

2024

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US

## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary.

**PERSONAL INFORMATION**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2024?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a PIN from the IRS, resulting from a fraudulently filed return, to use in reporting your tax return? <b>If yes, please provide a copy of the letter from the IRS, or we will not be able to file your return.</b> |

**DEPENDENTS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? If so, please add name(s), DOB, and SSN (as it appears on Social Security card)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2024?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2024, with interest and dividend income in excess of \$1,300, or total investment income in excess of \$2,600? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you provide more than 1/2 support for someone who is not your child (i.e. parents, etc) that did not file a tax return in 2024?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did any of your dependents file their own tax return for 2024? If yes, please provide a copy of the dependent's tax returns.   |

**HEALTH CARE COVERAGE**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or any of your dependents have healthcare coverage for the full year?           |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive the MA 1099-HC Form? If so, <b>VERY, VERY IMPORTANT, PLEASE ATTACH.</b> |

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## Miscellaneous Questions

## INCOME

Yes

No

Did you receive unreported tip income of \$20 or more in any month?

At any time during 2024, did you (a) receive as a reward, award, or payment for property or services; or (b) sell, exchange, or otherwise dispose of a digital asset or a financial interest in a digital asset? **If yes, provide all documentation detailing the transaction(s) such as 1099's, compensation amounts and an Excel spreadsheet indicating date acquired, date sold, cost basis and selling price for each transaction.**

Did you receive any unemployment income? If so, **ATTACH FORM 1099-G**

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

## PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2024?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? If yes, please provide settlement statement and term of loan (i.e. 30 years) \_\_\_\_\_.

Did you have any debts canceled or forgiven? **If yes, please provide applicable documents.**

Does anyone owe you money which has become uncollectible?

## RETIREMENT PLANS

Did you receive a **distribution** from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

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Yes      No

      Did you receive a **distribution** from a retirement plan that was subsequently rolled over into another retirement account within 60 days of receiving the distribution? **If yes, please provide form 1099R and a statement indicating date and amount rolled back into your retirement account.**

      Did you make a contribution to a retirement plan (401)(k), IRA, SEP, SIMPLE, Qualified Plan, etc.) other than through your W-2? **If yes, please state the amount(s): \$ \_\_\_\_\_.**

      Did you **transfer or rollover** any amount from one retirement plan to another retirement plan? **If yes, please provide Form 1099R.**

      Did you convert part or all of your IRA, SEP, or SIMPLE to a Roth IRA in 2024?

      Do you want to contribute to an IRA for 2024? **If yes, state the amount(s): \$ \_\_\_\_\_.**

**EDUCATION**

      Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? **Please provide 1099Q.**

      Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? **If yes, please provide all forms 1098-T.**

      Did you incur any expenses working at least 900 hours as a teacher, counselor, aide, or principal for classes kindergarten through grade 12? **If yes, please state the amount: \$ \_\_\_\_\_.**

      Did you contribute at least \$2,000 to a Massachusetts prepaid tuition or college savings program? Indicate amount if contributed to another state program \_\_\_\_\_.

**ITEMIZED DEDUCTIONS**

      Do you have documentation to substantiate charitable donations? Be sure to reduce the amount of any donation by the value of goods and services received. Include charitable donation amount even if you don't itemize.

      Did you make non-cash donations of more than \$500? **If yes, please provide date of donations, detail of items donated, original cost and value of donated items.**

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Yes	No	
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<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse pay for long term care (LTC) premiums during 2024? <b>If so, please provide amounts paid by each individual:</b> \$ _____.
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	Is your outstanding mortgage balance taken out after 12/15/2017 greater than \$750,000 as of 12/31/24? If so, please provide the outstanding balance at 12/31/24 and the December loan statement.
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<input type="checkbox"/>	<input type="checkbox"/>	Is your outstanding mortgage balance taken out before 12/16/2017 greater than \$1,000,000 as of 12/31/24? If so, please provide the outstanding balance at 12/31/24 and the December loan statement.
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**ESTIMATED TAXES**

<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax (instead of refunded)?
--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2025 taxable income and withholdings to be <b>significantly</b> different from 2024?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you make estimated tax payments (federal and/or state) toward your 2024 liability? <b>If yes, please provide dates and amounts paid on the Direct Deposit and Estimates (Form 1-040ES) Organizer Page.</b>
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**MISCELLANEOUS**

<input type="checkbox"/>	<input type="checkbox"/>	Do you or your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
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<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees that you pay on Form W-2? <b>If yes, please provide Forms W-2, 940 that were filed.</b>
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<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency? <b>If yes, please provide a copy of notice.</b>
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Yes      No

      Did you or your spouse make any gifts to an individual that total more than \$18,000, or any gifts to a trust?

      Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2024?

      **Did your bank account information change within the last twelve months?**

      Would you like your refund or tax liability directly deposited or withdrawn from your bank account? **If yes, please indicate the routing number, checking/savings account number and bank name here** \_\_\_\_\_.

      Did you make any residential energy efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources in 2024? **If yes, please provide description and cost.** \_\_\_\_\_.

      Did you add any energy-efficient improvements (insulations systems, exterior windows and doors, skylights, furnace, hot water heaters) to your principal residence in 2024? **If yes, please provide description and cost** \_\_\_\_\_.

      Did you have any unpaid mortgage balance that was canceled on your principal residence? **If yes, please provide Form 1099-C.**

      Did you purchase a new or used plug-in electric vehicle (EV) or fuel cell vehicle (FCV) from a licensed dealer in 2024? **If yes, provide documentation.**

**MASSACHUSETTS**

      Massachusetts requires you to report any use tax owed with your income tax filing. Did you purchase any goods in states other than Massachusetts or on the Internet that sales tax was not charged? Would you like us to compute the use tax owed? **If yes, please indicate amount of total purchases \$** \_\_\_\_\_.

      Did you pay for Massachusetts tolls through an EZ-Pass account or transit commuter passes for MBTA transit or commuter rail that was not reimbursed by employer or otherwise? **If yes, please state amount \$** \_\_\_\_\_.

      Did you pay rent in 2024? **If yes, provide total paid during the year and the name and address of the landlord.**  
\_\_\_\_\_.

      Were you or your spouse age 65 or older by December 31, 2024 and paid rent or real estate taxes? **If yes, please provide the assessed value of your residence \$** \_\_\_\_\_ **and amount paid for water/sewer \$** \_\_\_\_\_.

      Do you expect your Massachusetts taxable income to be greater than \$1,083,150 in tax year 2025?

      Provide the amount you paid for the replacement or repair of a failed Septic System and/or for removing or covering lead paint in your personal residence  
\_\_\_\_\_.

**2024 1040 US Tax Organizer**

**Bucci & Associates**  
 200 Broadway, Suite 106  
 Lynnfield, MA 01940  
 Telephone number: 781-584-8218  
 Fax number: 866-240-8717  
 E-mail address: kbucci@bucci-associates.com

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2024 tax return. Please enter all pertinent 2024 information. If you have attached a government form for an item, check the box and do not enter a 2024 amount.

**CLIENT INFORMATION**

Taxpayer

Spouse

First name and initial.....		
Last name.....		
Title/suffix.....		
Social security number....		
Occupation.....		
Date of birth (m/d/y).....		
Date of death (m/d/y).....		
1=blind.....		
Home phone.....		
Work phone.....		
Work extension.....		
Cell phone.....		
E-mail address.....		
Drivers License #.....		
Drivers License State.....		
Issue Date.....		
Expiration Date.....		

Address

Street address.....  
 Apartment number.....  
 City.....  
 State.....  
 ZIP code.....

**DEPENDENTS**

Dependent No. 1

Dependent No. 2

First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death (m/d/y).....		
Date of adoption (m/d/y).....		
Social security number....		
Relationship.....		
Months lived at home.....		

Dependent No.

Dependent No.

First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death (m/d/y).....		
Date of adoption (m/d/y).....		
Social security number....		
Relationship.....		
Months lived at home.....		

**2024 1040 US Tax Organizer**

Please enter all pertinent 2024 information. If you have attached a government form for an item, check the box and do not enter a 2024 amount.

**WAGES, SALARIES AND TIPS**

Employer Name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2024 Amount	2023 Amount
<b>Attach Forms W-2</b>	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer Name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-INT</b>	_____
	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer Name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-DIV</b>	_____
	_____
	_____

**PENSION AND IRA INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-R</b>	_____
	_____

**GAMBLING WINNINGS**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms W-2G</b>	_____
	_____

Total gambling losses.....

Winnings not reported on Form W-2G.....

_____	_____
_____	_____

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments.....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements).....

<b>Attach Forms 1099</b>
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2024 1040 US Tax Organizer

Please enter all pertinent 2024 information. If you have attached a government form for an item, check the box and do not enter a 2024 amount.

OTHER GOVERNMENT FORMS - INCOME (Continued)

Form 1099-G - State tax refunds... Attach Forms 1099
Taxpayer: Form SSA-1099 - Social security benefits... Attach Forms 1099
Form 1099-G - Unemployment compensation...
Spouse: Form SSA-1099 - Social security benefits... Attach Forms 1099
Form 1099-G - Unemployment compensation...

MISCELLANEOUS INCOME

Alimony received...
Spouse: Alimony received...
Other:

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)...
Roth IRA contributions (1=maximum)...
Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum)
Spouse: Traditional IRA contributions (1=maximum)...
Roth IRA contributions (1=maximum)...
Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum)

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest... Attach Forms 1098
Form 1098-T - Tuition and related expenses...

Affordable Care Act

Form 1095-A - Health Insurance Marketplace Statement... Attach Forms 1095

ADJUSTMENTS TO INCOME

Taxpayer: Self-employed health insurance premiums...
Educator expenses...
Expenses from rental of personal property...
Other adjustments to income:
Alimony Paid - Recipient name & SSN



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Please enter all pertinent 2024 information. If you have attached a government form for an item, check the box and do not enter a 2024 amount.

**ADJUSTMENTS TO INCOME (Continued)**

Spouse:

- Self-employed health insurance premiums.....
- Educator expenses.....
- Expenses from rental of personal property.....

2024 Amount	2023 Amount

Other adjustments to income:

\_\_\_\_\_


Alimony Paid - Recipient name & SSN

\_\_\_\_\_

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**MEDICAL AND DENTAL EXPENSES**

- Prescription medicines and drugs.....
- Doctors, dentists and nurses.....
- Hospitals and nursing homes.....
- Insurance premiums.....
- Taxpayer: Long-term care premiums.....
- Spouse: Long-term care premiums.....
- Insurance reimbursements.....
- Out-of-pocket lodging and transportation expenses.....
- Number of medical miles.....


Other:

\_\_\_\_\_


**TAXES PAID**

- State income taxes - 1/24 payment on 2023 state estimate.....
- State income taxes - paid with 2023 state extension.....
- State income taxes - paid with 2023 state return.....
- State income taxes - paid for prior years and/or to other states.....
- City/local income taxes - 1/24 payment on 2023 city/local estimate.....
- City/local income taxes - paid with 2023 city/local extension.....
- City/local income taxes - paid with 2023 city/local return.....
- State and local sales taxes paid (except autos and special items).....
- Use taxes paid on 2024 purchases.....
- Use taxes paid on 2023 state return.....
- Sales tax on autos not included above.....
- Sales taxes paid on boats, aircraft and other special items.....
- Real estate taxes - principal residence.....
- Real estate taxes - property held for investment.....
- Foreign income taxes.....


Other:

\_\_\_\_\_


Personal property taxes (including automobile fees in some states).....

<b>Attach Tax Notice</b>	
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**2024 1040 US Tax Organizer**

Please enter all pertinent 2024 information. If you have attached a government form for an item, check the box and do not enter a 2024 amount.

**INTEREST PAID**

Home mortgage interest and points paid

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2024 Amount	2023 Amount
<b>Attach Forms 1098</b>	

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee)

\_\_\_\_\_

\_\_\_\_\_


Points not reported on Form 1098

\_\_\_\_\_

\_\_\_\_\_


Investment interest (interest on margin accounts):

\_\_\_\_\_

\_\_\_\_\_


Passive Interest.....

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**CASH CONTRIBUTIONS**

Note: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contributions date(s), and contribution amount(s).

\_\_\_\_\_

\_\_\_\_\_


Volunteer Expenses (out-of-pocket).....

Number of charitable miles.....


**NONCASH CONTRIBUTIONS**

Note: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

\_\_\_\_\_

\_\_\_\_\_


**MISCELLANEOUS DEDUCTIONS**

Union and professional dues.....

Tax return preparation fee.....

Safe deposit box rental.....

Investment expenses.....

Estate tax, section 691(c).....


Unreimbursed employee expenses:

\_\_\_\_\_

\_\_\_\_\_


Other:

\_\_\_\_\_

\_\_\_\_\_


Please enter all pertinent 2024 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....					
1=electronic payment of balance due .....					
1=electronic payment of estimated tax .....					
1=state direct deposit .....					
1=state electronic payment of balance due .....					

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2024 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2024 Voucher Amount
Overpayment applied from 2023 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

**State**

	Amount Paid	Date Paid	TS	2024 Voucher Amount
Overpayment applied from 2023 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2024 information.

**APPLICATION OF 2024 OVERPAYMENT (7.1)**

If you have an overpayment of 2024 taxes, do you want the excess refunded?  or applied to 2025 estimate?

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2025 ESTIMATED TAX INFORMATION**

Do you expect your 2025 taxable income to be different from 2024? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2025 withholding to be different from 2024? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

Please add, change or delete 2024 information as appropriate.  
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2024 1099-G Amount

<b>No.</b> <span style="border: 1px solid black; padding: 2px 5px;">1</span>	Name of payer .....			
	1=spouse .....			
	Unemployment compensation:			
	Total received (Box 1) .....			
	2024 Overpayment repaid .....			
	State and local refunds:			
	State and local income tax refund, credit or offsets (Box 2) .....			
	1=city or local income tax refund .....			
	Tax year for box 2 if not 2023 (Box 3) .....			
	Federal income tax withheld (Box 4) .....			
	RTAA payments (Box 5) .....			
	Taxable grants:			
	Federal taxable amount (Box 6) .....			
	State taxable amount, if different .....			
	Farm amounts:			
	Agriculture payments (Box 7) .....			
1=agriculture payments are from conservation reserve program .....				
Market gain (Box 9) .....				
Number of farm .....				
1=box 2 is trade or business income (Box 8) .....				
State income tax withheld (Box 11) .....				

<b>No.</b> <span style="border: 1px solid black; padding: 2px 5px;">2</span>	Name of payer .....			
	1=spouse .....			
	Unemployment compensation:			
	Total received (Box 1) .....			
	2024 Overpayment repaid .....			
	State and local refunds:			
	State and local income tax refund, credit or offsets (Box 2) .....			
	1=city or local income tax refund .....			
	Tax year for box 2 if not 2023 (Box 3) .....			
	Federal income tax withheld (Box 4) .....			
	RTAA payments (Box 5) .....			
	Taxable grants:			
	Federal taxable amount (Box 6) .....			
	State taxable amount, if different .....			
	Farm amounts:			
	Agriculture payments (Box 7) .....			
1=agriculture payments are from conservation reserve program .....				
Market gain (Box 9) .....				
Number of farm .....				
1=box 2 is trade or business income (Box 8) .....				
State income tax withheld (Box 11) .....				

<b>2024</b>	<b>1040</b>	<b>US</b>	<b>Business Income (Schedule C)</b>	No. <input style="width: 20px;" type="text" value="1"/>	<b>16</b>
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal business/profession .....	
Principal business code .....	
Business name, if different from Form 1040 .....	
Business address, if different from Form 1040 .....	
City, if different from Form 1040 .....	
State, if different from Form 1040 .....	
ZIP code, if different from Form 1040 .....	
Foreign region .....	
Foreign postal code .....	
Foreign country .....	
Employer identification number .....	
Other accounting method .....	

Accounting method: 1=cash, 2=accrual .....		
Inventory method: 1=cost, 2=lower cost/market, 3=other .....		
1=change of inventory method .....		
1=spouse, 2=joint .....		
1=first Schedule C filed for this business .....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....		
1=not subject to self-employment tax .....		
1=did not "materially participate" .....		
1=personal services is not a material income producing factor .....		
1=investment .....		
1=minister's Schedule C .....		
1=single member limited liability company .....		
1=trader in financial instruments or commodities .....		

**INCOME**

	2024 Amount	2023 Amount
Gross receipts or sales (Form 1099-NEC) .....		
Returns and allowances .....		
Other income:		
_____		
_____		
_____		

**COST OF GOODS SOLD**

Inventory at beginning of the year .....		
Purchases .....		
Cost of items for personal use .....		
Cost of labor .....		
Materials and supplies .....		
Other costs:		
_____		
_____		
_____		
Inventory at end of the year .....		

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Business Income (Schedule C) (cont.)

No. 1

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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2024 Amount	2023 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Meals in full (50%)		
Department of Transportation meals in full (80%)		
Uniforms		
Utilities		
Wages		

Other expenses:

_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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<b>2024</b>	<b>1040</b>	<b>US</b>	<b>Rental &amp; Royalty Income (Schedule E)</b>	No. <span style="border:1px solid black; padding: 2px;">1</span>	<b>18</b>
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Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2024 Amount	2023 Amount
Description of property .....		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address .....		
City .....		
State .....		
ZIP code .....		
Type of property (see table) .....		
Other type of property .....		
Number of days rented .....		

Percentage of ownership if not 100% (.xxxx) .....		1=did not actively participate .....	
Percentage of tenant occupancy if not 100% (.xxxx) .....		1=real estate professional .....	
1=spouse, 2=joint .....		1=rental other than real estate .....	
1=qualified joint venture .....		1=investment .....	
1=nonpassive activity, 2=passive royalty .....		1=single member limited liability company .....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....			

**INCOME**

	2024 Amount	2023 Amount
Rents or royalties received .....		

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

	2024 Amount	2023 Amount
Advertising .....		
Association dues .....		
Auto and travel (not entered elsewhere) .....		
Cleaning and maintenance .....		
Commissions .....		
Gardening .....		
Insurance .....		
Legal and professional fees .....		
Licenses and permits .....		
Management fees .....		
Miscellaneous .....		
Mortgage interest (paid to banks, etc.) .....		
Excess mortgage interest .....		
Other interest (not entered elsewhere) .....		
Painting and decorating .....		
Pest control .....		
Plumbing and electrical .....		
Repairs .....		
Supplies .....		
Taxes - real estate .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Utilities .....		
Wages and salaries .....		
Other:		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.



2024

1040

US

Vehicle Expenses

No. 1

22 p3

Please enter all pertinent 2024 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Table with 2 columns: 2024 Amount, 2023 Amount. Rows include Description of vehicle, 1=no evidence to support your deduction, 1=no written evidence to support your deduction, 1=vehicle is available for off-duty personal use, 1=no other vehicle is available for personal use, 1=vehicle used primarily by more than 5% owner, and Number of months of business use if changed from 100% personal use.

AUTOMOBILE MILEAGE

Table with 2 columns: 2024 Amount, 2023 Amount. Rows include Total mileage (for the tax year), Business mileage, Commuting mileage (for the tax year), and Average daily round-trip commute.

ACTUAL EXPENSES

Table with 2 columns: 2024 Amount, 2023 Amount. Rows include Parking fees and tolls (business portion only), Gasoline, lube, oil, Repairs, Tires, Insurance, Miscellaneous, Auto license (other than personal property taxes), Personal property taxes (based on car's value), Interest (car loan) (for Schedule C, E & F), Vehicle rent or lease payments, Inclusion amount (enter as positive), and Value of employer-provided vehicle on Form W-2 (2106).

Please enter 2024 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

	2024 Amount	2023 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2) .....		
Business use area (square footage) .....		
Total area of home (square footage) .....		
Total hours facility used (for daycare facilities only) .....		
Total hours available (if not 8,760) .....		
Area of home included above used exclusively for daycare business, if any (sq ft) .....		
% (.xx) or amount of gross income from home if not 100% (-1 if none) .....		
% (.xx) or amount of expenses from home if not 100% (-1 if none) .....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Other indirect expenses:		
_____		
_____		
_____		

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		
_____		
_____		
_____		

2024

1040

MA

Health Care Information (Schedule HC)

57.192

Massachusetts residents (ages 18 and older) should enter all pertinent information below. Also provide MA Form 1099-HC.

HEALTH INSURANCE INFORMATION

Private health insurance: 1=spouse, 2=joint (leave blank if taxpayer) Name of insurance company (MA 1099-HC, box 1) FID number of insurance company (MA 1099-HC, box 2) Subscriber number (MA 1099-HC, box 5)

Private health insurance: 1=spouse, 2=joint (leave blank if taxpayer) Name of insurance company (MA 1099-HC, box 1) FID number of insurance company (MA 1099-HC, box 2) Subscriber number (MA 1099-HC, box 5)

Private health insurance: 1=spouse, 2=joint (leave blank if taxpayer) Name of insurance company (MA 1099-HC, box 1) FID number of insurance company (MA 1099-HC, box 2) Subscriber number (MA 1099-HC, box 5)

NOTE: Enter "1" in the box below if ALL of the following apply: 1) Insured for all 2024; 2) Resident of Massachusetts for all of 2024; 3) 18 years or older as of January 1, 2024.

Table with 2 columns: Taxpayer, Spouse. Row 1: 1=you were insured for all of 2024

NOTE: For the Taxpayer (or Spouse) that was NOT insured for all of 2024. Enter "1" below for each month covered by health insurance. Leave blank if "1" was entered above.

Months covered by health insurance (if not full year):

Table with 2 columns: Taxpayer, Spouse. Rows for months 1=January through 1=December

NOTE: If you or your spouse had government-subsidized health insurance, fill out the appropriate information below.

Government subsidized health insurance:

Table with 2 columns: Taxpayer, Spouse. Rows for 1=Commonwealth care, 1=Commonwealth care bridge, 1=MassHealth, 1=Medicare, 1=U.S. military, 1=Tri-care, 1=VA Program enrollment, Name of other provider - taxpayer, Name of other provider - spouse

57.192

