interest - other		
Legal and professional services		
Office expense		
Pension and profit sharing		
Rent or lease - vehicles, machinery		
Rent - Other business property		
Repairs and maintenance		
Supplies		
Taxes and licenses		
Travel		
Meals and entertainment		
Utilities		
Wages		
Enter prior year unallowed loss (if any)		
OTHER EXPENSES		(SCH C PG 2)
OTHER EXPENSES		(3CH C PG 2)
		
Inventory mothers.		
Inventory method: Cost Lower of Cost or Market Other	H	
Inventory at beginning of year	<u> </u>	
Purchases less cost of personal items		
Inventory at end of the year		

OFFICE IN THE HOME DEDUCTION		2 024 (8829)
For Self-employed indviduals ONLY(Not for W-2 employees)		
Square footage of area used for business		
Total square footage in your home		
Is this your spouse's Schedule C?		
Day care facilities:		
Number of days used for day care		
Number of hours per day used for day care		
Enter date if you disposed of or sold this business during the year		
EXPENSES DIRECTLY RELATING TO YOUR BUSINESS	Current Year	Previous Year
Casualty losses		
Deductible mortgage interest		
Real estate taxes		
Insurance		
Rent		
Repairs and maintenance		
Utilities		
Other expenses		
•		
EXPENSES RELATING TO ENTIRE HOUSEHOLD		
Casualty losses		
Deductible mortgage interest		
Real estate taxes		
Insurance		
Rent		
Repairs and maintenance		
Utilities		
Other expenses		
Cutor expenses	- <u> </u>	
Carryover of operating expenses from Form 8829 line 42		
Carryover of excess casualty losses and depreciation from prior year Form 8829 line 43		
Enter the fair market value of your home		
Enter the cost of your home		
Enter the value of the land on which your home is placed		

То

Asset acquisition list (Please list all assets you have purchased or placed in service in current year.)

Des	cription	Date	Acquired		Cost	Sc	hedule
		_					
		_					
		_					
		_					
		_					
		_					
		<u> </u>					
		<u> </u>					
		<u> </u>					
						<u> </u>	
						<u> </u>	
		<u></u>					
•							
Accat dicnociti	ion liet/Please list	all assets you sold, tra	aded junked or too	ok out of service for a	any reason in curren	t vear)	
Asset dispositi	ion natinicase nat	an assets you solu, tre	idea, jurikea, or too	ok out of service for a	iny reason in curren	it year /	
	Date	Date	Sales	Sales		Prior	From
Description	Date Acquired	Date Sold	Sales Price	Sales Expenses	Cost	Prior Depreciation	From Sch.
Description					Cost		
Description					Cost		
Description					Cost		
Description					Cost		
Description					Cost		
Description					Cost		
Description					Cost		
Description					Cost		
	Acquired	Sold	Price	Expenses			
	Acquired		Price	Expenses			
	Acquired	Sold	Price	Expenses			
	Acquired	Sold	Price	Expenses			
	Acquired	Sold	Price	Expenses			
	Acquired	Sold	Price	Expenses			
	Acquired	Sold	Price	Expenses			
	Acquired	Sold	Price	Expenses			
	Acquired	Sold	Price	Expenses			
	Acquired	Sold	Price	Expenses			
	Acquired	Sold	Price	Expenses			
	Acquired	Sold	Price	Expenses			
	Acquired	Sold	Price	Expenses			
	Acquired	Sold	Price	Expenses			
	Acquired	Sold	Price	Expenses			

Part-Year, Part-Rer	ntal, or Per	rsonal Use l	Jnit		2 024 (Sch. E)
KIND OF PROPERTY					
LOCATION					
	lincome			Percent	
	Current Year	Previous Year	Current	e, year, or proper ′ear	ty rented): Previous Year
Rent received				%	%
			d personal use		Rental only
Expenses:		Current Yea	ar Previous Year	Current Y	ear Previous Year
Advertising					
Auto and travel					
Cleaning and maintenance					
Commissions					
Insurance					
Legal and professional fees					
Management fees					
Mortgage interest					
Other interest					
Repairs					
Supplies					
Real estate tax					
Taxes other than real estate taxe	s				
Utilities					
Other expenses					
Personal use unit ONLY: Fully deductible rental expenses unit. Include expenses directly re					
operation of the rental activity, su					

supplies.

Part-Year, Part-Rental, or Personal Use Unit (Sch. E)							
	,		-			(30.11)	
KIND OF PROPERTY							
LOCATION Renta	I income			Perc	cent		
				, year, or	property rent		
	Current Year	Previous Year	Current \	ear ear	Р	Previous Year	
Rent received		Pontal on	d noroonal ugo	%	Ponto	%	
Expenses:		Current Yea	d personal use r Previous Year	Curr	Renta ent Year	Previous Year	
Expended.		Ourient rea	I I I I I I I I I I I I I I I I I I I	Juli	ciit i cui	11001040 1041	
Advertising							
Auto and travel							
Cleaning and maintenance							
Commissions							
Insurance							
Legal and professional fees							
Management fees							
Mortgage interest							
Other interest							
Repairs							
Supplies							
Real estate tax							
Taxes other than real estate taxe	es						
Utilities							
Other expenses							
Personal use unit ONLY: Fully deductible rental expenses unit. Include expenses directly re							
operation of the rental activity, su							

supplies.

Part-Year, Part-Rental, or Personal Use Unit (Sch. E)						
	,		-			(30)
KIND OF PROPERTY						
LOCATION Renta	I income			Perce	ent	
				, year, or p	roperty rente	
	Current Year	Previous Year	Current Y	'ear	Previous Year	
Rent received		Dontal on	d name and was	%	Donto	%
Evnonoso		Current Yea	d personal use	Curr	Renta ent Year	Previous Year
Expenses:		Current rea	ii Previous rear	Curr	ent rear	Previous real
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal and professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Real estate tax						
Taxes other than real estate taxe	s					
Utilities						
Other expenses						
Personal use unit ONLY: Fully deductible rental expenses						
unit. Include expenses directly re operation of the rental activity, su						

supplies.

FARM INCOME AND EXPENSES		2024 (SCH F)
	Is this your spouse	's Schedule
Your principal product	Activity Code	
	Activity Code	
Enter date if you disposed of or sold this business during the year	Employer ID	
	(Not SSN)	
PART I INCOME	Current Year	Previous Year
Sales of livestock and other items you bought for resale not reported above		
Cost or other basis of livestock and other resale items reported above		
Sales of livestock, produce, grains and other raised products not reported above		
Total cooperative distributions		
Agricultural program payments		
Commodity Credit Corporation loans		
Crop insurance/disaster payments		
Custom hire income not reported above		
Other income not reported above		
PART II EXPENSES		
Car and Truck expenses		
Chemicals		
Conservation expenses		
Custom hire		
Employee benefit programs		
Feed purchases		
Fertilizer and lime		
Freight and trucking		
Gasoline, fuel and oil		
Insurance		
Interest - mortgage		
Interest - other		
Labor hired		
Pension and profit sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease other business property		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies		
Taxes		
Utilities		
Veterinary, breeding and medicine		
Enter prior year unallowed loss (if any):		

CHILD AND DEPENDE	NT CARE EXPENSES	2 024 (2441)
Please list all care providers information	n and the amounts paid to them.	
Name of provider Street address City, State, Zip Code Social Security Number or EIN Amount paid	\$	
Name of provider Street address City, State, Zip Code Social Security Number or EIN Amount paid	\$	
Name of provider Street address City, State, Zip Code Social Security Number or EIN Amount paid	\$	
Name of provider Street address City, State, Zip Code Social Security Number or EIN Amount paid	\$	
Name of provider Street address City, State, Zip Code Social Security Number or EIN Amount paid	\$	
List name of each child and total amo	int spent for care of that child.	\$ \$ \$ \$

FOREIGN EARNED INCOME	.						2 024 (2555)
Is this your spouse's foreign earned income?							
Your foreign Prior Year							
address Current Year							
Employer Prior Year							
Current Year							
Employer Prior Year							
U.S. addre ssurrent Year							
Employer Prior Year							
foreign adrs Current Year							
De Aldeman			O			D	- W
Residence			Current Ye	ar		Previou	s year
Taxpayer tax home overseas							
Date established				_			
Bonafide residence began							
Income			Current Ye	ar		Previou	e Voar
Earned Income			Ourrent re	ai		1 TEVIOU	3 I Gai
Salary							
Noncash Income							
Home							
Meals							
Car							
Other							
Allowances and Reimbursements							
Cost of living and overseas differential							
Family							
Education							
Home leave							
Quarters							
Other							
Travel History During Tax Year							
Country							
Date arrived							
Date left							
Days on business in United States							
Amount earned in United States							
Miscellaneous Questions							
Kind of foreign living quarters Purchased Did your family live with you overseas? Yes	s No	Rented house	·		oyer housing		
And for what period?							
Have you told the authorities overseas that you ar			Yes				
country?Are you required to pay income taxes to t				No			
Describe the length or employment limitations of y							
If you maintained a home in the U.S. while overse							
Address:							
			Polationahir	a·			
Name of occupant:			เฉษาสแบบรถใ	J			