

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

Do you authorize us to discuss your return with the IRS? (Y, N) [34]

Present Mailing Address

In care of addressee

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

| Months** in home | Dep Codes * ** | Care expenses paid for dependent |
|------------------------|----------------------|---|
|------------------------|----------------------|---|

First Name^[52]

Last Name

Date of Birth

Social Security No.

Relationship

Month
in
home

**** Dep
Codes
* ****

Care expenses paid for dependent

Social security number of qualifying person [54]

Dependent Codes

| | | | |
|----------|---|---------|--|
| *Basic | 1 = Child who lived with you | **Other | 1 = Student (Age 19 - 23) |
| | 2 = Child who did not live with you due to divorce/separation | | 2 = Disabled dependent |
| | 3 = Other dependent | | 3 = Dependent who is both a student and disabled |
| | 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC) | | |
| | 5 = Qualifying child for Earned Income Credit only | | |
| | 6 = Children who lived with you, but do not qualify for Earned Income Credit | | |
| | 7 = Children who lived with you, but do not qualify for Child Tax Credit | | |
| | 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit | | |
| **Months | 77 = Reported on odd year return | | |
| | 88 = Reported on even year return | | |
| | 99 = Not reported on return | | |

Preparer - Enter on Screen Contact

| | | |
|--|-----------------|---------------|
| Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) | | [8] |
| Taxpayer email address | | [9] |
| Spouse email address | | [10] |
| | Taxpayer | Spouse |
| Fax telephone number | [11] | [20] |
| Mobile telephone number | [12] | [21] |
| Mobile telephone #2 number | [13] | [22] |
| Pager number | [14] | [23] |
| Other: | [15] | [24] |
| Telephone number | [16] | [25] |
| Extension | [17] | [26] |
| Preferred method of contact: | | |
| Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 | [18] | [27] |

NOTES/QUESTIONS:

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. _____[1]

Primary account:

Financial institution routing transit number _____[5]

Name of financial institution _____[6]

Your account number _____[7]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____[8]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____[11]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____[12]

Enter the maximum dollar amount, or percentage of total refund Dollar _____[13] **or** Percent (xxx.xx) _____[14]

Secondary account #1:

Financial institution routing transit number _____[23]

Name of financial institution _____[24]

Your account number _____[25]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____[26]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____[29]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____[30]

Enter the maximum dollar amount, or percentage of total refund Dollar _____[15] **or** Percent (xxx.xx) _____[16]

Secondary account #2:

Financial institution routing transit number _____[31]

Name of financial institution _____[32]

Your account number _____[33]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____[34]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____[37]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____[38]

Enter the maximum dollar amount, or percentage of total refund Dollar _____[17] **or** Percent (xxx.xx) _____[18]

*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.

NOTES/QUESTIONS:

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes. This is not the same as an IRS assigned six-digit Identity Protection PIN (IP PIN).

Taxpayer self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) (Not an IRS assigned six-digit IP PIN) _____[8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) [1]
Identification number [3]
Issue date [4]
Expiration date (mm/dd/yyyy) [5]
Location of issuance (State issued only) [6]
Document number (New York only) [7]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) [10]
Identification number [12]
Issue date [13]
Expiration date (mm/dd/yyyy) [14]
Location of issuance (State issued only) [15]
Document number (New York only) [16]

NOTES/QUESTIONS:

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]

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)

____[1]

State postal code

____[2]

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></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 _____

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

[illegible]