

**From:**

,

**To:**

L Ballard & Company, PSC, CPA's  
906 Main Street  
Shelbyville, KY 40065-1313



## **2024 Client Organizer**

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_

**L Ballard & Company, PSC, CPA's**  
**906 Main Street**  
**Shelbyville, KY 40065-1313**  
**502-633-1422**

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. For example, a Social Security number could display as \*\*\*-\*\*-6789, an account number as \*\*\*\*\*6789, and a date of birth as \*\*/\*\*/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. Do not indicate any changes to your data on your Tax Organizer. 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 draw a line through 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.

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, payment card or third party network transactions, 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, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- All Forms 1099-QA and/or 5498-QA related to ABLE (Achieving a Better Life Experience) account.
- 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 2025, 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.

**We request that you only schedule essential in-person appointments. Please drop off or mail us your completed tax organizer and tax documents. We will contact you if we have any questions.**

**Most client copies of tax returns will be delivered via our secure client portal. Further instructions on accessing your client copy will be provided upon completion. If you would like a paper copy of your tax return, please contact our office with that request.**

**We respectfully request that you provide us with a complete set of tax documents, and your completed tax organizer, by no later than March 21, 2025. If your information is received after that date, or your information is incomplete, we will place your tax returns on extension.**

Thank you for the opportunity to serve you.

Sincerely,

L Ballard & Company, PSC, CPA's

## Questions

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

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
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 notice for filing returns in 2025.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires and other disaster situations.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,600?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS notice for use during the 2025 filing season.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have ownership interest in any type of business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>

- 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 new or previously owned clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer even if you received the credit when purchased at the dealer.
- Did you receive a Form 1099-K for the sale of personal property for a gain or loss?

### **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 any Medicaid waiver payments as difficulty of care 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?
- Did you receive a Form 1099-K for a distribution payment from an online crowdfunding solicitation?
- Did you receive a Form 1099-K that you believe is in error?
- Do you expect a large fluctuation in income, deductions, or withholding next year?
- Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services?

### **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?
- If yes, were any withdrawals due to a Federally declared disaster?
- If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2024?
- 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?
- Did you receive any qualified birth or adoption distributions, emergency personal expense distributions, domestic abuse distributions, or terminal illness distributions in 2024?
- If yes, did you repay any of the distributions in 2024?
- Did you make any qualified charitable distributions (QCD) during the year?

### **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 anyone in your family receive a scholarship of any kind during the year?

- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- If yes, were any of these withdrawals rolled over into an ABLA (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

### 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? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLA (Achieving a Better Life Experience) account?
- Did you receive any withdrawals from an ABLA (Achieving a Better Life Experience) account?
- If you are a business owner, did you pay health insurance premiums for your employees this year?

### Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or other monetary charitable contributions?
- Did you make any noncash charitable contributions (clothes, furniture, etc.)?
- If yes to either of the above charitable contribution questions, please provide evidence such as a receipt from the donee organization, 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.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

### Miscellaneous Information

- Did you make gifts of more than \$18,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- 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?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make energy efficient improvements to your main home this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you an owner or do you control 25% of a company's ownership interest for a company registered with a secretary of state or similar office before January 1, 2025?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you file its initial Beneficial Ownership Information Report (BOIR)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If you were required to file a Beneficial Ownership Information Report (BOIR) with the Financial Crimes Enforcement Network (FinCEN), has any of the previously reported information changed (for either the reporting company or any of the beneficial owners)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive correspondence from the State or the IRS?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____   |                          |                          |
| Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.  | <input type="checkbox"/> | <input type="checkbox"/> |

**Residential Energy Credits:**

Were any residential improvements made that would qualify for the "Residential Energy Credit". If so please list:\_\_\_\_\_.

**Please note the following items (Per IRS requirements):**

**Charitable Contributions:** All cash contributions in excess of \$250 require a statement from the charity confirming the receipt of the contribution. All other cash contributions require documentation (either cancelled check or cash receipt) to claim the deduction.

Non-cash donations require a receipt from the charity showing the date of the contribution; listing the items contributed, and fair value of the items contributed.

If you have charitable contributions please initial to confirm that you have documentation to conform to the above requirements:\_\_\_\_\_.

**Business Deduction Requirements:** For individuals that have deductible business expenses; vehicle, travel, entertainment, etc. The individual is required to have a business log to support deductions taken. A mileage log is required to support business travel documentation. Cancelled checks and receipts should also be retained to support the deductions taken.

If you have business expenses please initial to confirm that you have documentation to conform to the above requirements. \_\_\_\_\_.

General: 1040: **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 \_\_\_\_\_ Mark if your nonresident alien spouse does not have an ITIN \_\_\_\_\_

**Taxpayer** **Spouse**

Social security number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Occupation \_\_\_\_\_

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) \_\_\_\_\_

Mark if legally blind \_\_\_\_\_

Mark if dependent of another taxpayer \_\_\_\_\_

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of death \_\_\_\_\_

Work/daytime telephone number/ext number \_\_\_\_\_

Do you authorize us to discuss your return with the IRS (Y, N) **Y**

General: 1040, Contact: **Present Mailing Address**

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City/State postal code/Zip code \_\_\_\_\_

Foreign country name \_\_\_\_\_

Foreign phone number \_\_\_\_\_

Home/evening telephone number \_\_\_\_\_

Taxpayer email address \_\_\_\_\_

Spouse email address \_\_\_\_\_

General: 1040: **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441: **Child and Dependent Care Expenses**

Provider information:

Business name \_\_\_\_\_

First and Last name \_\_\_\_\_

Street address \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) \_\_\_\_\_

Amount paid to care provider in 2024 \_\_\_\_\_

**Taxpayer** **Spouse**

Employer-provided dependent care benefits that were forfeited \_\_\_\_\_

**NOTES/QUESTIONS:**



Income: B1 **Interest Income**

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

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J \_\_\_\_\_ Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
 Payer's address, city, state, zip code \_\_\_\_\_  
 Amount received in 2024 \_\_\_\_\_ Amount received in 2023 \_\_\_\_\_

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

		<b>2024 Information</b>	<b>Prior Year Information</b>
State and local income tax refunds	_____	_____	_____

	<b>T/S</b>	<b>Agreement Date</b>	<b>2024 Information</b>	<b>Prior Year Information</b>
Alimony received	_____	_____	_____	_____

	<b>Taxpayer</b>	<b>Spouse</b>	<b>Prior Year Information</b>
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

<b>T/S/J</b>		<b>2024 Information</b>	<b>Prior Year Information</b>
Other Income:	_____	_____	_____
	_____	_____	_____

1040 Adj: IRA **Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer Spouse

**Traditional IRA Contributions for 2024 -**

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2024

**Roth IRA Contributions for 2024 -**

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2024

Educate: Educate2 **Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2024 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2024 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2024. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903 **Job Related Moving Expenses**

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	_____
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	_____
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj **Other Adjustments to Income**

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2024 Information	Prior Year Information
_____	_____	_____	_____	_____	_____
Street address		_____			
City, State and Zip code		_____			

\*Enter the divorce/separation agreement date

Taxpayer Spouse Prior Year Information

Educator expenses:	_____	_____	_____
_____	_____	_____	_____

Other adjustments:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2024 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items (21 cents)	_____	_____

\*\*\*Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

T/S/J		2024 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2023 state and local income taxes paid in 2024	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2024 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	<b>Payee's Name</b> _____	<b>2024 Information</b>	<b>Prior Year Information</b>
	<b>SSN or EIN</b> _____	_____	_____
	<b>Address</b> _____	<b>City</b> _____	<b>State</b> _____ <b>Zip Code</b> _____
T/S/J		<b>2024 Information</b>	<b>Prior Year Information</b>
—	Investment interest expense, other than on Sch K-1s:	_____	_____
	Refinancing Information: <b>Refinance #1</b>	<b>Refinance #2</b>	
T/S/J	Recipient/Lender name _____	_____	_____
	Total points paid at time of refinance _____	_____	_____
	Date of refinance _____	_____	_____
	Term of new loan (in months) _____	_____	_____
	Reported on Form 1098 in 2024 _____	_____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2024 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-5t **Miscellaneous Deductions**

T/S/J		2024 Information	Prior Year Information
—	Other expenses _____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
	<b>***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA</b>		
T/S/J		<b>2024 Information</b>	<b>Prior Year Information</b>
—	Unreimbursed expenses***	_____	_____
—	Union dues, other than amounts reported on Form W-2***	_____	_____
—	Tax preparation fees***	_____	_____
—	Other expenses, subject to 2% AGI limitation***:	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	Safe deposit box rental***	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

General: Bank: **Direct Deposit/Electronic Funds Withdrawal Information**

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_  
Name of financial institution \_\_\_\_\_  
Your account number \_\_\_\_\_  
Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_  
Name of financial institution \_\_\_\_\_  
Your account number \_\_\_\_\_  
Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_  
Name of financial institution \_\_\_\_\_  
Your account number \_\_\_\_\_  
Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth: **Identity Authentication**

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_  
Identification number \_\_\_\_\_  
Issue date \_\_\_\_\_  
Expiration date \_\_\_\_\_  
Location of issuance \_\_\_\_\_  
Document number (New York only) \_\_\_\_\_

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_  
Identification number \_\_\_\_\_  
Issue date \_\_\_\_\_  
Expiration date \_\_\_\_\_  
Location of issuance \_\_\_\_\_  
Document number (New York only) \_\_\_\_\_

NOTES/QUESTIONS:

Form ID: Est **Estimated Taxes** **8**

If you have an overpayment of 2024 taxes, do you want the excess:

Refunded \_\_\_\_\_ [52]

Applied to 2025 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2025 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences:

\_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2025? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences:

\_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2025 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences:

\_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2025? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences:

\_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) \_\_\_\_\_ [74]

**2024 Federal Estimated Tax Payments**

2023 overpayment applied to 2024 estimates + \_\_\_\_\_ **1** [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	04/15/24	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	06/17/24	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	09/16/24	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	01/15/25	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

**\*Method of payment indicated in prior year**  
**EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System**  
**Voucher = Form 1040-ES estimated tax payment voucher**

**NOTES/QUESTIONS:**

Taxpayer/Spouse/Joint (T, S, J)  
State postal code

J<sup>[1]</sup>  
KY<sup>[2]</sup>

Amount paid with 2023 return + \_\_\_\_\_ [3]  
2023 overpayment applied to '24 estimates + \_\_\_\_\_ [4]  
Treat calculated amounts as paid \_\_\_\_\_ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	<div style="border: 1px solid black; padding: 5px;">           _____            _____            _____            _____         </div>
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

**2024 City Estimated Tax Payments**

City #1		City #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2023 return + _____ [31]		Amount paid with 2023 return + _____ [53]	
2023 overpayment applied to '24 estimates + _____ [32]		2023 overpayment applied to '24 estimates + _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name _____ [72]		City name _____ [94]	
Amount paid with 2023 return + _____ [75]		Amount paid with 2023 return + _____ [97]	
2023 overpayment applied to '24 estimates + _____ [76]		2023 overpayment applied to '24 estimates + _____ [98]	
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**1** Preparer use only

**2024 Information**

**Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) J [2]

Employer identification number \_\_\_\_\_ [3]

Business name \_\_\_\_\_ [5]

Principal business/profession \_\_\_\_\_ [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]

\_\_\_\_\_ [24]

\_\_\_\_\_ [24]

Enter an explanation if there was a change in determining your inventory: \_\_\_\_\_ [25]

\_\_\_\_\_ [25]

\_\_\_\_\_ [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]

Prior Year Information grid with dotted background and horizontal lines for data entry.

**Business Income**

**2024 Information**

**Prior Year Information**

Gross receipts and sales

\_\_\_\_\_ + \_\_\_\_\_ [52]

\_\_\_\_\_ + \_\_\_\_\_ [52]

\_\_\_\_\_ + \_\_\_\_\_ [52]

\_\_\_\_\_ + \_\_\_\_\_ [52]

Returns and allowances + \_\_\_\_\_ [55]

Other income:

\_\_\_\_\_ + \_\_\_\_\_ [57]

\_\_\_\_\_ + \_\_\_\_\_ [57]

\_\_\_\_\_ + \_\_\_\_\_ [57]

\_\_\_\_\_ + \_\_\_\_\_ [57]

Prior Year Information grid with dotted background and horizontal lines for data entry.

**Cost of Goods Sold**

**2024 Information**

**Prior Year Information**

Beginning inventory + \_\_\_\_\_ [59]

Purchases + \_\_\_\_\_ [61]

Labor:

\_\_\_\_\_ + \_\_\_\_\_ [63]

\_\_\_\_\_ + \_\_\_\_\_ [63]

Materials + \_\_\_\_\_ [65]

Other costs:

\_\_\_\_\_ + \_\_\_\_\_ [67]

\_\_\_\_\_ + \_\_\_\_\_ [67]

\_\_\_\_\_ + \_\_\_\_\_ [67]

\_\_\_\_\_ + \_\_\_\_\_ [67]

Ending inventory + \_\_\_\_\_ [69]

Prior Year Information grid with dotted background and horizontal lines for data entry.

Control Totals +

**BUSINESS**





1 Preparer use only

2024 Information

Prior Year Information

Description \_\_\_\_\_ [2]  
 Taxpayer/Spouse/Joint (T, S, J) J[3] State postal code KY[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]

Prior Year Information grid area with dotted background.

Rent and Royalty Income

Rents and royalties

2024 Information

Prior Year Information

\_\_\_\_\_ + \_\_\_\_\_ [33]  
 \_\_\_\_\_

Prior Year Information grid area with dotted background.

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] \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Prior Year Information grid area with dotted background.

Control Totals +

RENT & ROYALTY

Form ID: Rent

### 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)		<b>J</b> [2]	[Grid]
Employer identification number	_____	[3]	
Description	_____	[4]	
Principal Product	_____	[5]	
State postal code	_____	<b>KY</b> [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\*\***

**2024 Information**

**Prior Year Information**

Income description	2024 Information	Prior Year Information
— _____	+ _____ [35]	[Grid]
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	

**\*\* Sales Codes**

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

**2024 Information**

**Prior Year Information**

Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [37]	[Grid]
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]	

**2024 Total**

**2024 Taxable**

**Prior Year Information**

Agricultural program payments	+ _____ [50]	[Grid]
_____	+ _____	
_____	+ _____	

**2024 Information**

**Prior Year Information**

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

**2024 Total**

**2024 Taxable**

**Prior Year Information**

Total crop insurance proceeds you received in 2024	+ _____ [61]	[Grid]
_____	+ _____	
_____	+ _____	

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

**Control Totals +**

**FARM**

1

Preparer use only

Description

	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]	

Control Totals +

FARM

Form ID: F-2

<b>1</b>	<b>Preparer use only</b>
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	<b>2024 Information</b>	<b>Prior Year Information</b>
Taxpayer/Spouse/Joint (T, S, J)	<b>J</b> [2]	<div style="border: 1px solid black; height: 100%;"></div>
Employer identification number	_____ [3]	
Description	_____ [4]	
State postal code	<b>KY</b> [5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	_____ [6]	

<b>Income Items</b>
---------------------

	<b>2024 Information</b>	<b>Prior Year Information</b>
Income from production of livestock, produce, grains, and other crops:		<div style="border: 1px solid black; height: 100%;"></div>
_____	+ _____ [15]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Total cooperative distributions you received	+ _____ [17]	<div style="border: 1px solid black; height: 100%;"></div>
Taxable cooperative distributions you received	+ _____ [19]	

	<b>2024 Total</b>	<b>2024 Taxable</b>	<b>Prior Year Information</b>
Agricultural program payments:			<div style="border: 1px solid black; height: 100%;"></div>
_____ + _____ [21]	_____ [22]		
_____ + _____	+ _____		
_____ + _____	+ _____		

	<b>2024 Information</b>	<b>Prior Year Information</b>
Commodity credit loans reported under election:		<div style="border: 1px solid black; height: 100%;"></div>
_____	+ _____ [24]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [26]	
Taxable commodity credit loans forfeited	+ _____ [28]	

	<b>2024 Total</b>	<b>2024 Taxable</b>	<b>Prior Year Information</b>
Crop insurance proceeds you received in 2024			<div style="border: 1px solid black; height: 100%;"></div>
_____ + _____ [30]	_____ [31]		
_____ + _____	+ _____		
_____ + _____	+ _____		

	<b>2024 Information</b>	<b>Prior Year Information</b>
Mark if electing to defer crop insurance proceeds to 2025	_____ [33]	<div style="border: 1px solid black; height: 100%;"></div>
Crop insurance proceeds deferred from 2023	+ _____ [35]	
Other income:		
_____	+ _____ [38]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**1 Preparer use only**

Description

	2024 Information	Prior Year Information
Car and truck expenses	+ _____ [6]	
Chemicals	+ _____ [8]	
Conservation expenses	+ _____ [10]	
Carryover from prior years	+ _____ [12]	
Custom hire (machine work)	+ _____ [14]	
Depreciation	+ _____ [16]	
Employee benefit programs	+ _____ [18]	
Feed purchased	+ _____ [20]	
Fertilizers and lime	+ _____ [22]	
Freight and trucking	+ _____ [24]	
Gasoline, fuel, and oil	+ _____ [26]	
Insurance (Other than health):		
_____	+ _____ [28]	
_____	+ _____	
_____	+ _____	
Mortgage interest (Paid to banks, etc.):		
_____	+ _____ [30]	
_____	+ _____	
_____	+ _____	
Other interest	+ _____ [33]	
Labor hired (Less employment credit)	+ _____ [35]	
Pension and profit sharing	+ _____ [37]	
Rent - vehicles, machinery, and equipment	+ _____ [39]	
Rent - other	+ _____ [41]	
Repairs and maintenance	+ _____ [43]	
Seed and plants purchased	+ _____ [45]	
Storage and warehousing	+ _____ [47]	
Supplies purchased	+ _____ [49]	
Taxes:		
_____	+ _____ [51]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Utilities	+ _____ [53]	
Veterinary, breeding, and medicine	+ _____ [55]	
Other expenses:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Preproductive period expenses	+ _____ [59]	

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ _____ [68]	+ _____ [69]	+ _____ [70]
Short-term capital		+ _____ [72]	+ _____ [73]
Long-term capital		+ _____ [74]	+ _____ [75]
28% rate capital		+ _____ [76]	+ _____ [77]
Section 1231 loss	+ _____ [78]	+ _____ [79]	+ _____ [80]
Ordinary business gain/loss	+ _____ [82]	+ _____ [83]	+ _____ [84]
Section 179	+ _____ [87]	+ _____ [88]	+ _____ [89]