



Name/s:

3 1099-DIV DIVIDEND INCOME FROM STOCKS, MUTUAL FUNDS, ETC. ( Attach1099-DIVs) ENTER 1099-Bs > SHEET #5

Table with 12 columns: Payer, (T)(S)(J), ORDINARY DIV. BOX#1A, QUALIFIED DIV BOX#1B, CAP GAIN DIST BOX#2A, SEC. 1250 BOX#2B, NON-DIV DISTR. BOX#3, FEDERAL TAX W/H BOX#4, FOREIGN TAX BOX#7, FOREIGN COUN BOX#8, EXEMP-INT-DIV BOX#12, PRIVATE ACTIV BOX#13

4/5 1099-R IRAS, PENSIONS, AND ANNUITIES(Attach 1099-Rs) Did you rollover an IRA distribution in 2024? within 60 days? Yes No

Table with 14 columns: Payer, (T)(S)(J), GROSS DISTR. BOX#1, TAXABLE AMT BOX#2A, TAX/NOT DETER. BOX#2B, CAPITAL GAINS BOX#3, FED TAX W/H BOX#4, EMP CONTRIBUTION ROTH CONTRIB BOX#5, DISTRIB. CODE BOX#7, IRA/SEP SIMPLE, STATE TAX W/H BOX#14, STATE OF BOX#15, LOCAL TAX BOX#17, LOCALITY BOX#18

6 1099-SSA SOCIAL SECURITY BENEFITS(Attach 1099-SSA) ENTER 1099-Bs > SHEET #5

Table with 6 columns: BENEFITS PAID BOX#3, BENEFITS REPAID TO SSA BOX#4, NET BENEFITS BOX#5, FED INCOME TAX W/H BOX#6, MEDICARE PART B PREMIUMS, MEDICARE PRESCRIPT DRUGS

MISCELLANEOUS INCOME (SCH 1) TAXPAYER SPOUSE ADJUSTMENTS TO INCOME (SCH 1) TAXPAYER SPOUSE
1 State/NYC-UBT Refunds ATTACH 1099-G
2 Alimony Received
Date of divorce or separation agreement
3 Bus. Freelance Income + Expenses COMPLETE SHEET #3
4 Other gains or (loss) if you sold assets
5 Rental Income + Expenses COMPLETE SHEET #4
Estate/Trust/Partnership + S Corp Income ATTACH K-1
7 Unemployment Comp. ATTACH 1099-G
Federal income tax withheld BOX-4
State income tax withheld BOX-11
8 Other Income(including tips not on W-2)
DESCRIPTION OF OTHER INCOME:
STATE SALES TAX YOU ARE DECLARING \$
to your state for out-of-state purchases. (SEE TAX INFO ON OUR WEB SITE)
RENTERS RESIDENTIAL CREDIT- CA/NY/NJ/MA/OTHER STATES
ANNUAL RESIDENTIAL RENT: DID YOU SHARE? YES NO
NO. OF PEOPLE YOU SHARED WITH (excluding spouse/kids)
NAME: SS#
11 Educator Expenses (maximum \$300 each) \*
12 Performing Artists Expenses \*\* Please use Performing Artists Worksheet
13 Health Savings Account [NOT FSA] USE HSA 8889
14 Moving Expenses (ONLY MEMBERS OF ARMED FORCES)
16 Keogh/SEP Contributions for 2024\*\*
17 Health Insurance (for self-employed only) \*\*\*\*
18 Bank Penalty on Withdraw. 1099-INT Box #2
19 Alimony Paid \$ SS#:
Date of original divorce or separation agreement \*\*\*\*\*
20 Traditional IRA Contributions for 2024
Roth IRA Contributions for 2024
21 Student Loan Interest ATTACH 1098-E
24 Other Adjustment
LONG TERM CARE INSURANCE
249 Long Term Care Insurance (NYS)
30 COLLEGE SAVINGS PLAN 529
Taxpayer's Contribution by December 31st
Spouse's Contribution by December 31st

SEE NEXT PAGE FOR ESTIMATED / EXTENSION TAXES PAID YES NO

# Estimated Tax Payments

► Name/s: \_\_\_\_\_

26 Federal		
QTR	DATES PAID	AMOUNT
last year's overpayment applied to this year's est. tax		
1st		
2nd		
3rd		
4th		
Total		
<b>63</b> Last Year's Tax Liability <b>8:</b>		(LEAVE BLANK)
Last Year's AGI:		(LEAVE BLANK)
<b>10</b> Last Year's Itemized <b>12:</b>		(LEAVE BLANK)
<b>70</b> This Year's Paid with Extension:		
<b>73</b> Credit for Prior Year's Min. Tax:		

75 State of:		
QTR	DATES PAID	AMOUNT
last year's overpayment applied to this year's est. tax		
1st		
2nd		
3rd		
4th		
Total		
<b>62</b> Last Year's Tax Liability <b>14:</b>		(LEAVE BLANK)
<b>73</b> This Year's: Paid with Extension:		

75 State of:		
QTR	DATES PAID	AMOUNT
last year's overpayment applied to this year's est. tax		
1st		
2nd		
3rd		
4th		
Total		
<b>62</b> Last Year's Tax Liability <b>14:</b>		(LEAVE BLANK)
<b>73</b> This Year's: Paid with Extension:		

75 State of:		
QTR	DATES PAID	AMOUNT
last year's overpayment applied to this year's est. tax		
1st		
2nd		
3rd		
4th		
Total		
<b>62</b> Last Year's Tax Liability <b>14:</b>		(LEAVE BLANK)
<b>73</b> This Year's: Paid with Extension:		

22 NYC UBT <small>DO NOT INCLUDE NYC INCOME TAXES PAID</small>		
QTR	DATES PAID	AMOUNT
last year's overpayment applied to this year's est. tax		
1st		
2nd		
3rd		
4th		
Total		
<b>23</b> Last Year's Tax Liability		(LEAVE BLANK)
<b>24</b> Paid with Ext:		

- \* Educator Expenses are applicable to K1–through HS educators.
- \*\* AGI has to be \$16,000 OR Less to deduct expenses as a performing artist
- \*\*\* If you have employees (other than your spouse) who are members of your Keogh plan or if all plan assets plus this year's contribution are valued at \$250,000 or more, you are required to file Form 5500 by July 31st. To file the required form, we will need information about your Keogh/Pension. Call us after April 16th to discuss this. High penalties result for non-filing. **There are no filing requirements for SEP / IRA owners.**
- \*\*\*\* If you are not self employed, enter your health insurance payments on Sheet #2, Line 1.
- \*\*\*\*\* If the divorce agreement is executed in 2019 or later, there will be no deduction. If you are divorced before 2019 but changes are made, additional restrictions may apply.

Please Initial \_\_\_\_\_

**Final Note:** If you receive any notices / correspondence from the IRS or any other taxing jurisdiction, email, mail or fax a copy of the notice to us. Many adjustments are erroneous and can be resolved with a single correspondence.