# 2024 Individual Taxpayer Organizer + LLC

Dear Loyal Client,

Thank you for being a valued client and choosing us to prepare your federal and state income tax returns for another year. The tax organizer will help you avoid overlooking important information and contribute to the efficient preparation of your tax return.

DO NOT FILL IN sensitive information such as social security number, date of birth, direct deposit details or address as we already have that information on file. Include dependent name to confirm if any information has changed since last year.

Note: If you choose not to fill out the organizer, you must at least answer the Yes or No questions located on page 2. Thank you!

Taxpayer						Tax ID # *				
First Name	M.I.	Las	t Name	Ema	ail	'		IP PIN		
Occupation		Date	of birth			Are you nev	v to our	firm?	Yes	No
Address		City				State		Zip		
County		Prim	ary phone			Secondary p	hone			
Driver's License No.				Stat	e Issue	Date	Ехр.	Date		
Spouse						Tax ID # *				
First Name	M.I.	Las	t Name	Ema	ail			IP PIN		
Occupation		Date	of birth			Are you nev	v to our	firm?	Yes	No
Address (If different from Taxpayer)		City				State		Zip		
County		Prim	ary phone			Secondary p	hone			
Driver's License No.				Stat	e Issue	Date	Ехр.	Date		
If you moved during 2024, enter your	previous address	5.				Date of mov	ve .			
Marital status on 12/31/24: Single	Married	Separ	ated Surviv	ing S	pouse Re	gistered Domest	ic Partne	rship (R	DP)	
Were you divorced or separated durin	g the year? Ye	s N	Jo			deaths in the fan	nily?	Yes N	0	
Note: Individuals in registered domes	tic partnerships (	RDPs	) and civil unio	ns are	not consider	ed married for fe	ederal ta	x purpos	es.	
Notices: Have you received any notice	from the IRS or	state 1	revenue departr	nent	within the pa	st year? Yes	No			
Names of dependent children	T. ID.	1 %	ID DINI		D. Cl. a	Months lived		tionship t		College
Child's full name	Tax ID #	* *	IP PIN		Date of birtl	home in 202	4 ta	ixpayer	St	udent?
Did any of the children have unearned			-	Yes	•	of the children ha		•	Yes	s No
Is it anticipated that a different taxpay		aim a	child listed abov	ve as	their depende	ent for tax year 2	024?	Yes No	)	
Other dependents or people who live	ed with you									
Name	<i>Tax ID # *</i>		IP PIN	I	Date of birth	Months lived in home in 2024	Relatio	nship	Inc	ome
Bank information: Use for Direct de	eposit of refund	Dire	ect debit of bala	nce d	ue Name of	bank				
Checking Savings Routing tran	ısit number				Account nu	mber				
Ask your tax preparer for information	about depositing	g a ref	und into an IRA	A acco	ount or splitti	ng the deposit in	to more	than one	acco	unt.

\*A Tax ID # is either a Social Security Number (SSN), adoption taxpayer identification number (ATIN), or an individual taxpayer identification number (ITIN).

"You" refers to both taxpayer and spouse—ask your preparer if unsure about a question. Are either you or your spouse legally blind? No Did you pay or receive alimony in 2024? Yes Recipient's SSN Date of divorce or separation Paid Received \$ Did you purchase health insurance through a public exchange/marketplace? (Provide Form 1095-A.) Yes No LIFESTYLE & TAXES Yes Will there be any significant changes in income or deductions next year, such as retirement? No Did you pay anyone for domestic services (e.g., nanny, housekeeper, cook, caretaker) in your home? Yes Yes Did you purchase a new or used energy-efficient, hybrid, or electric car, truck, or van? Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled? Yes No No Are you a member of the military? State of residency Yes No Were you a citizen of or lived in a foreign country? Foreign country Do you own or have financial interest in a foreign bank or financial account? Maximum value \$ Yes No Would you like to allow your tax preparer or another person to discuss your return with the IRS? Yes No Designee's name Phone number PIN (any five digits) Were any children born or adopted in 2024? (Provide statement for other expenses.) Yes Yes No Were any children attending college? (Provide Form 1098-T and Form 1098-E.) Year in college Paid by you: Tuition \$ Books \$ Student loan interest \$ CHILDREN & EDUCATION Paid by student: Tuition \$ Books \$ Student loan interest \$ Did you pay any tuition for a private school for a dependent or take classes yourself? Yes No Amount paid \$ Name and address of school Yes Did you pay for child or dependent care so you could work or go to school? (Provide statement if applicable) Name of provider EIN or SSN Address Amount paid \$ Do you have any children who have unearned income of \$1,250 or more? Yes Did you make any contributions to a 529 plan in 2024? Yes No Did you, or will you, contribute any money to an IRA for 2024? Traditional IRA Roth IRA Yes Did you roll over any amounts from a retirement account in 2024? Yes No INVESTMENTS Yes No Did you sell or transfer any stock or sell rental or investment property? Did you receive any income from an installment sale? Yes No Did you have any investments become worthless or were you a victim of investment theft in 2024? Yes No Were you granted, or did you exercise, any employee stock options during 2024? Yes Did you (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise Yes No dispose of a digital asset (or a financial interest in a digital asset)? (Digital assets include cryptocurrencies, NFTs, and DEDUCTIONS bid you, or do you plan to, contribute money before April 15, 2024 to an HSA for 2024? If yes, provide details. Yes No Yes No Did you pay any interest on a loan for a boat or RV that has living quarters? If yes, provide details. Yes No Did you pay sales taxes on a major purchase in 2024, such as a vehicle, boat, or home? Did you make any charitable contributions in 2024? If yes, provide details. Yes No Yes No Did you work from a home office or use your car for your business? Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.)? Yes Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture? Yes No Yes No Did you purchase or sell a main home during the year? If yes, provide closing statement. Yes If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details. Yes No Did you refinance a mortgage or take a home equity loan? If yes, provide closing statement. Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home? Yes Did you make any new energy-efficient improvements to your home? If yes, provide details. Yes No Part-year resident Nonresident School district State information Full-year resident States of residence during 2024 and dates Do you rent or own your home? Rent Own Total rent paid \$ Includes heat? Yes No

### **Income Worksheet**

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, 1099-NEC, 1099-K, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicate	e "T" for taxpayer, "S" for spouse, "J" for joint			Prov	vide additional statem	nents if mo	ore room is needed
Forms V	W-2 — Wage and Tax Statement						
T/S	Employer name		T/S	Employe	er name		
	1)			4)			
	2)			5)			
	3)			6)			
Forms 1	1099-INT — Interest Income						
T/S/J	Name of issuer		T/S/J	Name of	issuer		
	1)			4)			
	2)			5)			
	3)			6)			
Forms 1	1099-DIV — Dividends and Distributions						
T/S/J	Name of issuer		T/S/J	Name of	issuer		
	1)			4)			
	2)			5)			
	3)			6)			
Forms 1	1099-R—Distributions From Pensions, Annuities, Ret	irement	t or Profit	-Sharing P	Plans, IRAs, Insurance	? Contract	ts, Etc.
T/S	Name of issuer		T/S	Name of	issuer		
	1)			4)			
	2)			5)			
	3)			6)			
If the di	istribution is before age 59½, give a reason to determin	ne if an	exception	to penalty	applies.		
Tax-Exe	empt Interest (such as municipal bonds—include stat	ement)					
Payer	\$		Payer				\$
Other I	ncome						
State ta:	x refund	\$			Unreported tips	\$	
Unemp	loyment compensation	\$			Other	\$	
Social S	Security (taxpayer) — provide SSA-1099 or RRB-1099	\$				\$	
Social S	Security (spouse)—provide SSA-1099 or RRB-1099	\$				\$	

## Sales and Exchanges Worksheet

Business income (see Sole Proprietorship Tax Organizer)

Rental income (see Rental Property Tax Organizer)

Gambling income—provide Form W-2G

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Stock sales

Sale of other property

See "Sales and Exchanges Worksheet" below.

\$

Description of property	Purchase date	Cost/basis	Sale date	Sale price
		\$		\$
		\$		\$
		\$		\$

#### Notes:

- When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.
- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

# **Itemized Deductions Worksheet**

Deductions must exceed \$13,850 Single, \$27,700 MFJ/QSS, \$20,800 HOH, or \$13,850 MFS to be a tax benefit.

include cost fo	r dependents—do 1	7.5% of income to be not include any expe vith funds from an F	enses that were		ride details of cor	\$500 in noncash cha ntributions. Rules rec all contributions.					
Dentists	\$	Hospitals	\$	Monetary (cash, ch	eck, credit card)		\$				
Doctors	\$	Insurance	\$	Noncash contributions (FMV). Clothing or household							
Equipment	\$	Prescriptions	\$	items must be in good used condition or better. \$							
Eyeglasses	\$	Other	\$	Did you transfer fu charity? Yes	ınds from an IRA No	directly to a	d.				
Medical miles:		@ 22¢		charity? Yes Charitable mileage		@ 14¢	\$				
		paid for full or partia iness use of the hom		Casualty and The		& 14¢					
State withhold			Reported on W-2			cted damage or loss					
State estimated	d taxes—paid in 202	24	\$	a theft in a federall preparer. Yes	y-declared disast	ter area, provide deta	alls to your tax				
Real estate tax	—residence		\$	1 1	emized Deducti	ons. Miscellaneous i	itemized				
Real estate tax	—other		\$	Miscellaneous Itemized Deductions. Miscellaneous itemized deductions subject to the 2% AGI limitation are not deductible on the							
Personal prope	Personal property taxes				porty tayes federal retur			federal return. However, these expenses may be deductible on your state			
Property tax re	efund—received in	2024	\$( )	return. For use of home, auto mileage, or other job-related expe provide information on a separate sheet. Were any expenses rei							
Foreign tax pa	id		\$	by your employer?							
Other			\$	Dues	\$	Subscriptions	\$				
Other			\$	Investment	\$	Supplies	\$				
Other			\$	expenses							
	n 2024 from prior ye			Job education	\$	Tax prep fees	\$				
(do not include	e interest or penaltie	es)	\$	Job seeking	\$	Tools	\$				
	receipts for sales tax		Yes No	Legal fees	\$	Uniforms	\$				
Did you purch Sales tax paid \$	ase a car, plane, boa B Purchase p		Yes No	Licenses	\$	Union dues	\$				
				Safety equipment	\$	Other	\$				
use or rental-u		rest paid for full or p ng business use of th on and ID numbers.		Other Deduction AGI limit.	s. The following	deductions are not s	ubject to the 2%				
Main home		Equity loan	\$	Gambling losses	\$	Federal estate tax on IRD	\$				
Second home	\$	Equity loan	\$	Impairment-	\$	Other	\$				
Points	\$	Investment interest	\$	related expenses							
Other D	eductions o	or Question	S								

- **Notes:** Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
  - Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
    Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

# **Adjustments Worksheet**

\$
\$
\$
\$
\$
\$
\$
Ask preparer
Ask preparer
\$

Estimated Tax Payments — Tax Year 2024								
Installment	Date paid	Federal	Date paid	State				
First		\$		\$				
Second		\$		\$				
Third		\$		\$				
Fourth		\$		\$				
Amount applied from 2022 overpayment		\$		\$				
Total		\$		\$				

# **Tax Preparation Checklist**

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange/marketplace), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought, sold, or refinanced real estate.

Mileage amounts for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.

Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2024.

## **Taxpayer Responsibilities**

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the returns carefully before signing to make sure the information is correct.
- Fees must be paid before your tax returns are delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer may be required for preparation of returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a duplicate copy in the future.

**Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer	Spouse	Date

# **Privacy Policy**

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your express written permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

# Sole Proprietorship Tax Organizer

Sole Propri	etor General Informati	ion				
Name of sole	e proprietor					
Business nar	me (if different)				EIN (if applicable)	
Business add	dress (if different from ho	me address)				
Principal bu	siness activity		Date business started	l	Date business closed	
Principal pro	oduct or service		·			
Yes No	Was the primary purp	pose of the busir	ess activity to realize a profit?			
Yes No	Did you materially pa	articipate (involv	ved in a regular, continuous, and substa	ntial basis) in	the operation of this b	usiness?
Yes No	Has the business repo	orted any losses	in prior years?			
Accounting	method: Cash Ad	ccrual Other	(specify)			
Yes No	Does the business file	under a calend	ar year? (If no, list the fiscal year.)			
Sole Propri	etor Specific Question	ıs				
Yes No	Did you pay any fam	ily members for	business services?			
Yes No	Did you make any pa	nyments of \$600	or more to subcontractors, attorneys, ac	countants, di	rectors, etc.?	
	If Yes, did you issue I	Form 1099-NEC?	List name and social security number (SS	N) for each per	son to whom you paid \$6	00 or more.
	Name				SSN	
	Name				SSN	
Yes No	Did you make, or do	you plan to mak	e, any contributions to a self-employed	l retirement p	lan?	
	Type of plan	-			Amount contributed	\$
Yes No	Did you pay for your	own health/de	ntal insurance? <i>If Yes, provide amount of p</i>	premiums paid	during the year.	\$
Yes No	Did you have any em	ployees?				
Yes No	Did you have any bar	rtering transaction	ons in 2024?			
Yes No	Did you have a Paych	neck Protection 1	Program (PPP) loan that was forgiven in	n 2024?		
Sole Propri	etor Business Income		-			
Gross receip	ts or sales (if you received	l Forms 1099-NE	C or 1099-K, list name of payer and amount	t separately from	n gross receipts or sales)	\$
Form 1099		\$	Form 1099-K	, , ,	\$	
Total of all F	orms 1099-NEC and 109	99-K received			· ·	\$
Returns (cas	h or credit refunds) and	allowances (dis	counts or reductions in selling price)			\$( )
	e (not included in gross r					\$
Form 1099-N	NEC. You may receive I	Form 1099-NEC	(instead of Form W-2) if you are not cl	assified as an	employee. If you rece	ive Form 1099-
			Profit or Loss From Business, claim any	expenses asso	ociated with the income	e received, and
	lf-employment (SE) tax					
Sole Propri	etor Cost of Goods So	ld (for manufactu	rers, wholesalers, and businesses that mak	ke, buy, or sell g	goods)	
Inventory at	the beginning of the year	ır				\$
Purchases le	ss costs of items withdr	awn for persona	l use			\$
Cost of labor						\$
Materials an						\$
	the end of the year					\$
Sole Propri	etor Business Expens	es				
Advertising		\$	Management fees	\$	Wages*	\$
Bad debts		\$	Meals – business (50% deduct.)	\$	Other	\$
Bank charges	3	\$	Office supplies	\$		\$
Business licer	nses	\$	Start-up costs (first year of business)	\$		\$
Commissions		\$	Pension and profit-sharing plans	\$		\$
Contract labor	or*	\$	Rent or lease – car, machinery, equipmen	nt \$		\$
Employee be	nefit programs	\$	Rent or lease – other business property	\$		\$
	alth care plans	\$	Repairs and maintenance	\$		\$
Entertainmer	nt (not deductible)	\$	Supplies (not included in inventory cost)	\$		\$
Gifts		\$	Taxes – payroll*	\$		\$
Insurance (ot	her than health insurance)	\$	Taxes – property	\$		\$
Interest – mo		\$	Taxes – sales	\$		\$
Interest – oth		\$	Taxes – state	\$		\$
Internet servi		\$	Telephone	\$		\$
	ofessional services	\$	Utilities	\$		\$
* Provide co	pies of Form W-3. Form	940. Form 941.	Form 1096, Form 1099-NEC, Form 1099	-MISC, and a	ny state tax forms filed	

Other Business	s Expenses – <i>L</i>	ist out type and expens	se amount						
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
	(use a separate fo	orm for each vehicle)			T				
Make/Model					Date car	placed in serv	ice		
		personal use during							
		spouse) have any oth	ner cars for person	al use?		trade in your		Yes N	О
	Do you have evid				Cost of t	trade-in	Trade-in	value	
Yes No Is	s your evidence				\$		\$		
		Mileage					Actual Expens	es	
Beginning of ye					Gas/oil		\$		
End of year odd					Insuran		\$		
Business mileag						fees/tolls	\$		
Commuting mi	ileage					tion/fees	\$		
Other mileage					Repairs		\$		
Generally, you opurposes. Howethen choose bet	vever, to use the tween either the	ne standard mileage standard mileage ra standard mileage ra	te, it must be used	in the f	irst year t				
Generally, you of purposes. Howethen choose bet Travel Expense  • Meals. You can home on busin	rever, to use the tween either the es an deduct the cosness. You can us	standard mileage ra standard mileage ra st of meals while trav se the actual cost of y	te, it must be used te method or actuate veling away from your meals or the	• Tra	vel/Lodg	ing. You can daveling away for	ble for busine	ss. In later	necessary exness purpose
Generally, you of purposes. Howethen choose bet Travel Expense  • Meals. You can home on busin	ever, to use the tween either the es an deduct the cosness. You can us I allowance per	standard mileage ra standard mileage ra st of meals while trav	te, it must be used te method or actuate veling away from your meals or the	• Tra per Inc	vel/Lodg	ing. You can daveling away from the transfer of the transfer o	ble for busine	ss. In later linary and ne for busi fare, taxi, lo	necessary exness purpose
Generally, you opurposes. Howethen choose bet  Travel Expense  • Meals. You can home on busing standard meal	ever, to use the tween either the es an deduct the cosness. You can us I allowance per	standard mileage ra standard mileage ra st of meals while trav se the actual cost of y	te, it must be used te method or actual veling away from your meals or the y by location.	• Tra per Inc	vel/Lodg	ing. You can daveling away from the transfer of the transfer o	ble for busine	ss. In later linary and ne for busi fare, taxi, lo	necessary exness purpose odging, etc.
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Generally, you opurposes. Howethen choose bet  Travel Expense  • Meals. You can home on busing standard meal	ever, to use the tween either the es an deduct the cosness. You can us I allowance per	standard mileage ra standard mileage ra st of meals while trav se the actual cost of y	te, it must be used te method or actual veling away from your meals or the y by location.	• Tra per Inc	vel/Lodg	ing. You can daveling away from the transfer of the transfer o	ble for busine	ss. In later linary and ne for busi fare, taxi, lo	necessary exness purpose odging, etc.
Generally, you opurposes. Howethen choose bet  Travel Expense  Meals. You can home on busing standard meal  City visited (for page 2)	rever, to use the tween either the es an deduct the corness. You can us al allowance per per diem)	standard mileage ra standard mileage ra st of meals while trav se the actual cost of y	te, it must be used te method or actual veling away from your meals or the y by location.	• Tra per Inc	vel/Lodg	ing. You can daveling away from the transfer of the transfer o	ble for busine	ss. In later linary and ne for busi fare, taxi, lo	necessary exness purpose odging, etc.
Generally, you of purposes. Howethen choose bet  Travel Expense  Meals. You can home on busing standard meal City visited (for purpose)  Travel expenses	rever, to use the tween either the es an deduct the corness. You can us al allowance per per diem)	standard mileage ra standard mileage ra st of meals while trav se the actual cost of y	te, it must be used te method or actual veling away from your meals or the y by location.  # of days in city	• Tra per Inc	vel/Lodg nses of tra luded exp	ing. You can daveling away from the transport diem)	leduct the order on your hone opportation, air	ss. In later linary and ne for busi fare, taxi, lo	necessary exness purpose odging, etc.
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**Depreciation.** Depreciation is the annual deduction that allows you to recover the cost or other basis of your business property over a certain number of years. Depreciation starts when you first use the property in your business. It ends when you either take the property out of service, deduct all your depreciable cost or basis, or no longer use the property in your business. The IRS has outlined a useful life (a set number of years) for most assets.

Equipment Sold or Disposed of During Year				
Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	
			\$	
			\$	
			\$	

**Disposition of Property.** A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

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

Area of home must be used regularly and exclusively for business except for storage or daycare.

Note: Managing rental activities or investments does not qualify for business use of the home.

All Taxpayers	For Daycare Only		
A) Business use area (square footage)		1) Hours used for daycare	
B) Total area of home (square footage)		2) Total hours in year	8,760 hrs.

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home during 2024, copy this worksheet and fill out one for each home.

	Direct	Indirect		Direct	Indirect
Mortgage interest	\$	\$	Repairs and maintenance	\$	\$
Property taxes	\$	\$	Utilities	\$	\$
Insurance	\$	\$	Other	\$	\$
Rent	\$	\$	Other	\$	\$
Depreciation of the Home					
Lower of cost or fair marke	t value of home	\$	Improvements?	Yes No	
Value of land		\$	Casualty losses in 2024?	Yes No	

### 1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if you use the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening.

The exclusive use test is not required for:

- An area used on a regular basis for storage of inventory or product samples.
- A home used as a daycare facility.

Storage of inventory or product samples—exception to exclusive use test. If you use part of a home for business to store inventory or product samples, you are not required to meet the exclusive use test. However, you must meet all the following tests.

- You are in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- You home is the only fixed location of the business.
- The storage space is used on a regular basis.
- The storage space is a separately identifiable space suitable for storage.

### 2) Regular Use Test—Business Use of Home

The regular use test means you must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

### 3) Trade or Business Use Test—Business Use of Home

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

### 4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered.

- The relative importance of the activities performed at each place where business is conducted, and
- The amount of time spent at each place where business is conducted.

A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.

### **Self-Employment (SE) Tax**

- SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.
- You must pay SE tax if your net earnings from self-employment were \$400
  or more, or you had church employee income of \$108.28 or more. The SE
  tax rules apply no matter how old you are and even if you are already
  receiving Social Security or Medicare benefits.
- The SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$160,200 (2024) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.