

**MEZZASALMA CPAS
67 APPLE ST
TINTON FALLS, NJ 07724
732-842-1120**

Fax - 732-676-7639 Email - tax@mezzcpa.com Website - mezzcpa.com

Dear :

It's time to get your taxes done! We would like to thank many of you who have been with us since 1984 - our first year in practice! With our CPA team of Anthony, Joe and John, we will be around for the next 30+ years to help you! We appreciate your business!

We would like to extend a warm welcome to our new Tax Manager, Samantha Bono CPA (sam@mezzcpa.com). Sam is an extremely talented CPA who comes aboard with nearly a decade of experience at one of the top-ranked national firms. Sam will be working within our tax practice alongside Anthony & Joe to allow them to provide higher level tax and financial/wealth planning services. If you're interested in hearing more about our financial planning process please let us know.

Please find enclosed your Tax Organizer for 2024. It is designed to facilitate gathering information necessary to **prepare your 2024 tax return**. To help you complete the organizer with minimal time and effort, we have preprinted information from your 2023 tax returns.

PLEASE BE AWARE THAT YOU MUST FILL OUT/SIGN THE ENCLOSED MANDATORY QUESTIONNAIRE.

Please supply all K-1, W-2, 1099 & 1098 forms as well as complete documentation regarding real estate rentals and any other items which do not have standard tax documents and may require research. **By supplying these forms, you need not fill out the information on the Organizer!** It is advisable to send in your tax information as **early as possible**. Please forward your **documents and other tax information via mail, electronically (see our email link to send securely) or by fax**. In fact, this should be done **even if you do not have your K-1 form (s) (if applicable) yet. You can just send them later when you receive them.**

Please note that best efforts will be made to file all returns by the April 15th deadline. No guarantees, however, can be made if the deadlines on the following page are not met.

If you expect to owe taxes, it is strongly recommended that you file on a timely basis to avoid potentially harsh penalties.

Thank you for the opportunity to serve you.

Sincerely,

MEZZASALMA CPAS

P.S. Important: If you are contemplating **IRA, ROTH IRA, 401k or SEP Contributions**, it would be advisable to discuss different options with us **before** you finalize them.

In order to provide you with the best possible service and turn around time, we ask that you please adhere to our deadline schedule:

*****DEADLINES*****

MARCH 22, 2025 - All required data should be received by this date in order to guarantee filing of your return by April 15, **2025**.

April 1, 2025- Extensions will be filed on all returns with information received **after** March 22, **2025** but **before** April 1, **2025**. If we receive information after April 1, **2025**, we will still file an extension as a courtesy, but cannot guarantee any payment due will be calculated properly.

*******Avoid Delays*******

IMPORTANT - Mandatory Questionnaire (enclosed) - This must be filled out/signed in order for us to complete your return.

Many K-1s are sent out sometime **after** March 15. Please don't let a missing K-1 form delay the preparation of your return.

Make sure we get all the other information early. The K-1s can be sent or faxed to us afterward!

*****OUR PRIVACY POLICY*****

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

Types of Nonpublic Personal Information We Collect

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees. In all situations, we stress the confidential nature of the information being shared.

Protecting the Confidentiality and Security of Clients' Information

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

*****IRS EFILE INFORMATION*****

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

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Dear :

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

We will prepare your 2024 federal and state income tax returns from information which you will furnish to us. We 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. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. It is our policy to keep records related to this engagement for 5 years. However, MEZZASALMA CPAS does not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

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

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

The fee does not include responding to Internal Revenue Service inquiries, and the client understands that the tax preparer is not responsible for Internal Revenue Service disallowance of doubtful deductions or deductions unsupported by adequate documentation or for resulting taxes, penalties, and interest.

If any dispute arises among the parties hereto, the parties agree first to try in good faith to

settle the dispute by mediation administered by the American Arbitration Association under its Rules for Professional Accounting and Related Services Disputes before resorting to litigation. The costs of any mediation proceeding shall be shared equally by all parties.

Client and accountant both agree that any dispute over fees charged by the accountant to the client will be submitted for resolution by arbitration in accordance with the Rules for Professional Accounting and Related Services Disputes of the American Arbitration Association. Such arbitration shall be binding and final. **IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE OVER FEES CHARGED BY THE ACCOUNTANT, EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION.**

We will be pleased to discuss this letter with you at your convenience. If the foregoing is acceptable to you, please sign the original copy of this letter in the space provided and return it to us in the enclosed envelope.

Very truly yours,

MEZZASALMA CPAS

Accepted By: _____

Date: _____

2024 Tax Year Mandatory Questionnaire

To further improve our level of service, we have compiled the following list of questions pertaining to highlighted and heavily scrutinized IRS issues for the 2024 tax filing season. Please indicate "Yes" or "No" to all questions accordingly. Then please sign where indicated at the bottom of the document (both spouses for married returns) and return to us. Please note that we will be unable to file your tax return until we have received a signed and completed copy of this form.

Personal Information

- 1) 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? Indicate Yes or No
- 2) Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? Indicate Yes or No
- 3) 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? Indicate Yes or No
- 4) Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? Indicate Yes or No
- 5) Did you make gifts of more than \$18,000 to any individual? Indicate Yes or No
- 6) Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services)? Indicate Yes or No
- 7) Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? Indicate Yes or No
- 8) Did you make energy efficient improvements to your main home this year? Indicate Yes or No
- 9) Did you pay childcare expenses to a care provider for a child under age 13? If YES, we will need the provider's name, address and EIN/SSN to report to the IRS to claim any applicable credits. Indicate Yes or No

For any YES answers, please provide us with more detail.

Please sign and date below and return this form to us. We kindly ask that you also complete the Tax Organizer Questionnaire as usual. Thank you for your cooperation.

Best Regards,

The Mezzasalma Team

Print name(s):

_____ & _____

Signature(s) & Date:

_____ & _____

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: _____ [18] _____ [27]

 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [18] _____ [27]

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:

Interest Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

| T/S/J | Type Code (**See codes below) | Interest Income [1] | Tax Exempt Income | Penalty on Early Withdrawal | U.S. Obligations* \$ or % | Tax Exempt* \$ or % | Foreign Taxes Paid | Prior Year Information |
|-------|-------------------------------|---------------------|-------------------|-----------------------------|---------------------------|---------------------|--------------------|------------------------|
| | 1 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 2 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 3 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 4 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 5 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 6 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 7 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 8 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 9 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 10 | Payer | | | | | | |
| | | Amounts | + | | | | | |

| **Interest Codes | | |
|--------------------------|----------------------|------------------------|
| Blank = Regular Interest | 4 = Accrued Interest | 6 = ABP Adjustment |
| 3 = Nominee Distribution | 5 = OID Adjustment | 7 = Series EE & I Bond |

| | | | | |
|--|----------------|---|--------|--------------|
| | Control Totals | + | INCOME | Form ID: B-1 |
|--|----------------|---|--------|--------------|

Dividend Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

| T S J | Type Code (**See codes below) | Ordinary Dividends | [2] Qualified Dividends | Total Cap Gain Distributions | Section 1250 | Sec. 199A | 28% Capital Gain | Tax Exempt Dividends | U.S. Obligations* \$ or % | Tax Exempt* \$ or % | Foreign Taxes Paid | Prior Year Information |
|-------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|--------------|-----------|---------------------|-------------------------|---------------------------------|------------------------|--------------------------|---------------------------|
| 1 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 2 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 3 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 4 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 5 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 6 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 7 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 8 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 9 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 10 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |

**Dividend Codes
Blank = Other 3 = Nominee

1 Preparer use only

| | | 2024 Information | Prior Year Information |
|---|---------|-------------------|------------------------|
| Description | | [2] | |
| Taxpayer/Spouse/Joint (T, S, J) | [3] | State postal code | [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] | |

Rent and Royalty Income

| Rents and royalties | 2024 Information | Prior Year Information |
|---------------------|------------------|------------------------|
| | + [33] | |

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] | | |

| T/S/J | | 2024 Interest Paid [2] | 2024 Points Paid | Type* | Prior Year Information |
|-------|--|---------------------------|---------------------|-------|------------------------|
| | Home mortgage interest: From Form 1098 | | | | |
| [1] | _____ | + _____ | + _____ | --- | |
| - | _____ | + _____ | + _____ | --- | |
| - | _____ | + _____ | + _____ | --- | |
| - | _____ | + _____ | + _____ | --- | |
| - | _____ | + _____ | + _____ | --- | |
| - | _____ | + _____ | + _____ | --- | |
| - | _____ | + _____ | + _____ | --- | |
| - | _____ | + _____ | + _____ | --- | |
| - | _____ | + _____ | + _____ | --- | |
| - | _____ | + _____ | + _____ | --- | |

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

| T/S/J | Payee's Name | SSN or EIN | 2024 Information | Prior Year Information |
|-------|--|------------|------------------|------------------------|
| | Other, such as: Home mortgage interest paid to individuals | | | |
| [4] | _____ | _____ | + _____ [5] | |
| | Address | | | |
| | City, state and zip code | | | |
| | _____ | _____ | + _____ | |
| | Address | | | |
| | City, state and zip code | | | |
| | _____ | _____ | | |
| | _____ | _____ | | |

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

| | | | |
|---|---|---------|------|
| - | Payer's/Borrower's name | _____ | [7] |
| | Street Address | _____ | |
| | City/State/Zip code | _____ | |
| | Refinancing Points paid in 2024 - | | |
| | Taxpayer/Spouse/Joint (T, S, J) | _____ | [11] |
| | Recipient/Lender name | _____ | |
| | Total points paid at time of refinance | _____ | |
| | Points deemed as paid in 2024 (Preparer use only) | + _____ | [12] |
| | Date of refinance | _____ | |
| | Term of new loan (in months) | _____ | |
| | Reported on Form 1098 in 2024 | _____ | - |
| | Taxpayer/Spouse/Joint (T, S, J) | _____ | - |
| | Recipient/Lender name | _____ | |
| | Total points paid at time of refinance | _____ | |
| | Points deemed as paid in 2024 (Preparer use only) | + _____ | |
| | Date of refinance | _____ | |
| | Term of new loan (in months) | _____ | |
| | Reported on Form 1098 in 2024 | _____ | - |

| T/S/J | | 2024 Information | Prior Year Information |
|-------|---|------------------|------------------------|
| | Investment interest expense, other than on Schedule(s) K-1: | | |
| [15] | _____ | + _____ [16] | |
| - | _____ | + _____ | |
| - | _____ | + _____ | |
| - | _____ | + _____ | |
| - | _____ | + _____ | |
| - | _____ | + _____ | |
| - | _____ | + _____ | |
| - | _____ | + _____ | |
| - | _____ | + _____ | |
| - | _____ | + _____ | |

2024 Information

Prior Year Information

Taxpayer

Spouse

Self-employed health insurance premiums: (Not entered elsewhere)

| | | | | |
|-------|---|-----------|---|-----------|
| _____ | + | _____ [2] | + | _____ [3] |
| _____ | + | _____ | + | _____ |

Self-employed long-term care premiums: (Not entered elsewhere)

| | | | | |
|-------|---|-----------|---|-----------|
| _____ | + | _____ [5] | + | _____ [6] |
| _____ | + | _____ | + | _____ |

| |
|-------|
| _____ |
| _____ |
| _____ |

NOTES/QUESTIONS:

Questions

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

| | Yes | No |
|---|--------------------------|--------------------------|
| Personal Information | | |
| 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 letter. | <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. | <input type="checkbox"/> | <input type="checkbox"/> |
| COVID-19 Information | | |
| Did you receive an Economic Impact Payment (EIP3) as reported on Notice 1444-C? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive an adjustment to your refund or balance due for the exclusion of unemployment compensation and/or Advance Premium Tax Credit as a result of the American Rescue Plan Act (ARPA)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive advanced Child Tax Credit (CTC) payments in July, August, September, October, November, and December? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Paycheck Protection Program (PPP) loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive emergency leave sick pay? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive emergency family leave wages? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter under the age of 18? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another? | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependent Information | | |
| 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 \$2,200? | <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 letter. | <input type="checkbox"/> | <input type="checkbox"/> |

Purchases, Sales and Debt Information

- | | | |
|---|--------------------------|--------------------------|
| Did you start a new business or purchase rental property during the year? | <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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance a principal residence or second home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental, or other property this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lend money with the understanding of repayment and this year it became totally uncollectable? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? | <input type="checkbox"/> | <input type="checkbox"/> |

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income from property sold prior to this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any unemployment benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any disability income during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Medicaid waiver payments as difficulty of care during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive tip income not reported to your employer this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any of your life insurance policies mature, or did you surrender any policies? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any awards, prizes, hobby income, gambling or lottery winnings? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income considered to be nonemployee compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you expect a large fluctuation in income, deductions, or withholding next year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services)? | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement Information

- | | | |
|---|--------------------------|--------------------------|
| Are you an active participant in a pension or retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Social Security benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were any withdrawals due to a Federally declared disaster? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2021? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? | <input type="checkbox"/> | <input type="checkbox"/> |

Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

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 ABLE (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 ABLE (Achieving a Better Life Experience) account?

Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?

If you are a business owner, did you pay health insurance premiums for your employees this year?

Did you receive any Health Coverage Tax Credit (HCTC) advance payments?

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 noncash charitable contributions (clothes, furniture, etc.)?

If yes, please provide evidence such as a receipt from the donee organization, a 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?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- 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?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
If yes, explain: _____
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- 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.

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) _____

Social security number _____