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▼ PLEASE BE SURE TO FILL IN SECTIONS (A) TO (E)

ZELLE  PAY PAL  AX  DS  MC  VS  CK# \_\_\_\_\_ / /

(A) STATUS ON 12/31/23	(B) (T) TAXPAYER'S NAME: <span style="float:right">BLIND</span>	(C) (S) SPOUSE'S NAME : <span style="float:right">BLIND</span>
<input type="checkbox"/> SINGLE <input type="checkbox"/> DEPENDENT	SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
<input type="checkbox"/> MARRIED FILING JOINTLY	OCCUPATION <span style="float:right">DOB</span>	OCCUPATION <span style="float:right">DOB</span>
<input type="checkbox"/> MARRIED FIL. SEPARATELY	HOME PHONE <span style="float:right">65+ YEARS OLD</span>	HOME PHONE <span style="float:right">65+ YEARS OLD</span>
<input type="checkbox"/> HEAD OF HOUSEHOLD	WORK PHONE <span style="float:right">EXT.</span>	WORK PHONE <span style="float:right">EXT.</span>
<input type="checkbox"/> WIDOWER	CELL	CELL
	FAX <input type="checkbox"/> PRIVATE FAX	FAX <input type="checkbox"/> PRIVATE FAX
	E-MAIL	E-MAIL

(D) CURRENT ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY (not country) \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AT ANY TIME DURING 2023, DID YOU RECEIVE, SELL, EXCHANGE, GIFT, OR OTHERWISE DISPOSE OF ANY FINANCIAL INTEREST IN ANY DIGITAL ASSET? YES  NO

DID YOU MOVE IN 2023? YES  NO  DATE: \_\_\_\_\_ WERE YOU A MEMBER OF THE ARMED FORCES? YES  NO (IF NO, NO DEDUCTION)

E DEPENDENT'S FULL NAME *	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	MOS. LIVED WITH YOU	COLLEGE STUDENT	CHILD CARE EXPENSE **	COLLEGE EDUCAT. COSTS ***	LEAVE BLANK
					<input type="checkbox"/>			A L DIS
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			

F Did any dependent under 18 years old (or under 24 if enrolled full-time student over 5 months) year old have investment income over **\$1,300** or receive a 1099 B. If yes, use a separate sheet#1 for each dependent

**\* If you are divorced parent, ask for Form 8332**  
 Please complete **Dependent Care** data organizer **\*\*** 2441, which can be found on our website.

G Did any dependent earn more than **\$1,300** from investments, or more than **\$14,600** in wages and/ investments? Yes  No  If yes, Use Sheet#1 per dependent

Complete **Education Tax Credit** organizer 8863. **\*\*\*** See our website. **1098-T is required.**

**1 W-2s** (ATTACH ALL W-2s)  CHECK IF W-2 BOX 12 HAS CODE L → GO TO SHEET #3 FOR 1099-MISC

Employer's Name	City, State Employed	Verif code	(T) (S)	Wages BOX #1	Federal Tax BOX #2	SS Wages BOX #3	SS Tax BOX #4	Medic Wages BOX #5	Medic Tax BOX #6	State Tax BOX #17	City Tax BOX #19	NY&NJ SDI BOX #14	NJ UI CASDI BOX #14	X IN BOX #13
<b>TOTAL</b>														

**2 1099-INT** INTEREST INCOME (Attach 1099-INTs + 1099-OIDs) → GO TO SHEET #3 FOR 1099-MISC

Payer	(T) (S) (J)	Interest Income BOX #1	US Savings/ Treas. BOX #3	Federal Income Tax Withheld BOX #4	Investment Expense BOX #5	Foreign Tax Paid BOX #6	Foreign Country U.S. Possession BOX #7	Tax Exempt Interest BOX #8	Name State EXEMPT	Non-Taxable Fed Taxable State

CHECK HERE IF 1099-INT LONG LIST IS ATTACHED

**1099-B** PROCEEDS FROM 2023 ► SHEET #5

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

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 REPAYED 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.

**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.

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