BASIC TAXPAYER AND SPOUSE INFORMATION Taxpayer's Name SSN DOB / / Occupation Spouse's Name______ SSN_____ DOB __/_/ Occupation_____ State Mailing Address: Street City____ Zip_____ State____ Zip____ Physical Address: Street____ City____ Taxpayer Email Spouse Email Home_ Cell Taxpayer Phone Home_____ Cell ____ Spouse Phone Status as of 12/31/2024: Married _____ Civil Union ____ Single ____ Unmarried widow(er) _____ If you resided in more than one state during the year, provide the period of residence in each location. State #1_____ From ___/_/ To / _/___ Own or Rent_____ State #2_____ From ___ / ___ DEPENDENT INFORMATION # Months living 2024 Full-Time Relationship with you in 2024 DOB SSN Name Student (Y or N) A) D) PROCESSING OF POTENTIAL REFUND Yes No I do want a portion of my refund applied to my 2025 income taxes: Yes No _____ I do want my refund direct deposited: BANK INFORMATION FOR DIRECT DEPOSIT OF REFUND (IF APPLICABLE) Bank name_____ Type of account: Savings_____ Checking____ Account number Bank routing number PLEASE PROVIDE THE FOLLOWING TAX FORMS AND CHECK THE BOX IF PROVIDED TO US: W-2 (Wages) 1095-A, 1095-B, 1095-C SSA-1099 (Social Security) 1099-R (Retirement) 1099-INT (Interest), 1099-DIV (Dividends), 1099-B (Proceeds) 1099-MISC / 1099-NEC (Rents, other) 1099-SA (Distribution from Health Savings Account) _1099-Q (Payments from Qualified Education Programs) _1098-Mortgage Interest 1098-E (Student Loan Interest) 1098-T (Tuition Statement) College/University statement of tuition charges and payments Schedule K-1(Partnerships, S-Corporations, Estate, Trusts) Property tax bills – 2 most recent annual bills Prior year federal and state tax returns (Not necessary if prior year return was prepared by us) Any other document marked "Important tax documents enclosed" Any IRS or state notices relating to a prior year's tax return

<u>GE</u>	NERAL QUESTIONS ("For tax year 2024")	YES	<u>NO</u>			
1.	Did any births, adoptions, marriages, divorces or deaths occur in your immediate family? Description of change in immediate family:					
2.	Did you have any interests in, or signature authority over a bank account, securities, pension fund or other financial account in a foreign country?					
3.	Did you make any federal quarterly estimated payments? This does not include payroll withholding reported on a W-2 by your employer. PLEASE PROVIDE THE DATES AND AMOUNTS PAID					
4.	Did you make any state quarterly estimated payments? This does not include payroll withholding reported on a W-2 by your employer. PLEASE PROVIDE THE DATES AND AMOUNTS PAID					
HE	AD OF HOUSEHOLD AND DEPENDENT QUESTIONS ("For tax year 2024")	YES	<u>NO</u>	<u>N/A</u>		
5.	a. Do you have any dependents who must file an income tax return?					
	b. If yes, do you want us to prepare the dependent's income tax return?					
6.	Are each of your dependents, listed on page 1, a US citizen, national or resident of the United States?					
7.	Did any of the dependents, listed on page 1, provide more than half of their own support?					
8.	Have any of your dependents, listed on page 1, been convicted of a felony?					
9.	Did you maintain a home and provide over half of the household costs, which is the principal place of abode of a dependent, for more than half the tax year?					
10.	Are any of the qualifying children or qualifying relatives you are claiming as dependents married and filing a joint return with their spouse?					
11.	Claiming a qualifying child for the Earned Income Tax Credit, Child Tax Credit, Additional Child Tax Credit, and Other Dependent Credit are covered by IRS tiebreaker rules when more than one person meets the tests to claim the child. Are there any other individuals who could claim any of the dependents listed in page 1?					
12.	Is there an active Form 8332, "Release/Revocation of Claim to Exemption for child by Custodial Parent"? <i>If so, please provide a copy.</i>					
13.	Do you have proper documentation to substantiate eligibility for the following credits and Head of Household status, if applicable; Earned Income Tax Credit, Child Tax Credit, Additional Child Tax Credit, Other Dependent Credit and the American Opportunity Tax Credit?					
14.	Were any of the tax credits or head of household status, identified in the previous question, disallowed or reduced by the IRS in a previous tax year?					
ove	Note: A taxpayer may not claim the Child Tax Credit or the Additional Child Tax Credit if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child unless the child's custodial parent has released a claim to exemption for the child.					
HE	ALTH COVERAGE QUESTIONS ("For tax year 2024")	YES	<u>NO</u>	<u>N/A</u>		
15.	Did you, the Taxpayer, have health insurance?					
16.	Did your spouse have health insurance?					
17.	Did you receive Medicaid insurance through Vermont Health Connect?					
18.	Did you, your spouse or dependent purchase a health insurance plan through the Vermont Health Connect or other Health Exchange? <i>If yes, please provide Form 1095-A.</i>					
19.	Did you or your spouse's health insurance plan cover someone you are not claiming as a dependent?					
20.	Were you, your spouse or any of your dependents covered by someone else's health plan?					
21.	Was the taxpayer eligible to participate in an employer sponsored health insurance plan?					
22.	Was the spouse eligible to participate in an employer sponsored health insurance plan?					
23.	If self-employed did you or your spouse pay for health insurance through a plan other than through an employer sponsored plan?					

INC	COME ("For tax year 2024")	YES	<u>NO</u>	<u>N/A</u>
24.	Did you receive a distribution from an IRA or other qualified plan that was <u>rolled over</u> <u>into another IRA or qualified plan</u> within 60 days of the distribution?			
25.	Did you receive income from legal proceedings or cancellation of debt?			
26.	Did you receive any disability payments?			
27.	Did you sell or purchase a principal residence or other real estate? If yes, please provide the settlement statement sheet and Form 1099-S			
28.	Did you receive unemployment compensation? If yes, provide Form 1099-G.			
29.	Did you receive or pay alimony?			
30.	Were you granted, or did you exercise any stock options?			
31.	Did you have any interests in partnerships, LLCs, S corporations? If yes, provide Schedule K-1.			
32.	Were you the beneficiary of a trust or estate? If yes, provide Schedule K-1.			
33.	Were you the grantor or beneficiary of a foreign trust or estate?			
34.	Did you have any income from rental property? If yes, complete the Schedule E Worksheet*			
35.	Did you have any income not identified in this Tax Organizer? If yes, please provide a description of the income and the amount.)			
36.	Did you have any foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms?			
37.	Did you have any income as a self-employed sole proprietor? (If yes, complete Business Income Tax Return Data Organizer.*)			
	*The Business Income Tax Return Data Organizer and Schedule E Worksheets are available at www.pa	aceandhaw	ley.com	
<u>DE</u>	DUCTIONS / CREDITS ("For tax year 2024")	<u>YES</u>	<u>NO</u>	<u>N/A</u>
38.	Did you contribute to an employer sponsored qualified retirement plan (e.g. 401(k), 403(b), etc.)?			
	Did you contribute to an employer sponsored qualified retirement plan (e.g. 401(k), 403(b), etc.)? Did you contribute to the "Vermont Saves" retirement program sponsored by the State Treasurer?			
39.				
39. 40.	Did you contribute to the "Vermont Saves" retirement program sponsored by the State Treasurer? Did you contribute to a traditional IRA, Roth IRA, or SEP-IRA for tax year 2024? <i>If yes, please</i>			
39. 40. 41.	Did you contribute to the "Vermont Saves" retirement program sponsored by the State Treasurer? Did you contribute to a traditional IRA, Roth IRA, or SEP-IRA for tax year 2024? If yes, please provide a statement showing the amount of contributions for the tax year and specify type of plan. If eligible, would you like to consider making an IRA contribution before April 15, 2025			
39.40.41.42.	Did you contribute to the "Vermont Saves" retirement program sponsored by the State Treasurer? Did you contribute to a traditional IRA, Roth IRA, or SEP-IRA for tax year 2024? If yes, please provide a statement showing the amount of contributions for the tax year and specify type of plan. If eligible, would you like to consider making an IRA contribution before April 15, 2025 for tax year 2024? If yes, how much, specify the type of plan and indicate taxpayer or spouse Did you contribute to a Health Savings Account (HSA) for tax year 2024? If yes, please provide			
39.40.41.42.43.	Did you contribute to the "Vermont Saves" retirement program sponsored by the State Treasurer? Did you contribute to a traditional IRA, Roth IRA, or SEP-IRA for tax year 2024? If yes, please provide a statement showing the amount of contributions for the tax year and specify type of plan. If eligible, would you like to consider making an IRA contribution before April 15, 2025 for tax year 2024? If yes, how much, specify the type of plan and indicate taxpayer or spouse Did you contribute to a Health Savings Account (HSA) for tax year 2024? If yes, please provide an annual bank summary statement for your health savings account for 2024. If eligible, would you like to consider making an HSA contribution before April 15, 2025			
39.40.41.42.43.44.	Did you contribute to the "Vermont Saves" retirement program sponsored by the State Treasurer? Did you contribute to a traditional IRA, Roth IRA, or SEP-IRA for tax year 2024? If yes, please provide a statement showing the amount of contributions for the tax year and specify type of plan. If eligible, would you like to consider making an IRA contribution before April 15, 2025 for tax year 2024? If yes, how much, specify the type of plan and indicate taxpayer or spouse Did you contribute to a Health Savings Account (HSA) for tax year 2024? If yes, please provide an annual bank summary statement for your health savings account for 2024. If eligible, would you like to consider making an HSA contribution before April 15, 2025 for tax year 2024? Did you receive any distributions from a health savings account (HSA)?			
39.40.41.42.43.44.45.	Did you contribute to the "Vermont Saves" retirement program sponsored by the State Treasurer? Did you contribute to a traditional IRA, Roth IRA, or SEP-IRA for tax year 2024? If yes, please provide a statement showing the amount of contributions for the tax year and specify type of plan. If eligible, would you like to consider making an IRA contribution before April 15, 2025 for tax year 2024? If yes, how much, specify the type of plan and indicate taxpayer or spouse Did you contribute to a Health Savings Account (HSA) for tax year 2024? If yes, please provide an annual bank summary statement for your health savings account for 2024. If eligible, would you like to consider making an HSA contribution before April 15, 2025 for tax year 2024? Did you receive any distributions from a health savings account (HSA)? If yes, please provide from 1099-SA Did you use distributions from a health savings account (HSA) for purposes other than			
39.40.41.42.43.44.45.46.	Did you contribute to the "Vermont Saves" retirement program sponsored by the State Treasurer? Did you contribute to a traditional IRA, Roth IRA, or SEP-IRA for tax year 2024? If yes, please provide a statement showing the amount of contributions for the tax year and specify type of plan. If eligible, would you like to consider making an IRA contribution before April 15, 2025 for tax year 2024? If yes, how much, specify the type of plan and indicate taxpayer or spouse Did you contribute to a Health Savings Account (HSA) for tax year 2024? If yes, please provide an annual bank summary statement for your health savings account for 2024. If eligible, would you like to consider making an HSA contribution before April 15, 2025 for tax year 2024? Did you receive any distributions from a health savings account (HSA)? If yes, please provide from 1099-SA Did you use distributions from a health savings account (HSA) for purposes other than for payment of qualified medical expenses?			
39.40.41.42.43.44.45.46.47.	Did you contribute to the "Vermont Saves" retirement program sponsored by the State Treasurer? Did you contribute to a traditional IRA, Roth IRA, or SEP-IRA for tax year 2024? If yes, please provide a statement showing the amount of contributions for the tax year and specify type of plan. If eligible, would you like to consider making an IRA contribution before April 15, 2025 for tax year 2024? If yes, how much, specify the type of plan and indicate taxpayer or spouse Did you contribute to a Health Savings Account (HSA) for tax year 2024? If yes, please provide an annual bank summary statement for your health savings account for 2024. If eligible, would you like to consider making an HSA contribution before April 15, 2025 for tax year 2024? Did you receive any distributions from a health savings account (HSA)? If yes, please provide from 1099-SA Did you use distributions from a health savings account (HSA) for purposes other than for payment of qualified medical expenses? Did you incur expenses as an elementary or secondary educator? If yes, how much:	rom		

		<u>YES</u>	<u>NO</u>	<u>N/A</u>		
50.	Did you make any qualified energy efficiency improvements to your home? If yes, please provide a description and the amount paid by improvement category: Description: Amount Amount					
51.	Did you pay any property taxes? If yes, please provide your two most recent property tax bills and the amounts paid in 2024.					
52.	Did you pay mortgage interest? If yes, please provide Form 1098 or provide the name, SSN of the individual to whom you paid the mortgage.					
53.	Did you make any charitable contributions? If yes, please provide the name, amount of the contribution and description if the contribution was not a cash, check, or credit card.					
54.	Did you make any payments on student loans? If yes, please provide Form 1098-E.					
55.	Did you pay for child-care for your dependent so that you and your spouse could work? <i>If yes, please provide the amount paid for each dependent</i> and <i>the name, SSN/EIN, address</i> and telephone number of the <i>day care provider</i> .					
56.	Did you have any other deductions not listed above? If yes. provide a description and amount.					
57.	Did you make any contributions to the VT Higher Education Investment plan? If yes, please provide the annual statement for each account.					
58.	At any time during 2024, did you (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a <u>digital asset</u> (such as cryptocurrency).					
ST.	ATE QUESTIONS ("For tax year 2024")	YES	<u>NO</u>	<u>N/A</u>		
59.	Did you have income from a state other than the state of your residence?					
60.	Are you required to pay the Vermont or other state Use Tax which is defined as tax on out-of-state /internet purchases where the retailer did not withhold sales tax? If yes, please provide the amount of the <u>purchases</u> subject to the use tax:					
61.	Did anyone other than you, your spouse and dependents live with you and have income? If yes, please provide a description of the income and amount.					
62.	Did any dependent living with you have more than \$6,500 of earned income? If yes, please provide a description of the income (Wages, self-employment etc.) and amount.					
63.	Did any dependent have any unearned (interest, dividends etc.) income? If yes, please provide a description of the income and amount.					
64.	Did any household members receive gifts of \$6,500 or more for the year? <i>If yes, please provide the amount.</i>					
65.	Do you own real estate in VT? If yes, complete the following:					
	a. Do you expect to be a VT resident and own and occupy your property on April 1, 2025?					
	b. Did you live in VT for the entire 2024 calendar year?					
66.	Do you expect to buy or sell your primary residence between January 1, 2025, and April 1, 2025?					
67.	Did you rent for 12 months in VT in calendar year 2024? If yes, complete the following:					
	a. Would you like us to complete the Renter Rebate Claim?					
inf	I have read and understood the above information and have provided you all income received in the tax year. The information I have provided is correct to the best of my knowledge. I have read and agreed to the terms in the 2024 1040 Engagement Letter.					
Тах	xpayer Signature: Date:					