

BRIAN J. PARKER
CERTIFIED PUBLIC ACCOUNTANT
141 North State Road FL 1
Briarcliff Manor, New York 10510-1448

(914) 941-6400 FAX: (914) 941-6450 E-MAIL: brian@bparkercpa.com

January, 2025

Dear Client:

Enclosed please find an income tax questionnaire for your use in organizing and submitting the information that I will need to prepare your 2024 income tax returns. Please complete only those sections which apply to you and submit all requested documents or copies thereof. It is very important that you submit to me every Form 1099 and 8949 (capital gains/losses) that you have received. The income tax rate applicable to certain dividends and capital gains may be reduced and the Forms 1099 will disclose the proper information.

PLEASE BE ADVISED: The Internal Revenue Service, New York and most other states have mandated that your 2024 and future tax returns be filed electronically. You MUST answer the questions in Item 10 on Page 2, including the electronic filing and required driver's license information, and the Direct Deposit/Debit Item 38 on Page 17 of the income tax questionnaire. You MUST submit to me a copy of yours and your spouse's driver's licenses. In addition, at the time of my preparation of your tax returns or filing extensions, just prior to electronic filing, you must sign, date and return to me E-File signature authorization forms, which will allow me to act on your behalf. I will send these forms to you prior to the e-filings.

Please note that your child (children), or other dependents, under age 19, or under age 24 if a full-time student, may be subject to the "Kiddie" tax and have to file a tax return for 2024, if his (her) total income is over \$1,300. Furnish all income and deductions information to me, if this applies to your children, or other dependents, to determine if a tax return must be filed.

FOR 2024 AND AFTER: There are several taxes that may affect higher income taxpayers - a 0.9% medicare tax on earned income in excess of certain limits (MFJ \$250,000, S/HH \$200,000); a 3.8% tax on net investment income (interest, dividends, capital gains, rental, etc.), if adjusted gross income is over certain limits (MFJ \$250,000, S/HH \$200,000); and a 20% capital gains tax rate, if your taxable income is taxed at the 37.0% tax rate (MFJ \$583,750, S \$518,900, HH \$551,350). In addition, medical expenses for 2024 and after must exceed 7.5% of your adjusted gross income to be deductible.

Under the 2017 Tax Cuts and Jobs Act (TCJA), the itemized deductions phaseout is eliminated, standard deductions are increased, but all 2% miscellaneous itemized deductions and personal exemptions are no longer allowed as income tax deductions. In addition, Congress severely limited deductions for state and local income, property and sales taxes to a maximum of \$10,000, limited mortgage interest expense for the purchase of new primary and secondary residential property and eliminated the interest expense deduction for home equity loans, whether already in existence, or newly obtained, if used to pay for personal purposes. However, if home equity loans were used for primary home acquisition, or for making home improvements, the limited mortgage interest expense deduction will still be allowed. Please Note: the TCJA of 2017 provisions will expire at the end of 2025. Unless Congress changes, or extends the provisions, beginning in 2026 all individual income tax provisions and estate exemptions will revert to the levels in effect in 2017.

Please note that New York State has decoupled itself from the various itemized deductions limitations under the TCJA. Therefore, New York State will still allow all itemized deductions using the tax law in effect prior to the TCJA, including the full deduction for real estate taxes, home equity mortgage interest up to a \$100,000 mortgage limit, miscellaneous itemized deductions and several other deductions.

There is a Federal 20% Qualified Business Income Deduction available, which directly reduces taxable income. This deduction applies to taxpayer business and other pass-through income. There are limitations on this deduction, based on the type of business, taxable income, wages paid to employees and several other provisions. We will review your income tax information to determine if you are eligible for this deduction.

In 2019 and 2022, Congress passed new laws, the SECURE ACT of 2019 and SECURE 2.0 ACT of 2022, designed to encourage retirement savings. Some of the major provisions are: increasing the age to begin required minimum distributions (RMDs) to age 73, for those persons who were not 70 ½ by December 31, 2019; requiring beneficiaries who inherit retirement plans to make annual withdrawals and mandating the withdrawal of all funds within 10 years of the decedent's date of death (Please Note: there will be no penalties assessed for not taking inherited retirement plan RMDs in 2021 through 2024. RMDs will be required in 2025 and after); allowing traditional IRA contributions to be made at any age and other items. Any beneficiary taking distributions already in 2019 or prior, will continue to act under the prior law provisions. There are exceptions in the new law for certain beneficiaries. I would be happy to discuss the changes with you.

If you purchased medical insurance through a Health Insurance Marketplace, or had other health insurance coverage, you will receive one, or more, of either Form 1095-A, 1095-B or 1095-C from your insurance carrier or employer. You **MUST** submit this form(s) to me, to properly report your coverage and to calculate if a tax credit is available to you.

Also, please note that for 2024 and 2025, respectively, the individual IRA contribution limits are \$7,000 (\$8,000, if 50 years old or older). In addition, a spouse who is not an active participant in an employer sponsored retirement plan, or is a non-working spouse, may make similar, or reduced, deductible IRA contributions, if 2024 or 2025 joint adjusted gross income is under \$240,000 and \$246,000, respectively. You should discuss this with me before deciding whether you or your spouse should make a contribution for 2024 to an IRA, by the April 15, 2025 deadline. There are also favorable rules for converting a traditional IRA into a Roth IRA account. If you are interested in doing this, please call me to discuss if this would benefit you.

The annual limit on gifts to individuals for 2025 has increased to \$19,000 per recipient. Also, the federal estate tax exemption has been increased to \$13,990,000 for 2025.

New York State has increased its estate tax exemption, for people dying in 2025, to \$7,160,000. For 2025, the estate tax exemption for Connecticut is \$13,990,000. For 2019 and after, New Jersey has eliminated its estate tax. However, it still keeps an Inheritance tax in effect.

Please sign and date the enclosed engagement letter and return it along with the completed questionnaire to me by February 19, 2025, to insure the preparation of your income tax returns before the April 15, 2025 due date.

Very truly yours,
Brian J. Parker

BRIAN J. PARKER
CERTIFIED PUBLIC ACCOUNTANT
141 North State Road FL 1
Briarcliff Manor, New York 10510-1448
(914) 941-6400 FAX: (914) 941-6450 E-MAIL: brian@bparkercpa.com

January, 2025

Dear Client:

This letter is to specify and confirm the terms of my engagement with you and to clarify the nature and extent of the services I will provide. In order to ensure an understanding of our mutual responsibilities, I ask all clients for whom tax returns are prepared to confirm the following arrangements.

I will prepare your 2024 federal and designated state income tax returns from information that you will furnish to me. I will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. I will furnish you with a questionnaire and/or worksheets to guide you in gathering the necessary information. Using such forms will aid you in organizing the data, which will enable me to prepare the returns as efficiently as possible and avoid overlooking important information.

I may communicate with you and/or store engagement data via email, portals, cloud platforms, or other digital means. I and any of my third-party vendors will maintain reasonable measures to safeguard communications and engagement data in those environments. Notwithstanding those measures, there exist inherent risks that engagement data may be breached, and in the specific case of email, that messages may be undelivered, or intercepted, or used by, disclosed to, or shared with an unintended third party. You accept those risks and authorize me to proceed with the aforementioned digital activities. Further, I advise you to make use of my portal or encrypted email as the most secure means of digitally transmitting to me your confidential, proprietary, and personally-identifiable information. You agree to hold me harmless as to any adverse consequence you may sustain as a result of sharing your data with me not in accordance with my advice, or from any other data breach in connection with this engagement, except to the extent determined to have been caused by my gross negligence or willful misconduct. In the event of a data breach, each of us agrees to notify the other in the most expedient time possible and without unreasonable delay.

If I receive copies of your stock brokerage statements or any other type of investment information, whether from you, your broker(s) or any other issuer, you acknowledge that the purpose is merely for clerical convenience and will be used only in the preparation of your income tax returns. You also acknowledge that I do not monitor your investments, nor do I give investment advice in any manner.

It is your responsibility to provide all the information required for the preparation of complete and accurate tax returns. If you give me original records, I shall return them to you once the returns are prepared. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. The tax authorities have the right to audit your tax returns. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign and/or authorize them to be filed.

My work, in connection with the preparation of your income tax returns, does not include any procedures designed to discover defalcations or other irregularities, should any exist. I will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

My fee for these services, or to represent you in case of a government tax examination, will be based upon the complexity of the returns and the amount of time required, plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If a dispute arises out of, or relates to, this engagement letter, or the obligations of the parties therein, and the dispute cannot be settled through negotiation, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association before resorting to litigation or some other dispute resolution procedure, unless the cost of such arbitration proceeding is prohibitive.

By signing below, you and your spouse (if applicable) also: a) authorize the use of randomly generated e-filing signature authorization PINs (unless indicated otherwise on Page 2 of my questionnaire); b) acknowledge that for this year you did not maintain any foreign financial accounts, or authority over such accounts, nor have any transactions with a foreign trust; c) acknowledge that you did not engage in any cryptocurrency (Bitcoin, or other virtual currency) transactions, and; d) confirm that you will notify me in writing if any of the above situations should occur (unless already indicated in my questionnaire or in documents provided to me). Note that the IRS imposes severe penalties for disclosure failures.

Please confirm your understanding by signing this letter in the space(s) indicated. Whether you utilize my attached questionnaire or your own schedules, please sign and date this letter and return it to my office with your income tax information.

I want to express my appreciation for this opportunity to work with you.



Confirmed:

_____		_____	
Taxpayer	Date	Spouse	Date

T O P I C I N D E X

	<u>PAGE</u>
Affordable Care Act ("Obamacare")-health insurance.....	9
Alimony received or paid.....	6,12
Annuity income.....	2
Automobile expenses (business related).....	14
Business income and expenses.....	4
Casualty or theft losses.....	13
Charitable contributions.....	12
Child and dependent care expenses and credits.....	15
Dependent information.....	1
Direct deposit and bank account information.....	17
Dividend income.....	3
Driver's license information.....	2
Education credits and deductions - American Opportunity Tax credit; Lifetime Learning credit; higher education expenses.....	15
Electronic filing, identity theft and driver's license information.....	2
Employee business expenses.....	13
Estate income.....	6
Estimated taxes.....	17
Gifts made (to other than charitable organizations).....	16
Health care premium tax credit (Forms 1095-A, 1095-B and/or 1095-C).....	9
Interest income.....	3
Interest paid.....	11
IRA and other retirement plan distributions.....	2
Medical and dental expenses.....	9
Miscellaneous income (commissions, fees, prizes, etc.)..	6
Miscellaneous itemized deductions.....	12
Moving expenses.....	13
New York State sales and use tax and other information	18-19
Partnership income.....	6
Pension income.....	2
Personal information.....	1
Presidential election campaign fund.....	1
Purchase of principal residence.....	7
Rental income and expenses.....	8
Residential energy savings credit.....	16
Retirement plan contributions (IRA, Roth IRA, Keogh, SEP and SIMPLE).....	16
S-Corporation income.....	6
Sale of principal residence.....	7
Sales of stocks, bonds and other properties.....	5
Social Security benefits.....	6
State and local income tax refunds.....	6
Taxes paid.....	10
Trust income.....	6
Unemployment insurance benefits.....	6
Virtual currencies (Bitcoin and others).....	5
Wages and salaries.....	2

INFORMATION FOR 2024 INCOME TAX RETURNS

1. YOUR NAME _____ SOCIAL SECURITY # _____

SPOUSE'S NAME _____ SOCIAL SECURITY # _____

2. (a) HAS YOUR MARITAL STATUS CHANGED OR DO YOU EXPECT IT TO? YES _____ NO _____
IF YES, PLEASE EXPLAIN _____

(b) ARE YOU BEING CLAIMED AS A DEPENDENT OF ANOTHER PERSON? YES _____ NO _____

3. ADDRESS _____ TELE. # (Home) () _____
Number and Street _____ Apt.# _____ (Off.) () _____
School District _____ City, Village, Inc. Town (T) (Cell) () _____
(S) (Cell) () _____
County _____ State _____ Zip Code _____
(T) (E-mail) _____
(S) (E-mail) _____

4. YOUR BIRTH DATE _____ SPOUSE'S BIRTH DATE _____

5. YOUR OCCUPATION _____ PRESENT EMPLOYER _____
SPOUSE'S OCCUPATION _____ PRESENT EMPLOYER _____

6. DO YOU WANT \$3.00 OF YOUR INCOME TAX, (\$6.00 if a joint return) TRANSFERRED TO THE PRESIDENTIAL ELECTION CAMPAIGN FUND? YES _____ NO _____

7. NAMES AND AGES OF ALL DEPENDENT CHILDREN UNDER 19 YEARS OLD WHO:

<u>LIVED WITH YOU</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

DID NOT LIVE WITH YOU (To claim a dependency exemption, attach Form 8332 signed by the custodial parent.)

8. NAMES AND AGES OF ALL DEPENDENT CHILDREN 19 YEARS OLD OR OVER (But under 24 years old) WHO WERE FULL-TIME STUDENTS DURING THE CURRENT TAXABLE YEAR (For at least 5 months).

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY NO.</u>
_____	_____	_____
_____	_____	_____

9. IF YOU FURNISHED MORE THAN HALF THE SUPPORT OF PERSON(S), OTHER THAN YOUR CHILDREN, WHO HAD LESS THAN \$5,050 OF GROSS INCOME DURING THE CURRENT TAXABLE YEAR, LIST THEIR NAME, RELATIONSHIP, AND AMOUNT FURNISHED BY YOU. ALSO LIST THE AMOUNT FURNISHED BY OTHERS, INCLUDING THE DEPENDENT.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>SOCIAL SECURITY NO.</u>	<u>AMOUNTS FURNISHED</u>		<u>NO. MONTHS LIVED IN YOUR HOME DURING YEAR</u>
			<u>BY YOU</u>	<u>BY OTHERS</u>	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BRIAN J. PARKER
CERTIFIED PUBLIC ACCOUNTANT

10. ELECTRONIC FILING, IDENTITY THEFT AND DRIVER'S LICENSE INFORMATION

Electronic filing is the means by which your tax return is transmitted directly to the IRS. For 2024 tax returns, the IRS has mandated the electronic filing of individual and certain business tax returns. In addition, New York and some other states also have an electronic filing mandate and a requirement to submit driver's license information to the state. You MUST submit copies of the front and back of yours and your spouse's driver's licenses to us.

STATE TAXPAYER STATE SPOUSE
Driver's license or state-issued ID number
Issue date (Mo/Da/Yr)
Expiration date (Mo/Da/Yr)
ID Type: D-driver's license; S-state-issued ID; N-no identification
State or City issued identity PIN (on lower right corner or back of NY State driver's license)

The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN), in lieu of mailing a signature document when electronically filing. A Taxpayer and Spouse must each have their own individual PIN.

TAXPAYER SPOUSE
Would you like to use a randomly generated PIN? (YES/NO)
If NO, please enter a 5-digit self-selected PIN
If you have been the victim of identity theft, enter the 6 digit PIN issued by the IRS.

11. WAGES AND SALARIES

Attach all Forms W-2 received from your employers, including corporations you control, and list information below. If you are self-employed, you will have no W-2 forms. If you received third party sick pay or disability pay, attach those Forms W-2 also.

Table with 8 columns: T/S STATE, EMPLOYER'S NAME, TAXABLE WAGES, FEDERAL TAX WITHHELD, FICA TAX WITHHELD, MEDICARE TAX WITHHELD, STATE TAX WITHHELD, LOCAL TAX WITHHELD

Do you expect your 2025 withholding tax to be generally the same as 2024? If NO, please explain expected differences. YES NO

12. PENSION, IRA, OTHER RETIREMENT AND ANNUITY INCOME - Attach Forms 1099R or W-2.

If you made a rollover of any retirement plan distributions into an IRA or other plan, please give full details.

Did you rollover an existing IRA or retirement plan account into a Roth IRA in 2024? If YES, please give full details. YES NO

Table with 7 columns: T/S, DESCRIPTION, CHECK (v) IF FULLY TAXABLE, AMOUNT RECEIVED, TAXABLE AMOUNT, FEDERAL TAX WITHHELD, STATE TAX WITHHELD

13. ATTACH ALL FORMS 1099 RECEIVED IN CONNECTION WITH DIVIDENDS, INTEREST, AND OTHER ADDITIONAL INCOME. List all information below (even if 1099 was not received). Indicate T/S/J.

INTEREST INCOME -List income received from all bank accounts, seller-financed mortgages*, U.S. Government obligations, municipal bonds**, corporate bonds, mortgage escrow interest, certificates of deposit, etc. If a 1099 includes interest received which you had paid a portion of upon purchasing a bond, you MUST advise us.

- * The IRS requires the name, address and taxpayer ID number of the individual(s) from whom you collect interest related to a seller-financed mortgage.
** The IRS requires reporting of all non-taxable interest on your tax return. This is for informational purposes only. It does not convert tax-exempt interest to taxable interest. However, it may affect the taxability of social security. Please list below.

Table with 4 columns: T/S/J PAYOR, AMOUNT, T/S/J PAYOR, AMOUNT. Multiple rows for data entry.

Did you have any interest in (or signature or other authority over) a financial account, such as a bank or brokerage account, in a foreign country in 2024? YES ___ NO ___

If YES, did the total value of all accounts exceed \$10,000 at any time during 2024? YES ___ NO ___

If YES, please provide details and copies of all account statements showing the highest 2024 balance. Indicate the foreign currency and US\$ exchange rate, if available.

Did you incur an interest penalty due to early withdrawal of savings certificates? YES ___ NO ___. If YES, list amounts _____, and attach a copy of the bank's notice.

DIVIDEND INCOME - List all dividends received during year. (Attach all Forms 1099).

Table with 4 columns: T/S/J PAYOR, AMOUNT, T/S/J PAYOR, AMOUNT. Multiple rows for data entry.

List all items of income and expense in connection with your business or profession below. Please answer all questions in Item 31 (regarding auto expenses) and show medical insurance premiums paid for yourself and family in Item 23. If you need assistance, please contact us.

TSJ State Employer identification number _____

Principal business or profession _____

Business name _____

Street address _____

City, state and ZIP code _____

Business Income:

- Gross receipts or sales
- Returns and allowances
- Beginning inventory
- Merchandise purchased
- Cost of labor
- Materials and supplies
- Other costs:

	Current Year Amount	Prior Year Amount

Ending inventory _____

Other income:

Business Expenses:

- Advertising
- Bad debts
- Car and truck expense
- Parking fees and tolls
- Commissions and fees
- Employee benefit programs
- Health insurance - proprietor
- Insurance - Other

Business Expenses (Continued):

- Interest - Mortgage
- Interest - Other
- Legal & professional fees
- Office expense
- Pension & profit-sharing plans
- Rent - Vehicles & machinery
- Rent - Other
- Repairs and maintenance
- Supplies
- Taxes and licenses
- Travel
- Meals and entertainment
- Utilities
- Wages

	Current Year Amount	Prior Year Amount

Other expenses:

Property and Equipment

Acquisitions - Description			Date Acquired	Cost
			: :	
			: :	
Dispositions - Description	Date Acquired	Cost	Date Sold	Selling Price
	: :		: :	
	: :		: :	

Were you or your spouse involved in the operations of this business on a regular, continuous and substantial basis? YES _____ NO _____

15. SALES OF STOCKS, BONDS, OTHER PROPERTIES - Attach Forms 1099-B and 8949. (The information from the 1099-B's and 8949's must be included in Schedule D of your return). Please note that the basis of stock sold must be decreased by non-taxable dividends received and increased by any reinvested dividends. Indicate T/S/J.

Table with 6 columns: T/S/J, DESCRIPTION (i.e. 100 sh. IBM), DATE ACQUIRED, DATE SOLD, NET SALES PRICE, COST OR OTHER BASIS, GAIN OR (LOSS). The table contains multiple empty rows for data entry.

Did you sell any property in 2024 for which you will receive payments in future years? YES ___ NO ___ If YES, attach full details and copies of closing statements.

Did you own any stocks or bonds which became worthless during 2024? YES ___ NO ___ If YES, attach full details - you may be entitled to claim a loss deduction.

Did you have any debts (that others owed to you), that became uncollectible in 2024? YES ___ NO ___ If YES, attach full details - you may be entitled to claim a loss deduction.

Did you have any debts (that you owed to others) cancelled, forgiven or refinanced in 2024? YES ___ NO ___ If YES, attach full details - you may have taxable income resulting from the transaction. Attach any Forms 1099-C you received.

Did you receive any grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan during 2024? YES ___ NO ___ If YES, attach full details.

Did you receive, sell, exchange, or otherwise dispose of any financial interest in Bitcoin or other virtual currencies in 2024? YES ___ NO ___ If YES, attach full details.

16. INCOME FROM PARTNERSHIPS, LLCs, S-CORPORATIONS, ESTATES, TRUSTS -Attach all Form(s) K-1 or other correspondence which advised you of your taxable income or loss. Please list below. Indicate T/S/J.

<u>T/S/J NAME</u>	<u>ADDRESS</u>	<u>ID NO.</u>	<u>INCOME/(LOSS)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. SOCIAL SECURITY BENEFITS - This may be taxable in 2024. Please show the gross benefits received by you in 2024 and any withholding tax. Attach Form(s) SSA-1099. Medicare premiums deducted from gross benefits should be shown in Item 23 on Page 9.

TOTAL RECEIVED

TAXPAYER _____ FED W/H \$ _____ SPOUSE _____ FED W/H \$ _____

18. UNEMPLOYMENT INSURANCE BENEFITS

If you or your spouse collected any unemployment insurance during 2024, indicate the total received and any withholding tax. Attach Form(s) 1099-G.

TAXPAYER _____ FED W/H \$ _____ SPOUSE _____ FED W/H \$ _____
 STATE W/H \$ _____ STATE W/H \$ _____

19. STATE AND LOCAL INCOME TAX REFUNDS - We will assume that you received the amount requested, if any, on your prior year's return unless you tell us otherwise. Attach Form 1099-G, if received.

20. MISCELLANEOUS INCOME - Alimony received, commissions, executors fees, directors fees, jury duty, income from prizes, lotteries, etc. Indicate T/S/J.

Alimony received from (for pre-2019 divorce agreements): AMOUNT

Name _____ Social Security No. _____

Miscellaneous income:

<u>T/S/J SOURCE</u>	<u>AMOUNT</u>	<u>T/S/J SOURCE</u>	<u>AMOUNT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. PURCHASE AND SALE OF PRINCIPAL RESIDENCE

Did you purchase a principal residence during 2024? YES ___ NO ___

Did you sell your principal residence during 2024? YES ___ NO ___

If YES, attach Form 1099-S, if received.

Was residence used for rental or business purpose at any time? YES ___ NO ___

Did you and/or your spouse occupy the principal residence for at least two of the five years prior to the date of sale? TAXPAYER YES ___ NO ___

SPOUSE YES ___ NO ___

If sold, please furnish the following information:

Did you sell this property under the installment method? YES ___ NO ___

Date of purchase of residence sold: _____ Purchase Price: _____

Legal fees, closing costs, etc. (attach list) at time of purchase: _____

Improvements to residence (attach list, if more space needed):

<u>DATE</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>DATE</u>	<u>DESCRIPTION</u>	<u>COST</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Date of sale of residence: _____ Selling Price: _____

Legal fees, closing costs, etc. (attach list) at time of sale: _____

Fixing up expenses (attach list and dates paid) at time of sale: _____

PLEASE SUBMIT COPIES OF CLOSING STATEMENTS, MORTGAGE LOAN STATEMENTS, OR OTHER DOCUMENTATION REGARDING THE PURCHASE OR SALE OF YOUR RESIDENCE.

22. RENTAL INCOME AND EXPENSES - Indicate T/S/J and if not 100% owned. _____

If you own more than one rental property, photocopy this page and submit a separate page for each property. Do NOT combine two properties' information on one page.

Property Description _____

Location _____

Gross Rental Income Received _____

EXPENSES

Real Estate Taxes _____

Painting/Decorating _____

Insurance _____

Repairs _____

Advertising _____

Supplies _____

Interest- _____

Cleaning & Maintenance _____

NAME OF LENDER

Management Fees _____

Condo/Co-Op Maintenance _____

Broker Commissions _____

Utilities _____

Legal and other Professional fees _____

Heating/Fuel _____

Gardening/Landscaping _____

Other Expenses: (Attach list if additional space is needed)

Depreciation (See NOTE below)

NOTE: We will compute depreciation. If new rental property and/or equipment and fixtures were acquired this year, please attach a list indicating a description of the item, date of acquisition and cost.

Was rental property used as a vacation home? YES ____ NO ____

Number of days occupied by taxpayer, or not rented at fair market value: _____

Number of days actually rented out at fair market value or held out for rental: _____

Are you actively involved in the rental of this property? YES ____ NO ____

23. MEDICAL AND DENTAL EXPENSES

AFFORDABLE CARE ACT ("OBAMACARE") - Health Insurance - REQUIRED INFORMATION

If you purchased health care insurance through the Health Insurance Marketplace, or had other health insurance coverage, you **MUST** submit all Forms 1095-A (Health Insurance Marketplace Statement), 1095-B and/or 1095-C received. You may be entitled to a health care premium tax credit.

If either you or your spouse is self-employed, are either one of you covered under an employer's health insurance plan at another job?

YES _____ NO _____

If YES, how many months were you covered under that plan?

(T) _____ (S) _____

NOTE: Total of ALL Medical & Dental Expenses + Insurance Premiums must exceed 7 1/2% of Federal Adjusted Gross Income before ANY portion begins to become deductible. Therefore, *if your total expenses are minimal, do not complete this schedule EXCEPT*, if you paid Qualified Long-Term Care Insurance premiums (NYS gives a credit for a portion of the premium).

Also, complete the insurance premium sections if you paid self-employed health insurance premiums not reported in Item 14 on Page 4 of the questionnaire.

AMOUNT

Prescription medicines, drugs or insulin (net of reimbursement) - Taxpayer & Spouse COMBINED _____

INSURANCE PREMIUMS for Medical and Hospital Care:

(T) _____ (S) _____

HEALTH INSUR.Premiums Paid to Private Insurance Companies (BlueCross, Aetna, etc) _____

Additional Non-Medicare Premiums, if any _____

Separate Premiums paid for a Dependent _____

MEDICARE - Part B (Labs, Surgeries, Doctors, Medically Necessary Supplies) _____

MEDICARE - Part D (Drugs) _____

Medicare SUPPLEMENTAL Insurance ("MediGap") - through private insurance company _____

Qualified LONG-TERM CARE Insurance _____

MEDICAL TRANSPORTATION to & from providers - Total Cost (T) & (S) Combined _____

OR Show Total Miles and we will apply IRS Standard Rate per Mile _____ miles

Out-Of-Town MEDICAL LODGING - Taxpayer & Spouse COMBINED _____

List below the amounts spent on doctors, dentists, nurses, hospitals, supplies, hearing aids, dentures, eyeglasses, therapeutic devices, x-rays, lab tests, etc.

<u>ITEM / NAME + Explanation If Needed</u>	<u>AMOUNT</u>	<u>ITEM / NAME + Explanation If Needed</u>	<u>AMOUNT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ENTER TOTAL REIMBURSEMENTS, if any, that you have not already reduced the above expenses by _____

24. TAXES PAID (Do not include real estate taxes paid on property from which you have rental income. This should have been listed previously in Item 22, above.)

NOTE: The Federal itemized deduction for real estate taxes and state and local income taxes is limited to \$10,000. However, New York State still allows total real estates as an itemized deduction. Please show the total payments below.

If you received a check in 2024 for the following credits, please indicate how much was received (attach a copy of the check(s)/stubs if available):

New York State "Property Tax Relief, Freeze or Rebate Credit" _____

New York State "STAR" credit _____

REAL ESTATE TAXES PAID (NOTE: For Connecticut and New Jersey residents, attach copies of real estate tax bills.) _____

SALES AND USE TAX DEDUCTION - Sales and use taxes are deductible in lieu of state and local income taxes, when greater, if you itemize your deductions. You can either give the actual sales taxes paid, or use the government tables. In addition, you can deduct sales taxes paid on the purchase or lease of an automobile, boat, other vehicles and home building supplies.

Sales and use taxes paid on ordinary purchases (if you leave this line blank, we will use the IRS' table, which is based upon Adjusted Gross Income and your exemptions). _____

Sales tax paid for purchase or lease of a personal use auto, boat, etc. _____ (For auto purchase, you MUST attach a copy of the invoice)

New York State, Connecticut and New Jersey residents MUST complete Item 39 on Page 18.

STATE AND LOCAL INCOME TAXES (only list payments NOT included in Item 37 on Page 17 - Estimated Tax Payments). _____

STATE DISABILITY TAX (SDI) WITHHELD FROM SALARY T _____ S _____

PERSONAL PROPERTY TAX _____

OTHER (describe) _____

25. INTEREST PAID (Do not include mortgage interest on rental property. This should have been listed previously in Item 22, above.) Attach mortgage statements and Forms 1098.

	<u>NAME</u>	<u>AMOUNT</u>
Mortgage interest - 1st Mortgage*	_____	_____
Mortgage interest - 2nd Mortgage/Equity* (Portion used for primary home acquisition or for making home improvements)	_____	_____
Mortgage interest - 2nd Mortgage/Equity* (Portion used for personal, non-home acquisition or not for making home improvements)	_____	_____
Mortgage interest - Co-Op Mortgage	_____	_____
Points paid for purchase of primary residence	_____	_____
Points paid on refinanced loans	_____	_____
Indicate: Date refinanced _____ Term: _____ years		
Date of first monthly payment _____		
Qualified mortgage insurance premiums	_____	_____
Broker margin account	_____	_____
Qualified student loan interest**	_____	_____
Other interest - List payee and purpose	_____	_____
	_____	_____

PERSONAL INTEREST EXPENSE IS NOT DEDUCTIBLE.

* If paid to an individual, list name and address. If seller-financed mortgage, you must also show seller's taxpayer ID number. This MUST be shown in your tax return.

** Interest paid on educational loans, if Adjusted Gross Income is under \$90,000 (Single) or \$180,000 (Joint).

Did you increase an existing home loan by refinancing or take out a new home equity loan, for an amount in excess of \$100,000 over the remaining balance of your original home loan? YES _____ NO _____

If YES, did you use the excess amount for improvements or major repairs to your home? If NO, a portion of the interest will not be deductible. YES _____ NO _____

PLEASE SUBMIT COPIES OF CLOSING STATEMENTS, MORTGAGE LOAN STATEMENTS, OR OTHER DOCUMENTATION REGARDING ANY NEW LOANS OR REFINANCINGS AND CONTACT US FOR FURTHER INSTRUCTIONS.

26. CHARITABLE CONTRIBUTIONS - Attach list, if additional space is needed.

NOTE: You cannot deduct a cash contribution, regardless of amount, unless you maintain either: a bank record or cancelled check showing the name of the charity, the date and amount, or a written communication from the charity. In addition, you MUST have a written receipt or acknowledgment to support each charitable contribution of \$250 or more. For all those listed, we will assume that you have such receipts or acknowledgments in your possession. Do not attach the receipts to your tax return, but save them in case of an income tax audit. However, for auto donations over \$500, you must attach the charity's written acknowledgment to your tax return to claim a deduction. Attach Form 1098-C, if received from charity.

Table with 4 columns: NAME OF ORGANIZATION, AMOUNT, NAME OF ORGANIZATION, AMOUNT. Includes four rows of blank lines for data entry.

FOR CONTRIBUTIONS OF PROPERTY - Attach a copy of the organization's acknowledgement and indicate below: (1) name and address of donee; (2) date of gift; (3) description of property; (4) how acquired by you; (5) your cost or tax basis; and (6) value at time of donation and how ascertained (submit copy of appraisal, if any). Clothes and household items donated must be in good used condition or better. Any item valued \$500 or over must have an appraisal.

For New York, New Jersey and Connecticut residents: If you wish to contribute to the following charities, please indicate amount (\$5.00, \$10.00, \$20.00, Other):

Table listing charities: Endangered Species/Wildlife Fund, Missing/Exploited Children Fund, Volunteer Firefighting/EMS Fund, Alzheimer's Fund, WTC 9/11 Memorial Fund, Breast Cancer Research Fund, Olympic Fund, Organ Transplant Fund, Veterans' Memorial Funds, Prostate Cancer Research Fund. Each has a blank line for amount.

27. MISCELLANEOUS ADJUSTMENTS AND ITEMIZED DEDUCTIONS

NOTE: For 2024, most Federal miscellaneous itemized deductions are no longer allowed. However, New York State will still allow these deductions. Please indicate below all deductions applicable to you.

Table for miscellaneous adjustments with columns for description and AMOUNT. Includes items like Alimony Paid To, Educator(s)/Teacher(s) Classroom Expenses, Union Dues, Professional Dues, Tax Preparation Fees, Safe Deposit Box, Business Publications, Investment Advisory Fees, Small Tools and Supplies, Uniforms and Protective Clothing, Safety Equipment, and Other.

28. UNREIMBURSED MOVING EXPENSES IN CONNECTION WITH A CHANGE IN JOB - List by type, amount, applicable dates and address changes.

NOTE: Your new workplace must be at least 50 miles farther from your old home than your old home was from your old workplace, to deduct moving expenses on your tax return.

Table with 2 columns: Description and AMOUNT. Rows include: Travel & lodging expenses - to move to new residence; Moving and/or storage of household goods and personal effects; Other (including reimbursements - indicate if reported or not on Form W-2) (Attach Form 4782, if provided by employer)

Distance from place of employment to residence:

Former place of employment to former residence miles
Former residence to new place of employment miles
Enter the date you moved from your old residence.
Enter the date you arrived at your new location

29. UNREIMBURSED EMPLOYEE EXPENSES IN CONNECTION WITH YOUR JOB - Itemize by type and amount (include automobile expenses*, travel, entertainment, education expenses, etc.). Indicate any partial reimbursement by employer and whether included in W-2 or not. Indicate if you are an outside salesperson. Indicate T/S.

* Also: Answer questions in Item 31 below (automobile expenses).

Table with 3 columns: T/S, DESCRIPTION, AMOUNT. Multiple rows for itemizing expenses.

30. CASUALTY OR THEFT LOSSES (Includes damage to cars, fire, thefts, etc.)

Did you incur any casualty or theft losses during the year that exceeded 10% of your Adjusted Gross Income plus \$100? YES ___ NO ___

If YES, please provide full details on a separate sheet, including a description of the property, original cost, date acquired, insurance reimbursements, copy of the police or insurance report and a description of the casualty or theft. If the loss resulted from a federally declared disaster, please indicate the declared disaster information, including name of disaster, dates, locations, etc.

31. AUTOMOBILE EXPENSES -If you have automobile expenses in connection with a business or profession, or are an employee and have unreimbursed job related auto expenses, please answer the following questions. (The answers to these questions are required to be attached to your tax return if automobile expenses are claimed). Indicate T/S

If both of you have automobile expenses, please copy this page and submit separately.

Year and model of the vehicle

Date vehicle placed in service Purchase price

Original fair market value, if leased automobile \$ Date lease began

TOTAL

Total miles vehicle was driven during year

Total business miles driven during year

Total commuting miles driven during year

Total other personal miles driven during year

Do you have evidence to support the business use percentage claimed? If NO, the deduction cannot be claimed on your tax return. YES NO

If YES, is the evidence written? If NO, we expect IRS will disallow the deduction.

Is another vehicle available for personal use?

Has your employer included any value of vehicle use on your Form W-2? If YES, we must discuss further.

Did your employer reimburse you for automobile expenses?

If YES, was the amount reimbursed included on your Form W-2?

How much did your employer reimburse you for automobile expenses?

EXPENSES

Automobile Lease Payments

Gasoline, Oil, Lubrication, etc

Repairs

Tires

Supplies, etc

Insurance

Interest Expense

State and Local Taxes Other than Sales and Gasoline Taxes

Parking Fees & Tolls

32. CHILD AND DEPENDENT CARE EXPENSES (For use by working individuals who incur employment related expenses for certain members of the household, including a physically or mentally incapacitated dependent.) NOTE - payments to a camp where your dependent stays overnight does NOT qualify. You MUST show the name, address and ID number for each child care provider on your tax return.

Table with 4 columns: NAMES OF CHILDREN (Under 13) OR OTHER DEPENDENTS, SERVICES IN HOME YES/NO, NAME, ADDRESS AND ID NO. OR SOCIAL SECURITY NO. OF PERSON OR ORGANIZATION PAID, AMOUNT PAID FOR CHILD/DEPENDENT CARE

If payments were made to an individual, complete the following:

If payments totaling \$2,700 or more were made in 2024 to an individual, were services performed in your home? YES ____ NO ____

If YES, appropriate payroll taxes on wages for services in your home MUST be paid with your tax return. Please indicate above which provider(s) worked in your home.

33. HIGHER EDUCATION CREDITS AND DEDUCTIONS- AMERICAN OPPORTUNITY TAX CREDIT; LIFETIME LEARNING CREDIT AND QUALIFIED HIGHER EDUCATION EXPENSES

If you made contributions to a New York State College Choice Tuition Program (referred to as a Section 529 plan) in 2024, please submit the details and/or documentation.

If you or your dependent(s) incurred and paid any post secondary education expenses, such as tuition, fees, room and board, books, supplies, computers, software, online fees, etc. in 2024, please list below and attach Form 1098-T received from the school.

Also, include a detailed list of each student(s) education expenses, other than tuition, fees, etc. not reported on the Form 1098-T.

You may be entitled to a Federal tax credit. However, the credit may be limited, or eliminated, depending upon your Federal Adjusted Gross Income.

If the education expenses were for undergraduate study, you may also be entitled to a State deduction or credit, if you file a New York State Resident income tax return.

Table with 4 columns: NAME OF STUDENT, GRADE LEVEL, NAME OF SCHOOL, AMOUNT PER 1098-T

34. <u>RETIREMENT PLAN CONTRIBUTIONS</u>	<u>DATE(S) PAID</u>	<u>TYPE OF PLAN</u>	<u>CONTRIBUTIONS</u>	
			<u>TAXPAYER</u>	<u>SPOUSE</u>
Payments to traditional IRA for 2024 tax year	_____	_____	_____	_____
Payments to Roth IRA for 2024 tax year	_____	_____	_____	_____
Payments to Keogh or other retirement plan(s) for 2024 tax year	_____	_____	_____	_____

Please indicate if you or your spouse were covered under a pension plan at work during any part of 2024. YES/NO

	<u>TAXPAYER</u>	<u>SPOUSE</u>
	_____	_____

If you have taken a distribution from an IRA, Keogh or other retirement plan, rolled over an IRA, or made any contribution for 2024, please advise us. Also, note that IRA contributions may not be deductible in 2024. Please discuss with us before making any IRA or Roth IRA contributions.

NOTE: If you are subject to the required minimum distribution (RMD) rules, you MUST take a distribution in 2025 from your retirement plan(s), including inherited IRAs, or be charged a 25% penalty.

Also, there are now rules for converting a traditional IRA account into a Roth IRA account with no income limit restrictions. If you are interested in doing this, please call us to discuss if this would benefit you.

35. GIFTS MADE TO OTHERS - If you made gifts of cash, stocks, or other property, totaling more than \$18,000 to any one person, trust, or non-exempt organization during the year, please attach details, including name, address, social security or ID number, age and relationship of person, complete description of gift and amount. (This information will determine if a Gift Tax return Form 709 must be filed). (For 2025, the limit is increased to \$19,000 per person.)

36. RESIDENTIAL ENERGY SAVINGS CREDIT - You may be able to take a credit of 30% of your costs of the following types of improvements in 2024 to your home located in the U.S.:

- a. qualified energy efficient improvements
- b. residential energy property expenses
- c. home energy audits
- d. qualified solar electric property
- e. solar water heating property
- f. small wind energy property
- g. geothermal heat pump property

The home that these improvements were made to does not have to be your main home.

The Residential Energy Savings Credit has limits of up to \$1,200 plus \$2,000 per year, depending on the specific type of improvement made.

In addition, there may be a credit available for qualified fuel cell property improvements to your main home located in the United States.

Please submit complete details and copies of invoices associated with these costs.

NOTE: Costs allocable to a swimming pool, hot tub, or similar items, generally do not apply.

37. ESTIMATED TAXES

Do you expect your 2025 taxable income to be generally the same as in 2024?
 YES ____ NO ____ . If NO, explain any difference in income, deductions, dependents,
 etc.

ITEMIZE BY DATE AND AMOUNT THE PAYMENTS MADE BY YOU FOR 2024 ESTIMATED TAXES.

	<u>AMOUNT PAID</u>			
	<u>DATE PAID</u>	<u>FEDERAL</u>	<u>STATE</u>	<u>UNINCORP. BUS. TAX</u>
<u>2024 Estimated Tax Payments</u>				
4th Quarter 2023 - due 01/15/2024	_____	_____	_____	_____
2023 Overpayment applied to 2024	<u>N/A</u>	_____	_____	_____
1st Quarter 2024 - due 04/15/2024	_____	_____	_____	_____
2nd Quarter 2024 - due 06/15/2024	_____	_____	_____	_____
3rd Quarter 2024 - due 09/15/2024	_____	_____	_____	_____
4th Quarter 2024 - due 01/15/2025	_____	_____	_____	_____
TOTAL 2024 ESTIMATED TAX PAYMENTS	_____	_____	_____	_____

FOR ACCOUNTANT'S USE ONLY:

2023 Extension	_____	_____	_____
2023 Final balance of tax	_____	_____	_____
Prior years' assessments	_____	_____	_____

38. DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL INFORMATION

If your tax return shows an overpayment to be refunded, do you want the refund DIRECTLY DEPOSITED into your financial institution account? YES ____ NO ____

If your tax return shows a balance due, do you want the amount due to be DIRECTLY DEDUCTED from your bank account? YES ____ NO ____
 If not, payment generally can still be paid by check.

If YES to either of the above, you must provide the following information:

Name of financial institution _____

Financial institution Routing Transit Number (RTN) (RTN must be nine digits and begin with 01 through 12 or 21 through 32). Call your institution for the RTN. _____

Your account number (Attach copy of either a monthly statement, deposit slip or voided blank check of the account you want credited). _____

Owner and Type of account T/S/J ____ Savings ____ Checking ____

39. NEW YORK STATE, CONNECTICUT, NEW JERSEY - DECLARATION OF SALES AND USE TAX OWED

In general terms, this tax is owed on taxable purchases of property or services delivered to you in your home state, or that you brought into your home state, where the seller did not charge you sales tax, or charged you at a rate lower than that of your home county. A question on your state income tax return regarding this tax is required to be answered.

If you did not make any such taxable purchases, please write "NONE" in the space at the right and do NOT complete the rest of this question.

If you did make such taxable purchases, you owe this tax and you must complete the following:

(1) For the total of your taxable purchases that cost less than \$1,000 each, excluding shipping and handling, you must either:

(a) supply the exact amount of tax owed; or

\$ _____

(b) supply the total amount of such purchases subject to tax; or

\$ _____

(c) For New York State only: elect to use the chart supplied by New York State, which is based upon your federal Adjusted Gross Income. The use of this chart seems to have two advantages; simplicity and a relatively low sales tax result. For your reference a copy of the chart appears below.

write "YES"
for us
to use chart

(2) For taxable purchases that each cost \$1,000 or more, excluding shipping and handling, you must either:

(a) supply the exact amount of tax owed; or

\$ _____

(b) supply the total amount of such purchases subject to tax.

\$ _____

If you did not make any such taxable purchases, please write "NONE" in the space at the right.

write "NONE"
above, if no such
purchases
of \$1,000 or more.

For New York State Only:

NY State Chart re: Section (1) (c) above:

Sales and Use Tax Chart for Tax Year 2024

If your federal Adjusted Gross Income is:	<u>Tax Amount</u>
up to \$15,000.....	\$3
\$15,001 - \$30,000.....	\$6
\$30,001 - \$50,000.....	\$11
\$50,001 - \$75,000.....	\$16
\$75,001 - \$100,000.....	\$20
\$100,001 - \$150,000.....	\$28
\$150,001 - \$200,000.....	\$35
\$200,001 and greater.....	.0180 (.000180) of income, or \$125, whichever is smaller.

40. FOR NEW YORK STATE NON-RESIDENT OR PART-YEAR RESIDENT INCOME TAX PURPOSES ONLY

(1) If you or your spouse worked anywhere in New York State, but lived outside of New York State AND you did not spend 100% of your working days in New York State, you may be eligible to allocate your wages based on the number of days worked in and out of the State.

If you or your spouse had an unincorporated business in New York City, but lived outside of New York City AND you did not spend 100% of your working days in New York City, you may be eligible to allocate your business income based on the number of days worked in and out of the City.

If either of these situations apply to you, complete the applicable schedule below, accounting for the entire year 2024.

Be sure to describe your situation in the COMMENTS section below, so that we will know you have accounted for the proper time period.

Indicate T/S.

	NY STATE	NY CITY
	T ___ S ___	T ___ S ___
(a) <u>NON-WORKING</u> days:		
1. Saturdays and Sundays	_____	_____
2. Holidays	_____	_____
3. Sick days	_____	_____
4. Vacation	_____	_____
5. Other Non-Working days	_____	_____
6. Total NON-WORKING Days (Add Lines 1-5)	_____	_____
(b) 7. Total days <u>WORKED OUTSIDE</u> NY State/City	_____	_____
(c) 8. Total days <u>WORKED IN</u> NY State/City	_____	_____
TOTAL OF ALL DAYS - must equal 365 for full year situations (Add Lines 6-8)	=====	=====

(2) If you moved into or out of NY State, NY City or Yonkers during the year, please give a brief description in the COMMENTS section below, including date of move and old and new locations. Please call us for special instructions, so that we may properly allocate income and expenses.

(3) If you lived outside of New York City in 2024, but maintained a living quarters in NYC in 2024, please indicate the number of days you spent in NYC in 2024 (even a part of one day is considered a full day). # Days in NYC _____.

You may be considered a statutory resident of NYC for income tax purposes, if you spent more than 183 days in NYC in 2024.

(4) If any other living/working circumstances apply to you, give a brief description in the COMMENTS section below and call us to discuss them. We will then advise you as to what information you must provide.

COMMENTS _____

