

#### **Personal Information**

Taxpayer:	st Name and Initial		Last Name						<u></u>	Social Security Nur	mber
										colar cocarny ria	
Occ	cupation		Date of Birth	(Mo/Da/Y	r) E	ate of Deat	th (Mo/Da/	Yr)			
Driv	ver's License or State-Issued ID Nu	ımber	Expiration D	ate (Mo/Da	a/Yr) I	ssue Date (I	Mo/Da/Yr)	_ =	State	Does no	ot expire
	Driver's License	State-Issued ID	No Id	entification	n						
Spouse:											
Firs	st Name and Initial		Last Name						S	Social Security Nur	mber
Occ	cupation		Date of Birth	(Mo/Da/Y	<u>r)</u> [	ate of Deat	th (Mo/Da/	Yr)			
Driv	ver's License or State-Issued ID Nu	ımber	Expiration D	ate (Mo/Da	a/Yr) I	ssue Date (I	Mo/Da/Yr)	— <u></u>	State	Does no	ot expire
	Driver's License	State-Issued ID	No Id	entification	n						
Contact Information:	eet Address									partment Number	
Suc	et Address									partment Number	
City	1			State						IP or Postal Code	,
For	eign Province or County			_							
Ford	eign Country			_							
Tax	payer Daytime/Work Phone	Taxpayer Evening/Hom	ne Phone T	axpayer F	oreign P	hone					
Tax	payer Cell Phone	Taxpayer Fax Number									
Spo	ouse Daytime/Work Phone	Spouse Evening/Home	Phone S	Spouse Fo	reign Ph	one					
Spo	ouse Cell Phone	Spouse Fax Number									
Tax	payer Email Address										
Spo	ouse Email Address										
Pre	ferred Method of Contact										
Move the IDC are other toying a uther	ovitu diaguas tha vature wi	th the property						Yes	No	-	
May the IRS or other taxing authors is the taxpayer claimed as a depe	•									-	
. ,								Tax	payer	Spor	use
								Yes	No	Yes	No
Are you considered legally blind p	per IRS regulations?										
Do you want to contribute to the	Presidential Election Cam	npaign Fund?									
Are you a U.S. citizen or Green C	ard holder?										
Personal Identification Number	s: Code - 1 - Issued by	y IRS 2 - Issued by	/ State or Cit	у					<b>—</b>		
The IRS has recommended that t filing security. If you would like ar have one but do not know the IR	IP PIN for yourself, your	spouse, or your dep	pendents or		TS	State	City	/	Code	PIN	

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



#### **Dependent Information:**

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
Α						
В						
С						
D						
Е						
F						
G	·					
н	<u> </u>					

Did dependent have income over \$5,050?

			$\forall$	
	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
Α				
В				
С				
D				
Е				
F				
G				
Н				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
13	Employer's Name	Taxable Wages	Federal	FICA/TIER 1	Medicare	State	Local
					-		



#### **Direct Deposit and Withdrawal**

#### **Direct Deposit and Electronic Funds Withdrawal Account Information:**

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2023, your account information is already included below.

•	owed to you directly deposited			
	•	rn using electronic withdrawal?		
•	uld you like withdrawn, if not the		(A.4 (D A.4.)	
	withdrawal occur, if other than	_	(Mo/Da/Yr)	
	· —	n(s) using electronic withdrawal?		
	uld you like withdrawn, if not the			
	withdrawal occur, if other than	_	(Mo/Da/Yr)	
	• •	•	lue dates of the estimated paymen	
		your f <u>ederal r</u> eturn using electror your s <u>tate r</u> eturn(s) using electro		
Name of bank or financi	al institution			
Routing Transit Number	(RTN)			
Account number				
Type of account:	Checking	Traditional Savings	IRA Savings	
	Archer MSA Savings	Coverdell Ed. Savings	HSA Savings	
s this a business accou	ınt?	Yes	No	
		Tavasavas	Spouse	Joint
\ccount owner		Taxpayer		<del></del>
confirm that the bank		ect deposit/electronic withdrawal	options selected above are correct	Yes N
confirm that the bank and the b	owed to you directly deposited	ect deposit/electronic withdrawal		Yes N
confirm that the bank and the b	owed to you directly deposited amount due on your <u>federal</u> retu uld you like withdrawn, if not the	ect deposit/electronic withdrawal	I options selected above are correct	Yes N
confirm that the bank and the b	owed to you directly deposited amount due on your <u>federal</u> retu uld you like withdrawn, if not the withdrawal occur, if other than	ect deposit/electronic withdrawal  ?  Irn using electronic withdrawal? e entire balance due? the due date of the return?	I options selected above are correct	Yes N
confirm that the bank and the b	owed to you directly deposited amount due on your federal retuuld you like withdrawn, if not the withdrawal occur, if other than amount due on your state return	ect deposit/electronic withdrawal  ?  In using electronic withdrawal? e entire balance due? the due date of the return?  n(s) using electronic withdrawal?	l options selected above are correct	Yes N
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confirm that the bank and confirm that the bank or financial confirmation that the bank and confirmation that the bank	owed to you directly deposited amount due on your federal returned you like withdrawn, if not the withdrawal occur, if other than amount due on your state returned you like withdrawn, if not the withdrawal occur, if other than allow estimated payments to be any estimated payments due for all institution from the control of the control	ect deposit/electronic withdrawal  I?  Irrn using electronic withdrawal? e entire balance due? the due date of the return? e entire balance due? the due date of the return? electronically withdrawn on the dyour federal return using electronyour state return(s) using electronyour state return(s) using electronyour state return(s)	(Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  (ue dates of the estimated payment in withdrawal?  nically withdrawal, if available?	Yes N
confirm that the bank and the bank and you like any refunds ald you like to pay any and a f Yes, when should the ald you like to pay any and and you like to pay any and and you like to pay and yould you like to pay and would you like to pay and yould you like to pay and you hame of bank or finance. Souting Transit Number Account number	owed to you directly deposited amount due on your federal returned you like withdrawn, if not the withdrawal occur, if other than amount due on your state returned you like withdrawn, if not the withdrawal occur, if other than allow estimated payments to be any estimated payments due for all institution from the control of the control	ect deposit/electronic withdrawal  ir using electronic withdrawal? e entire balance due? the due date of the return? e entire balance due? the due date of the return? e entire balance due? the due date of the return? electronically withdrawn on the dyour federal return using electronyour state return(s) using electronyour state r	(Mo/Da/Yr)  (Mo/Da/Yr)  (Mo/Da/Yr)  due dates of the estimated paymennic withdrawal?  nically withdrawal, if available?  IRA Savings  HSA Savings	Yes N



#### **Business Income and Cost of Goods Sold**

Name of Business:		
Principal Business or Profession:		
TSJ Employer ID number Street address City, state, ZIP or postal code, and country Method of inventory Method of accounting		
Business Questions for 2024:		Yes No
Did you dispose of this business?  If Yes, what was the disposition date?  Was there a change in determining quantities, costs or valuations between opening and closing invent Were you involved in the operations of this business on a regular, continuous and substantial basis?  Have you prepared or will you prepare all required Forms 1099?	(Mo/Da/Yr) tory?	
Health insurance premiums paid for yourself and your dependents		
Income: Include all Forms 1099-K		
Payment card and third party transactions:  Description	2024 Amount	2023 Amount
·		
		_
Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC		
Other Income:		
Other gross receipts or sales Less returns and allowances		
Cost of Goods Sold:	2024 Amount	2023 Amount
Beginning inventory Purchases less cost of items withdrawn for personal use Cost of labor (do not include amounts paid to yourself) Materials and supplies		
Materials and supplies  Other costs of goods sold:	ı	1
Description	2024 Amount	2023 Amount



rincipal Busine	ess or Profession:				
xpenses:				2024 Amount	2023 Amount
Advertising					
•	penses				
Parking fees and t					
Commissions and					
0					
•	programs and health insurance (other than programs)				
Insurance (other t		•	- · · · -		
·	han health) e (paid to banks, etc.)				
Interest - other	c (paid to barins, cto.)				
Interest - Other .					
	ional fees				
Pension and profi					
	ner business property				
	tenance				
Supplies (not inclu	uded in Cost of Goods Sold)				
Taxes and license	es				
Travel					
Meals					
	ductible only on some state returns)				
Entertainment (de					
Entertainment (de Utilities	eductible only on some state returns)				
Entertainment (de Utilities	eductible only on some state returns)				
Entertainment (de Utilities	eductible only on some state returns)				
Entertainment (de Utilities	eductible only on some state returns)			2024 Amount	2023 Amount
Entertainment (de Utilities	eductible only on some state returns)			2024 Amount	2023 Amount
Entertainment (de Utilities	eductible only on some state returns)			2024 Amount	2023 Amount
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Entertainment (de Utilities	eductible only on some state returns)			2024 Amount	2023 Amount
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Entertainment (de Utilities	ductible only on some state returns)			2024 Amount	2023 Amount
Entertainment (de Utilities Wages Dependent care b her Expenses  operty and Eq	ductible only on some state returns)	space is neede		Date Acquired	2023 Amount
Entertainment (de Utilities Wages Dependent care b her Expenses  operty and Eq	ductible only on some state returns)  benefits  Description  Juipment: Include a list if more	space is neede			
Entertainment (de Utilities Wages Dependent care b her Expenses  operty and Eq	ductible only on some state returns)  benefits  Description  Juipment: Include a list if more	space is neede		Date Acquired	
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Entertainment (de Utilities Wages Dependent care be ther Expenses  operty and Eq X if not new	ductible only on some state returns)  Description  Juipment: Include a list if more  Acquisitions - Des	space is neede	ed	Date Acquired (Mo/Da/Yr)	Cost
Entertainment (de Utilities Wages Dependent care b her Expenses  operty and Eq  X if not new	ductible only on some state returns)  benefits  Description  Juipment: Include a list if more	space is neede		Date Acquired (Mo/Da/Yr)	





# Business Expenses - Vehicle and Other Listed Property

Name of Business:					
Principal Business or Profession:					
Listed Property Questions for 2024:				Yes	No
Do you have evidence to support your deduc	tion?				
Do you have evidence to support the busines				·	
If Yes, is the evidence written?					
If you are an employer who provides vehicl	es for use by employee	s:		Yes	No
Do you maintain a written policy statemen	t that prohibits all persor	nal use of vehicles, includ	ding commuting, by your employees	<del></del>	140
Do you maintain a written policy statemen	t that prohibits personal	use of vehicles, except o	commuting, by your employees?		
Do you treat all use of vehicles by employe	ees as personal use?				
Do you provide more than five vehicles to	your employees, obtain i	nformation from your em	nployees about the use of the		
vehicles and retain the information rec	eived?				
Vehicle:	Vehi	cle 1	Vehicle 2		
vernicie.					
Description of vehicle			-		
Date placed in service (Mo/Da/Yr)  Do you (or your spouse) have another					
vehicle available for your personal use?	Yes No		Yes No		
Was your vehicle available for use during					
off-duty hours?	Yes No		Yes No		
Mileage:	2024 Miles	2023 Miles	2024 Miles 20	)23 Miles	
Total miles					
Total business miles					
Total commuting miles for the year					
Actual Expenses:	2024 Amount	2023 Amount	2024 Amount 202	23 Amount	
Gasoline, oil, repairs, insurance, etc					
Interest					
Taxes					
Vehicle rentals/leases					
	L				

## **Business Expenses**



usiness Expenses:	Enter all expenses at 100 percent		
If not 100%, please ent	ter the percentage to apply to this business		
		2024 Amount	2023 Amount
Parking fees and tolls			
Local transportation			
Travel expenses			
Meals			
Entertainment (deducti Other Business Expens	ible only on some state returns)ses:		
	Description	2024 Amount	2023 Amount
eimbursements:	List only reimbursements NOT reported in Box 1 of your Form W-2	2024 Amount	2023 Amount
Amount received for ot	ther expenses		
Amount received for m	eals		
Amount received for er			
	mployee, does your employer's reimbursement plan for meals		
and entertainment a <b>ehicle:</b>	allow for offset of other reimbursements?	Yes No	0
If not 100%, please ent Description of vehicle	ter the percentage to apply to this business		
Date vehicle was place	ed in service (Mo/Da/Yr		
Do you (or your spouse	e) have another vehicle available for personal purposes?	. Yes N	
Do you (or your spouse	ed in service (Mo/Da/Yr	. Yes N	
Do you (or your spouse Was your vehicle availa	e) have another vehicle available for personal purposes?	Yes No No 2024	0
Do you (or your spouse Was your vehicle availa	ed in service (Mo/Da/Yre) have another vehicle available for personal purposes?  able for personal use during off-duty hours?	Yes No No 2024	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yred in service) have another vehicle available for personal purposes?  able for personal use during off-duty hours?	Yes No No 2024	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yre) have another vehicle available for personal purposes?  able for personal use during off-duty hours?	Yes No No 2024	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yr e) have another vehicle available for personal purposes? able for personal use during off-duty hours? ing miles for the year	Yes No No 2024	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yre) have another vehicle available for personal purposes? able for personal use during off-duty hours?	Yes No No 2024	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yre) have another vehicle available for personal purposes? able for personal use during off-duty hours?	Yes No No 2024	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yr e) have another vehicle available for personal purposes? able for personal use during off-duty hours?  ing miles of for the year	Yes No No 2024	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yr e) have another vehicle available for personal purposes? able for personal use during off-duty hours?  ing miles of for the year	Yes No No Yes No	0
Do you (or your spouse Was your vehicle availad Total miles	ed in service (Mo/Da/Yr e) have another vehicle available for personal purposes? able for personal use during off-duty hours?  ing miles for the year  vided vehicle tals	Yes No No Yes No	0
Do you (or your spouse Was your vehicle availaded of the work of t	ed in service (Mo/Da/Yr e) have another vehicle available for personal purposes? able for personal use during off-duty hours?  ing miles of for the year  vided vehicle tals	Yes No No Yes No	0
Do you (or your spouse Was your vehicle availaded of the work of t	ed in service (Mo/Da/Yr e) have another vehicle available for personal purposes? able for personal use during off-duty hours?  ing miles for the year  vided vehicle tals ased vehicle	Yes No No Yes No	0

#### **Business Use of Home**

**6D** 

Name of Business:				
Principal Business or Profession:				
Partial Use of Your Home for Business:			2024	2023
Square footage of home used exclusively for business	s			
Total square footage of home				
Total hours home was used for day care during the ye	ear			
				Yes
Was your home used for day care purposes for the er				
Were improvements made to the home and/or home	office since the time yo	u began using the home	e for business?	
Expenses: Enter all expenses at 100 perc	oont			
Enter all expenses at 100 per	Jent .			
Direct expenses benefit the business part of your hon Example: Cost of painting or repairs made to the		sed for business.		
Indirect expenses are required for keeping up and rur Example: Real estate taxes.	nning your entire home.			
	Direct E	xpenses	Indirect I	Expenses
	2024 Amount	2023 Amount	2024 Amount	2023 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				_
Individuals				_
Real estate taxes				_
Insurance				_
Repairs and maintenance				
Utilities				
Rent				
Other Expenses:				
	Direct E	xpenses	Indirect I	Expenses

December	Direct E	xpenses	Indirect E	xpenses
Description	2024 Amount	2023 Amount	2024 Amount	2023 Amount
		_		
		_		
	_	_		
		_		
		-		
		_		

#### **Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



#### **Additional Information**

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#### 2024 Tax Return Checklist

Client Name:		
Income:	Prior Year	Current Year
Wages (IRS W-2)		
• ( )		
Interest Income (IRS 1099-INT)  Dividend Income (IRS 1099-DIV)		
, , , , , , , , , , , , , , , , , , , ,		
Brokerage Statements (Form 1099-A,B,S)  IRA/Pension/Annuity Income (IRS 1099R)		
, , , , , , , , , , , , , , , , , , , ,		
Schedule K-1s (IRS K-1)  Miscellaneous Income and Adjustments (IRS-1099-MISC, NEC, G)		
Rent and Royalty Income		
Itemized Deductions:		
Medical/Dental Expenses		
Real Estate Taxes		
Property Taxes		
Mortgage Interest (Form 1098)		
Charitable Contributions		
Other:		
Estimated Tax Payments		

<sup>\*</sup> Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.



## Wages

TS	Employer Name	Prior Year Amount	Information Included (X or 🖊)



## New Jersey Information (Page 1 of 2)

landara de la companya de la company				
low many dependents do you have attending college?				
		T	Consume	
		Taxpayer Yes No	Spouse Yes No	
Do you gualify as disabled?		Tes No	Tes NO	
Oo you qualify as disabled?				
Enter the amount of Internet or out of state purchases for which	you did not nay sales tax			
Did you, your spouse, and all household members have insuran-				
the entire year?		Yes	No	
Attach all Forms 1095 received and/or any applicable exemp				
sidency Information:			From (Mo/Da/Yr)	To (Mo/Da/
	P. I. P			
f you did not live in New Jersey for all of 2024, enter the dates y	•			
Enter the state names other than New Jersey where you had inc	come			
untary Contributions:				
Enter the amount you wish to contribute on your 2024 tax return	n to·			
Endangered and Nongame Species of Wildlife Conservation				
Children's Trust Fund				
D 10 D 15 I				
USS New Jersey Educational Museum Fund				
Amount				
Drug Abuse Education Fund	Northern New Jersey Veter			nt Fund
Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund	New Jersey Farm to Schoo Local Library Support Fund		aen Funa	
NJ - AIDS Services Fund	ALS Association Support F			
Literacy Volunteers of America - New Jersey Fund	Fund for the Support of Ne		fit Veterans Organi	zations
New Jersey Prostate Cancer Research Fund	New Jersey Yellow Ribbon	, ,	3	
World Trade Center Scholarship Fund	Autism Programs Fund			
New Jersey Veterans Haven Support Fund	Boy Scouts Councils in New	w Jersey Fund		
Community Food Pantry Fund	NJ Memorials to War Veter		Fund	
Cat and Dog Spay/Neuter Fund	Jersey Fresh Program Fund			
New Jersey Lung Cancer Research Fund	NJ World War II Veterans' N			
Boys and Girls Clubs in New Jersey Fund	Meals on Wheels in New Je	•	J	
NJ National Guard State Family Readiness Council Fund American Red Cross - NJ Fund	New Jersey Pediatric Canc Special Olympics New Jers		ı	
	New Jersey Ovarian Cance	•		
LIGHT OCOURS COUNCIES IN INEW JERSEV FILING	Jorday Ovarian Gande			
Girl Scouts Councils in New Jersey Fund Homeless Veterans Grant Fund				
Homeless Veterans Grant Fund Leukemia and Lymphoma Society New Jersey Fund				
Homeless Veterans Grant Fund				
Homeless Veterans Grant Fund			Taxpayer	Spou





Property Tax Reimbursement Application Information:	
Property tax paid on principal residence	
Rent paid on principal residence	
Tront paid on principal residence	
inter Any Additional New Jersey Information:	