

December 27, 2024

Dear Friends,

Our team at Jeb Williamson CPA LLC looks forward to serving you during the upcoming tax season. It is important that you read this entire letter, especially the "PLEASE NOTE" section.

Please complete the enclosed 2024 Tax Year Questions to prevent important information needed to prepare a complete and accurate return from being overlooked. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

Please also complete the enclosed Bank & Identity Authentication form to (1) verify your Direct Deposit account and (2) update your driver's license issue and expiration dates if your license expired during the past year or will expire before your returns are processed.

Please read and sign the 2024 Form 1040 Tax Engagement Letter and include it when you submit your tax information to our office. It is very important that we have this document signed <u>before</u> we begin preparing your return.

Please read and sign the 2024 Consent to Disclosure of Tax Return Information form and include it when you submit your tax information to our office.

We will also need the following information (if applicable and not already on file):

- Forms W-2, Forms 1099 for interest, dividends, retirement, rent, contractor pay, Social Security
- Brokerage statements showing investment transactions and cost basis for items sold
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-
- Q. Please provide December College Counts 529 statement with YTD contribution amounts if applicable.
- All Forms 1095-A related to health care coverage or the Premium Tax Credit
- Copies of closing statements (HUD-1) regarding the sale of real property or any related refinancing.
- Any tax notices sent to you by the IRS or other taxing authority (if not previously provided)

PLEASE NOTE:

- (1) To encourage you to bring your tax information early our firm will again enter <u>all clients who check in ALL of their required tax information by February 20th</u> into a drawing for a prize. We have increased the prize amount as an additional incentive. The single winner of the drawing from the eligible clients will receive their choice of a \$750 AirBNB travel gift card or a \$750 gift certificate to Mary Carter Store in Cullman.
- (2) It is very important that you <u>not</u> deliver your tax information to our firm until you have received <u>all</u> of your expected information (Forms 1099 from brokers, missing deductions, etc). If we are required to reprocess your returns because we did not have all of your information when your returns were prepared, there will be a \$75 re-processing fee.
- (3) We continue to request that clients who come to our office to sign completed returns (instead of Liscio delivery) do so <u>between 1:00PM-4:30PM Monday-Friday</u>. If mornings are more convenient, please call our office at 256-734-7393 to schedule an appointment. It is important that you make arrangements to sign and pay for your completed tax returns within 7 business days of being notified that they are ready. Payment of our firm's invoice for preparing your tax return must be received prior to our firm electronically filing or releasing your tax returns for mailing.
- (4) In order to meet the initial filing deadline, your completed client organizer and other information must be received by our office <u>no later than 3/13</u>. Any information received after 3/13 will require that an

extension be filed for your return. Any expected tax due and applicable estimated taxes must be paid with that extension to avoid late payment penalties and interest. <u>We do not automatically file extensions for</u> <u>clients - you must notify us</u> if you wish us to file an extension. Extensions due to late client submission of tax information will result in an additional fee of \$50.

- (5) We continue to use Liscio as a <u>secure alternative</u> to email. Other than emailing you the link to activate your Liscio account and alerts that new messages are available on Liscio, **our firm will no longer communicate with you using email and highly discourages your use of email to contact or correspond with our firm.** If you email our firm we will only respond via Liscio and if you have not activated your account you will need to do so at that time in order to read our reply. If you prefer dropping off and picking up your tax items in person or mailing your information to our firm that continues to be acceptable and you are not required to have a Liscio account.
- (6) This year's IRS filing deadline is 4/15. Our firm's internal filing deadline is at noon on 4/15 and you will need to make arrangements to sign and pay for your returns before this time or we will file an extension on your behalf.
- (7) The last day that an extended 2024 individual income tax return can be filed is 10/15. Information for extended tax returns must be received by our office no later than 9/13 in order for us to complete your return by the final deadline. You will need to make arrangements to sign and pay for your extended returns before noon on 10/15.

Thank you for your business, *Jeb Williamson, CPA, LLC*

Please circle Yes or No and include all necessary details and documentation.

Personal Information		
Did your marital status change during the year?	Y	Ν
If yes, explain:		
Did you live separately from your spouse during the last six months of the year? Do you have a written separation agreement and were not living in the same	Y	Ν
household by the end of the year?	Y	Ν
Did your address change from last year?	Y	Ν
Did your or your spouse's Driver License used for efile identification		
expire during the last year? If so, please update Bank & Identity Authentication	Y	Ν
Can you be claimed as a dependent by another taxpayer?	Y	Ν
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?	Y	Ν
Did you or anyone in your household receive an Identity Protection PIN (IP PIN)		
from the IRS or have you been you been a victim of identity theft? If yes, attach		
the IRS letter(s) with your IP PIN(s).	Y	Ν
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 and other disaster situations.	Y	Ν
Dependent Information		
Were there any changes in dependents from the prior year?	Y	Ν
If yes, explain:		
Do you have any children under age 19 or a full-time student under age 24 with	• 7	
unearned income in excess of \$2,600?	Y	N
Do you have dependents who must file a tax return?	Y	N
If so, would you like our firm to prepare the dependent's tax returns?	Y	Ν
Did you provide over half the support for any other person(s) other than your dependent children during the year?	Y	Ν
Did you pay for child care while you worked, looked for work, or while a	1	14
full-time student?	Y	Ν
Is there any other person(s) who lived with you more than half the year but not	•	11
claimed by you last year?	Y	Ν
Did you pay any expenses related to the adoption of a child during the year?	Y	Ν
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?	Y	Ν
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	Y	Ν
Did you have onwership interest in any type of business?	Y	Ν
Did you sell, exchange, or purchase any assets used in your trade or business?	Y	Ν
Did you acquire a new or additional interest in a partnership or S corporation? Did you sell, exchange, or purchase any real estate during the	Y	Ν
year? (attach HUD-1, 1099-S, and cost basis of property sold)	Y	Ν
Did you purchase or sell a principal residence during the year?	Y	Ν
	Y	Ν
Did you acquire or dispose of any stock during the year?	Y	Ν
Did you take out a home equity loan this year?	Y	N
Were the proceeds of home equity loan used to buy, build, or improve your home?	Y	N
Did you refinance a principal residence or second home this year? If so, please provide the settlement statement showing any origination fees/points and the term of the refinanced loan.	Y	N
Did you sell an existing business, rental, or other property this year?	Y	N

Did you lend money with the understanding of repayment and this year it		
became totally uncollectable?	Y	Ν
Did you have any debts canceled or forgiven this year, such as a home mortgage or		
student loan(s)?	Y	Ν
Did you purchase a new or previously owned Clean vehicle this year that is eligible	V	NI
for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer.	X	Ν
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?	v	Ν
Did you receive any income from property sold prior to this year?	Ŷ	N
Did you receive any member from property sold prior to this year?	Ŷ	N
Did you receive any disability income during the year?	Ŷ	N
Did you receive any Medicaid waiver payments as difficulty of care during the year?		N
Did you receive tip income not reported to your employer this year?	Ŷ	N
Did any of your life insurance policies mature, or did you surrender any policies?	Ŷ	N
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	Ŷ	N
Did you receive any income considered to be nonemployee compensation?	Y	Ν
Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement	T 7	
for work done in what is commonly referred to as the "gig" economy?	Y	N
Do you expect a large fluctuation in income, deductions, or withholding next year? Did you have any sales or other exchanges of digital assets (including from an	Y	Ν
airdrop or a hard fork, or used digital assets to pay for goods or services?	Y	Ν
Retirement Information		
Did you receive any Social Security benefits during the year?	Y	Ν
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP,		
401(k), or other qualified retirement plan?	Y	Ν
If yes, were any withdrawals due to a Federally declared disaster?	Y	Ν
Did you receive any lump-sum payments from a pension, profit sharing or	X 7	NT
401(k) plan?	Y	Ν
If you have a Form 1099-R with a distribution code of 1, does it qualify for an exception to the 10% early withdrawal penalty? If yes, explain:	Y	Ν
(i.e. indirect rollover within 60 days, tuition, first-time home, medical, etc):	1	1
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP,		
401(k), or other qualified retirement plan?	Y	Ν
Did you make any qualified charitable distributions (QCD) directly from your		
IRA accounts during the year? If yes, please provide a listing of charities		
receiving donations and amounts.	Y	Ν
Education Information		
Did you, your spouse, or your dependents attend a post-secondary school	X 7	NT
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,	Y	Ν
your spouse, or a dependent?	Y	Ν
Did anyone in your family receive a scholarship of any kind during the year?	Y	N
If yes, were any of the scholarship funds used for expenses other than tuition,	1	1
such as room and board?	Y	Ν
Did you make any withdrawals from an education savings or 529 Plan account?	Y	N
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a		
Better Life Experience) account?	Y	Ν
Did you make any contributions to an education savings or 529 Plan account?	Y	Ν
If so, please attach Alabama CollegeCounts statements for December if applicable		
Did you pay any student loan interest this year?	Y	Ν
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	Y	Ν
Would you like a worksheet to aid in the completion of a Free Application for	V	N ⊺
Federal Student Aid (FAFSA) with the U.S. Department of Education?	Y	Ν
If yes, for which school year?		

Health Care Information

Health Care Information	
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under	T 7 N 7
the Affordable Care Act (please provide 1095-A)?	Y N
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?	Y N
Did you pay long-term care premiums for yourself or your family?	Y N
Did you make any contributions to an ABLE (Achieving a Better Life	
Experience) account?	Y N
Did you receive any withdrawals from an ABLE (Achieving a Better Life	
Experience) account?	Y N
If you are a business owner, did you pay health insurance premiums for your	V / N
employees this year?	Y N
Itemized Deduction Information	
Did you incur a non-business casualty or theft loss or any condemnation awards	
during the year after adjusting for insurance reimbursements?	Y N
If yes, did the loss occur in a Federally declared disaster area?	Y N
Did you incur a business/rental/farm casualty or theft loss	
during the year (any amount)?	Y N
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	Y N
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? If yes, attach Form 1098-C	Y N
or other written acknowledgment from the donee organization.	Y N
Did you pay real estate taxes for your primary home and/or second home?	Y N
Did you pay any mortgage interest on an existing home loan? Attach Forms 1098	Y N
Did you incur interest expenses associated with any investment accounts you held?	Y N
Did you make any major purchases during the year (cars, boats, etc.)?	Y N
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?	Y N
Miscellaneous Information	
Did you make gifts of more than \$18,000 to any individual?	Y N
Did you regularly & exclusively utilize an area of your home for business purposes?	Y N
If yes, please provide square footage of home office area & entire home	
Did you engage in any bartering transactions?	Y N
Did you retire or change jobs this year?	Y N
Did you incur moving costs because of a permanent change of station as a member	
of the Armed Forces on active duty?	Y N
Did you pay any individual as a household employee (issued W2) during the year?	Y N
Did you make energy efficient improvements to your main home this year? If yes, please provide details of type and amounts	Y N
Did your business, farm, or rental activity pay \$600 or more for services or rental	
to any individuals or unincorporated entities?	Y N
If Yes to above question, did you issue a Form 1099 to individual and IRS?	Y N
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	Y N
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?	Y N
Do you have any foreign financial accounts, foreign financial assets, or hold	* 7 * -
interest in a foreign entity?	Y N
Did you receive correspondence from the State or the IRS? If yes, explain:	Y N

Do you have previous years of tax returns that are either unfiled or filed with		
unpaid balances due?	Y	Ν
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.	Y	Ν
Are you willing to pay any current year taxes and estimated taxes by bank draft		
to eliminate the chances of lost or delayed mail and IRS/State Correspondence?	Y	Ν
If yes, please provide bank information.		
Would you like to receive your tax return via Liscio & use e-signature* INSTEAD	<u> DF</u>	
coming by the office to sign returns?	Y	Ν
*both taxpayer AND spouse must have an activated Liscio account in order to quali	fy	
and you must make arrangements to pay your tax preparation fee prior to e-filing.		
For next year would you like to receive this Client Organizer electroncially		
via Liscio instead of by mail?	Y	Ν



2024 Form 1040 Tax Engagement Letter

Client Name(s):

1. We are pleased to confirm our understanding of the arrangements for your individual 2024 Form 1040 income tax return(s). This letter confirms the services you have asked our firm to perform and the terms under which we have agreed to do that work. Please read this letter carefully because it is important to both our firm and you that you understand what you can and cannot expect from our work. In other words, we want you to know the limitations of the services you have asked us to perform. If you are confused at all by this letter or believe we have misunderstood what you need, please call us before you sign it.

2. This engagement letter represents the entire agreement regarding the services described herein and supersedes all prior negotiations, proposals, representations or agreements, written or oral, regarding these services. It shall be binding on the heirs, successors and assigns of you and us. The Internal Revenue Service imposes penalties on taxpayers, and on us as return preparers, for failure to observe due care in reporting for income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to confirm the following arrangements. We will prepare the returns from information which you will furnish to us. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. We will furnish you with any questionnaires and/or worksheets that you request to guide you in gathering the necessary information. Your use of such forms will help you avoid overlooking important information and contribute to the cost-efficient preparation of your returns. To the extent we render any accounting and/or bookkeeping assistance, including (but not limited to) telephone calls, letters, emails and 3rd party consultations it will be limited to those tasks we deem necessary for preparation of the returns and will be billed at our standard billing rates and minimums.

Tax Preparer Responsibilities

3. We will prepare your 2024, and only your 2024 Federal and Specific State(s)/Cities: Alabama, individual income tax Form 1040 and the related Federal and Specific State(s)/Cities income tax return schedules from information you furnish us. We will not audit, review, compile or otherwise verify the data you submit although we may ask you to clarify some of the information. Our minimum fee to prepare an individual federal and Alabama tax return is \$370 (\$240 Federal + \$130 Alabama), and your fee will be based upon the applicable minimum billing rates per form and the amount of time required to complete your return and to conduct related consultations not billed separately. If applicable (monthly clients only), our fee is based on the Client Service Agreement. We are not responsible for returns prepared by other preparers. If you have taxable activity in a state/city other than that specifically listed you are responsible for providing our firm with all information necessary to prepare any additional applicable state(s)or local income tax returns as well as informing us of the applicable states. We will prepare only those state/city returns specifically listed above.

4. We are responsible for preparing only the specific individual income tax forms for the specified reporting agencies listed in number 3, above. Any other required services, forms or other actions on our part require a separate written, signed engagement letter. In the absence of written communications from us documenting such services, our services will be limited to and governed by the terms of this engagement letter. Our services are not intended to determine whether you have filing requirements other than the one(s) which you have requested in paragraph 3 above.

Taxpayer Responsibilities

5. Please note that any person or entity subject to the jurisdiction of the United States (includes individuals, corporations, partnerships, trusts, and estates) having a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having an aggregate value exceeding \$10,000 in a foreign country, shall report such a relationship. Although there are some limited exceptions, filing requirements also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). Failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties. Such disclosure includes filing Form 8938 with this Form 1040. If you do not provide our firm with information regarding any interest you may have in a foreign account, we will not be able to prepare any of the required Income Tax related forms, and penalties may be due, for which we have no responsibility. In the absence of such information being provided we will presume you do not have any foreign assets or financial interests and will not file any applicable disclosure forms without separate written authorization.

6. If you and/or your entity have a financial interest in any foreign accounts, you are also responsible for filing Form FinCen 114 directly with the U.S. Department of the Treasury on or before April 15th of each tax year. US citizens are required to report worldwide income on their US tax return. Unless otherwise specifically agreed in writing, we will not prepare, file, or provide assistance with this form. If you would like to add Form 114 to this engagement, please use the Comments or Additional Requests space provided at the end of this letter.

7. Recent Form 1040 changes require that you report any activity you may have in cryptocurrency including mining, sale, barter, etc. By your signature below, you accept responsibility for informing us if you believe that you fall into one of the above categories and you agree to provide us with the information necessary to prepare the appropriate form(s). We assume no liability for penalties associated with the failure to file or untimely filing of any of these forms. Cryptocurrency activity may require reporting to determine filing requirements or to file any tax returns for foreign countries or localities.

8. You acknowledge that you have reported all 2024 income you received including barter, crypto-currency, consumerto-consumer activity, cash-based revenues, foreign or non-US income, and all other income whether received inperson, in-kind, or electronically. You also confirm that you have or will timely file any applicable Forms W-2 and W-3 and 1099 with the Social Security Administration and IRS for business employees or home workers.

8a. Assisting you with your compliance with the Corporate Transparency Act ("CTA"), including beneficial ownership information ("BOI") reporting, is not within the scope of this engagement. You have sole responsibility for your compliance with the CTA, including its BOI reporting requirements and the collection of relevant ownership information. We shall have no liability resulting from your failure to comply with CTA. Information regarding the BOI reporting requirements can be found at https://www.fincen.gov/boi. Consider consulting with legal counsel if you have questions regarding the applicability of the CTA's reporting requirements and issues surrounding the collection of relevant ownership information.

Other Items

9. Unless you pay the Optional Audit Retainer Fee with the applicable tax year's return preparation fee, our fee does not include responding to inquiries or examination by taxing authorities or third parties. You will be separately billed for related time and expenses involved. However, we are available to represent you and our fees for such services are at our standard rates and would be covered under a separate engagement letter. You agree to immediately notify us upon receipt of any correspondence from any agency covered by this letter. Please do not respond to or click on any links from emails purportedly from the IRS-the IRS never initiates correspondence via email and any such emails are attempts to steal your identity. Additionally in order to protect your identity we will verify your birthdate and social security number when you call or visit our office.

10. It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, and the required documents to support charitable contributions for three years from the filing date. It is also your responsibility to carefully examine and approve your completed tax returns before signing and mailing them to the tax authorities. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest. We will rely, without further verification, upon information you provide to us from 3rd parties including, but not limited to, K1's, 1099s, 1098s, and receipts and similar items. We DO NOT automatically file tax extensions for clients-you must notify us if you wish us to file an extension, and the notification should include your estimate of any balance due with the extension. We must receive all of your information by March 13 in order to complete your return in a timely manner and information received after that date may cause your return to be extended and completed after the April 15 due date. Extensions will be billed separately at \$50. Failure to file an extension may make you subject to various penalties and interest. Additionally, if your return is extended it does not relieve you from paying any tax due on the due date or making quarterly estimated tax payments for the current year. Failure to pay any tax due with the extension or failure to pay guarterly estimated tax payments may make you subject to various penalties and interest. The IRS deadline for filing your return is April 15 this year, but please note that our firm's deadline is noon on April 15. You will need to make arrangements to sign and pay for your returns before noon on April 15. The last day that an extended individual income tax return can be filed is October 15 and you will need to make arrangements to sign and pay for your returns before noon on October 15. Information for extended tax returns must be received by our office no later than September 13 in order for us to complete your return by the final deadline. Information received after September 13 will require that you sign an Acknowledgement of Late Submitted Tax Return Information form and you will agree to not hold our firm responsible for the timeliness of the return or any penalties or interest for failure to file timely.

10a. Social media correspondence with us does not constitute tax advice or representation because of its abbreviated nature. We do not retain any such electronic correspondence and have no responsibility to do so. Written correspondence and advice from us is solely represented by surface mail and secure messages through Liscio. No other communication from us may be relied upon, nor is it meant to be relied upon.

11. Equity loans are not deductible unless the mortgage funds are used to buy, build or improve your personal residence and does not exceed the allowable mortgage debt. To comply with these rules we need to know any amounts borrowed against your home, the date borrowed and the use of the funds.

12. <u>Business Owners</u>: When a self-employed taxpayer reduces taxable income through tax deductions there is also a reduction in earned income reported to the Social Security Administration, which could reduce current and future benefits for the taxpayer and their dependents. You acknowledge and agree to the current tax reduction and also acknowledge and agree to the potential negative effects on future social security benefits for you, your spouse, and any dependents.

12a. <u>Business Owners:</u> State laws regarding the collection of sales tax by online sellers may require separate registration, collection, filing and payment with many states at very low activity levels. <u>We were not engaged to, nor did</u> we. determine whether individual state sales tax rules apply to your business. Determination of whether an individual state's sales tax rules apply to your responsibility unless we have a SEPARATE written engagement letter acknowledging our responsibility to determine or apply sales tax rules for an individual state. Failure to register and file with an appropriate state may expose you to severe penalties.

13. To enhance our availability to meet your professional service needs while maintaining service quality and timeliness, we may use a third-party service provider to assist us. This may include provision of your confidential information to the third-party service provider. We require our third-party service providers to have established procedures and controls designed to protect client confidentiality and maintain data security. As the paid provider of professional services, our firm remains responsible for exercising reasonable care in providing such services, and our work product will be subjected to our firm's customary quality control procedures

14. If we are asked to disclose any privileged communication, unless we are required to disclose the communication by law, we will not provide such disclosure until you have had an opportunity to argue that the communication is privileged. You agree to pay any and all reasonable expenses that we incur, including legal fees, that are a result of attempts to protect any communication as privileged. In addition, your confidentiality privilege can be inadvertently waived if you discuss the contents of any privileged communication with a third party, such as a lending institution, a friend, or a business associate. We recommend that you contact us before releasing information to a third party.

15. It is our policy to keep records related to this engagement for seven years after which they are destroyed. However, we do 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 for possible future use, including potential examination by any government or regulatory agencies. If you move or do not wish to receive an organizer, please notify us or we will send the organizer to the address we used on your prior year's tax return.

16. In the interest of facilitating our services to you, we may utilize a secure web portal. Your use of this portal must comply with our standards of use, and as owners of the portal we retain the right to limit and deny use of the portal for inappropriate purposes. Your access to files maintained on the portal will be terminated no later than 30 days after the earlier of your or our termination of services under this agreement or April 15, unless we are notified in writing of your desire to extend your tax return. All confidential information sent to you or third parties (at your direction), as well as the portal will be password protected. While we will use our best efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent and consent to our use of these devices during this engagement.

17. From time to time during our relationship, you may seek our advice with regard to potential investments. We are not investment advisors unless <u>specifically and in writing by separate agreement an investment advisor</u> <u>representative is hired for that purpose</u>. Accordingly, we suggest that you seek the advice of qualified investment advisors appropriate to each investment being considered. Unless otherwise specifically agreed to in a separate engagement letter signed by both parties, we will not advise you regarding the economic viability or consequences of an investment or whether you should or should not make a particular investment.

18. Payments for billings are due upon receipt. Payment must be received prior to our firm electronically filing or releasing your tax returns for mailing. If you are delinquent in payment your account may be subjected to collection actions and you will become additionally responsible for collection, legal, administrative, court and any other fees incurred by us in collecting your delinquent account. You acknowledge and agree that we are not required to continue work in the event of your failure to pay on a timely basis for services rendered as required by this engagement letter. You further acknowledge and agree that in the event we stop work or withdraw from this engagement as a result of your failure to pay on a timely basis for services rendered by this engagement letter, we shall not be liable to you for any damages that occur as a result of our ceasing to render services. Our services will conclude upon delivery of the completed income tax returns discussed above or upon our suspension of services or resignation from the engagement.

19. In recognition of the relative risks and benefits of this agreement to both the client and the accounting firm, the client and the accounting firm have discussed and have agreed on the fair allocation of risk between them. As such, the client agrees, to the fullest extent permitted by law, to limit the liability of the accounting firm to the client for any and all claims, losses, costs, and damages of any nature whatsoever, so that the total aggregate liability of the accounting firm to the client and the accounting firm's total fee for services rendered under this agreement. The client and the accounting firm, however alleged or arising, unless otherwise prohibited by law. Both parties agree that there is a one-year limitation period to bring a claim against us for errors and omissions. The one-year period will begin upon the date of the tax professional's signature on the tax returns covered by this engagement letter.

20. From time to time various third parties may request that we sign, for you, some verification of income, employment or tax filing status. Because we were engaged only to prepare your income tax return, without examination, review, audit or verification the state board of accountancy prohibits us from signing any such document and any third party request to do so is a violation of those rules prohibiting us, by law, from the issuance of an opinion without performing an audit. These returns are not intended to benefit or influence any third party, either to obtain credit or for any other purpose.

21. We are required to obtain a copy of Form W-2, 1099-R, and 1095 before we are allowed to electronically file your return under the rules of IRS Circular 230.

22. Notwithstanding anything contained herein, both the accountant and client agree that regardless of where the client is domiciled and regardless of where this Agreement is physically signed, this Agreement shall have been deemed to have been entered into at Accountant's office located in Cullman, Alabama, USA, and Cullman, Alabama, USA, shall be the exclusive jurisdiction for resolving disputes related to this Agreement. This Agreement shall be interpreted and governed in accordance with the Laws of Alabama.

23. In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

24. You consent to the assignment of your account and the transfer of your records in the event that the firm changes its doing business as name, form of ownership, consolidates, sells, and/or merges.

25. While we are, of course, available to provide you with tax and business planning services, it is our policy to put all advice upon which a client might rely into a written memorandum prior to you relying on such advice. We believe this is necessary to avoid confusion and to make clear the specific nature of our advice. You should not rely on any advice that has not been put into writing for you.

26. We appreciate the opportunity to serve you. Please date and sign this letter to acknowledge your agreement with and acceptance of your responsibilities and the terms of this engagement. In addition, by signing below, you authorize our firm to receive financial information from outside sources that is necessary for the completion of your tax return. It is our policy to initiate services after we receive the executed engagement letter. If any provision of this agreement is declared invalid or unenforceable, no other provision of this agreement is affected and all other provisions remain in full force and effect.

Jeb Williamson, CPA, LLC

(Client Signature)	(Date)
(Client Signature)	(Date)
I (We) have read the above terms of the engagement letter and agree	with the terms of this engagement.

Do you need our firm to prepare:

Form 114, Report of Foreign Bank and Financial Accounts(FBAR)? circle one: Y N

2024 Consent to Disclosure of Tax Return Information (Per IRC 7216)

Client Name(s): ______

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States, including your personally identifiable information such as your Social Security number (SSN). Both the tax return preparer in the United States that will disclose your SSN and the tax return preparer located outside the United States that will receive your SSN maintain an adequate data protection safeguard (as required by the regulations under 26 U.S.C. section 7216) to protect privacy and prevent unauthorized access of tax return information. If you consent to the disclosure of your tax return information, federal agencies may not be able to enforce United States laws that protect the privacy of your tax return information against a tax return preparer located outside of the United States to whom the information is disclosed.

If you approve the disclosure of your tax return information, including your SSN(s), to Entigrity for purposes of assisting in providing tax return preparation services for the duration indicated above, please sign below.

Taxpayer	Spouse
Name:	Name:
Signature:	Signature:
Date:	Date:

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484 or by email at <u>complaints@tigta.treas.gov</u>.

			(GENERAL INFORMATION
General: 1040	Personal	Information		
Filing (Marital) status code (1 = Single, 2 = Married filing jo Mark if you were married but living apart all year		, 4 = Head of household, 5 = Qualif ark if your nonresident al Taxpayer		ave an ITIN Spouse
Social security number				
First name				
Last name				
Occupation	alan fund? (
Designate \$3.00 to the presidential election camp	Daigh Tunu? (1 = Yes, 2 = No	, 3=Blank)		
Mark if legally blind Mark if dependent of another taxpayer				
Taxpayer between 19 and 23, full-time student, w	vith incomo loss than 1	/2 support2 (V N)		
Date of birth		$12 \text{ support? } (\underline{1, N})$		
Date of death				
Work/daytime telephone number/ext number				
Do you authorize us to discuss your return with the				
General: 1040, Contact	Present Ma	ailing Address		
Address				
Apartment number				
City/State postal code/Zip code				
Foreign country name				
Foreign phone number				
Home/evening telephone number				
Taxpayer email address			-	
Spouse email address				
General: 1040	Dependent	Information		
				Care
First Name Last Name	Date of Birth	Social Security No.	Relationship	Months expenses in paid for home dependent
		·		
Credits: 2441	Child and Depen	dent Care Expenses	S	
Provider information:	•	•		
Business name				
First and Last name				
Street address				
City, state, and zip code				
Social security number OR Employer identification	on number			
Tax Exempt or Living Abroad Foreign Care Provi				
Amount paid to care provider in 2024	·			—
			Taxpayer	Spouse
Employer-provided dependent care benefits that	were forfeited			·

NOTES/QUESTIONS:

Income: W2	Salary and Wages		
Below is a list of the	Please provide all copies of Form W-2 e Form(s) W-2 as reported in last year's tax return. If a pa	that you receive. articular W-2 no longer appli	es, mark the not applicable
T/S	Description	Prior Year Information	Mark if no longer applicable
Retirement: 1099R	Pension, IRA, and Annuity D		
	Please provide all copies of Form 1099-	R that you receive.	
Below is a list of the Fo	orm(s) 1099-R as reported in last year's tax return. If a p Description	articular 1099-R no longer ap Prior Year Information	plies, mark the not applicat Mark if no longer applicable
ncome: K1, K1T	Schedules K-1		
	Schedules K-1 Please provide all copies of Schedule K- Schedule(s) K-1 as reported in last year's tax return. If a	1 that you receive. particular K-1 no longer appl	ies, mark the not applicable
	Please provide all copies of Schedule K-	1 that you receive. particular K-1 no longer appl Form	ies, mark the not applicable Mark if no longer applicable
Below is a list of the	Please provide all copies of Schedule K- Schedule(s) K-1 as reported in last year's tax return. If a	particular K-1 no longer appl	Mark if no longer
Below is a list of the s	Please provide all copies of Schedule K- Schedule(s) K-1 as reported in last year's tax return. If a	particular K-1 no longer appl Form 	Mark if no longer
Below is a list of the s	Please provide all copies of Schedule K- Schedule(s) K-1 as reported in last year's tax return. If a Description	particular K-1 no longer appl Form 	Mark if no longer applicable
Below is a list of the s	Please provide all copies of Schedule K- Schedule(s) K-1 as reported in last year's tax return. If a Description Gambling Income Please provide all copies of Form W-20	particular K-1 no longer appl Form 	Mark if no longer applicable
Below is a list of the s	Please provide all copies of Schedule K- Schedule(s) K-1 as reported in last year's tax return. If a Description Gambling Income Please provide all copies of Form W-20 Form(s) W-2G as reported in last year's tax return. If a pa	Form Form G that you receive. Form Form Form Prior Year Information	Mark if no longer applicable
Below is a list of the S T/S/J 	Please provide all copies of Schedule K- Schedule(s) K-1 as reported in last year's tax return. If a Description Gambling Income Please provide all copies of Form W-20 Form(s) W-2G as reported in last year's tax return. If a pa Description	Form Form Form Form Form Form Form Form	Mark if no longer applicable
T/S/J	Please provide all copies of Schedule K- Schedule(s) K-1 as reported in last year's tax return. If a Description Gambling Income Please provide all copies of Form W-20 Form(s) W-2G as reported in last year's tax return. If a pa Description Qualified Education Plan Di Please provide all copies of Form 1099-	Form Form Form Form Form Form Form Form	Mark if no longer applicable

INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME

Income: B1		In	iterest Income				
	Please provide all copies of	Form 10	99-INT or other stat	tements reporting	interest in	come.	
T/S/J	Payer	Name			Intere Incom		Prior Year Information
Income: B3	Sell	er Fina	anced Mortgage	Interest			
T, S, J Payer's addre Amount rece	Payer's name ess, city, state, zip code ived in 2024			Payer's social secu Amount received i		r	
Income: B2			vidend Income				
	Please provide copies of all I			omonte roportina	dividond in	como	
				Ordinary	Quali	fied	Prior Year
T/S/J	Payer Name			Dividends	Divide	ends	Information
					_		
Income: D	Sales of Stocks,	Secur	ities, and Other	Investment Pro	operty		
	Please pro	vide cop	pies of all Forms 109	9-B and 1099-S.			_
T/S/J	Description of Property		Date Acquired	Date Sold	Gross Sale (Less expense		Cost or Other Basis
<u> </u>							. <u> </u>
Income: Income		(Other Income				
	Please prov	vide copi	ies of all supporting				
State and loc	al income tax refunds			2024 Infor	mation	Prior	Year Information
		T/S	Agreement Date	2024 Infor	mation	Prior	Year Information
Alimony rece	vived						
			Taxpayer	Spous	е	Prior	Year Information
	ent compensation ent compensation repaid						
Social securit	ty benefits						
	emiums to be reported on Schedule A rement benefits						
T/S/J				2024 Infor	mation	Prior	Year Information
Othe	r Income:						
			-				

						AD	JUSTME	NTS/EDUCATE
1040 Ad	dj: IRA		Adjustments to I	ncome - IRA Cont	ributions			
L		Please pro	vide year end statements for eac	h account and any For				
lf you v ent Enter th Roth IR Mark if	vant to er the a he total RA Cont you wa	applicable code: (1 = D traditional IRA cont ributions for 2024 int to contribute the	mum allowable traditional IRA cont eductible only, 2 = Both deductible and nonded ributions made for use in 2024		Taxpayer		S	pouse
Educate	e: Educate	2	Higher Education	Deductions and/	or Credits			
<u> </u>	Со	mplete this section	if you paid interest on a qualified your spouse, or a person who was	student loan in 2024	for qualified h	igher educat	tion exp	enses for you,
T/S		-	ualified student loan interest paid		2024 Informa		Prior Ye	ar Information
		Complete fied education exp	e this section if you paid qualified enses include tuition and fees rec Please provide	education expenses juired for enrollment all copies of Form 100	or attendance	ation costs i at an eligible	n 2024. e educat	
T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last	Name	Qualified Ex	penses	Prior Year Information
	student nized ci	ducation Expense C : qualifies for the A edential; has not c	ode: 1 = American opportunity cro merican opportunity credit when ompleted the first 4 years of post	enrolled at least half- -secondary education	-time in a progr i; has no felony	Tuition and am leading t drug convict	fees dec to a deg tions on	luction ree, certificate, o student's record
1040 Ao	dj: 3903			d Moving Expens				
Mark if Numbe Numbe Mark if Transpo Travel a	er/Spou the mo r of mil r of mil move i ortation and lod	move ise/Joint (т, s, J) ive was due to servic es from old home to es from old home to	o old workplace tes or its possessions ses neals)	a new nome due to se	ervice in the ari	med forces. 		
1040 Ad	dj: OtherA	dj	Other Adju	ustments to Incon	ne			
Alimo T/S	ony Paic 5 Da		Recipient name	Recipient SSN	2024 Ir	nformation	Prior `	Year Information
City,		e/separation agreement da		Taxpayer	 Spo	Duse	Prior	Year Information
Educa	ator exp	Denses:		, , , , , ,			_	
Othei	r adjust	ments:						
						Lite-4 AD	JUSTME	NTS/EDUCATE

				ITEMIZED DEDUCTIONS
Itemized	Medical ar	nd Dental Expens	es	
T/S/J 	Medical and dental expenses Medical insurance premiums you paid*** Long-term care premiums you paid*** Prescription medicines and drugs Miles driven for medical items (21 cents) ***Do not include pre-tax amounts paid by an employer-sponsored plan, am	ounts paid for your self-emplo	2024 Information	Prior Year Information
Itemized	та) Та	<pre>K Expenses</pre>		
T/S/J — — — — — —	State/local income taxes paid 2023 state and local income taxes paid in 2024 Sales tax paid on actual expenses Real estate taxes paid Personal property taxes Other taxes		2024 Information	Prior Year Information
Itemized	Inter	est Expenses		
T/S/J	Home mortgage interest From Form 1098		2024 Information	Prior Year Information
T/S/J	Other home mortgage interest paid to individuals: Payee's Name	SSN or EIN	2024 Information	Prior Year Information
_	Address		City	State Zip Code
T/S/ Reci Tota Date Tern	Investment interest expense, other than on Sch K-1s: Incing Information: Refinance #1 J pient/Lender name I points paid at time of refinance of refinance n of new Ioan (in months) ported on Form 1098 in 2024		2024 Information Refinance	Prior Year Information
Itemized	: A3 Charitab	le Contributions		
T/S/J — —	Contributions made by cash or check Volunteer miles driven Noncash items, such as: Goodwill, Salvation Army		2024 Information	Prior Year Information
Itemized	: A3, A-St Miscellar	neous Deductions	5	
T/S/J	Other expenses Gambling losses (enter only if you have gambling income)		2024 Information	Prior Year Information
T/S/J 	***STATE USE ONLY - Complete the following field Unreimbursed expenses*** Union dues, other than amounts reported on Form W-2*** Tax preparation fees*** Other expenses, subject to 2% AGI limitation***:	ds only if you file a sta	ate return in AL, AR, CA 2024 Information 	, HI, MN, NY or PA Prior Year Information
	Safe deposit box rental*** Investment expenses, other than on Schedule(s) K-1 or Form	i(s) 1099-DIV/INT***	Lite-5	ITEMIZED DEDUCTIONS

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of accour below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter informatio 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. Primary account: Financial institution routing transit number Name of financial institution Your account number Type of account (1 = Savings, 2 = Checking, 3 = IRA*) Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar	
Secondary account #1: Financial institution routing transit number Name of financial institution Your account number Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar	or Percent (xxx.xx)
Secondary account #2: Financial institution routing transit number Name of financial institution Your account number Type of account (1 = Savings, 2 = Checking, 3 = IRA*) Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund *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 Percent (xxx.xx)
Electronic Filing: ID Auth Identity Authentication	
Taxpayer - Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not pro- Identification number Issue date Expiration date Location of issuance Document number (New York only)	ovided)
Spouse - Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not pro- Identification number Issue date Expiration date Location of issuance Document number (New York only)	ovided)

NOTES/QUESTIONS:

Estimated Taxes

If you have an overpayment of 2024 taxes, do you want the excess:

Refunded

Applied to 2025 estimated tax liability

Do you expect a considerable change in your 2025 income? (Y, $\ensuremath{\mathsf{N}}\xspace$)

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2025? (Y, N) If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2025 withholding? (Y, N) If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2025? (Y, N) If yes, please explain any differences:

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay)

2024 Federal Estimated Tax Payments

2023 overpayment applied to 2024 estimates

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields.

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				
2nd quarter payment	06/17/24				
3rd quarter payment	09/16/24				
4th quarter payment	01/15/25				
Additional payment					
		*Nothed of pours	nt indicated in prior vo	or	

 *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:

Control Totals	Form ID: Est

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Form ID: St Pmt		2024 State Estimated Tax Payments 9			9
Taxpayer/Spouse/Joint (T, s, J) State postal code					
Amount paid with 2023 retu 2023 overpayment applied t Treat calculated amounts as	o '24 estimates				
Da 1st quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment Additional payment	ate Paid		Amount	Paid	Calculated Amount
		2024 City Estim	ated Tax Payments		
C City name Amount paid with 2023 retu 2023 overpayment applied t Treat calculated amounts as	o '24 estimates		City name Amount paid with 2023 2023 overpayment app Treat calculated amour	lied to '24 estimates	
Da 1st quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment	ate Paid	Amount Paid	1st quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment	Date Paid	Amount Paid
Cal 1st quarter payment 2nd quarter paymen 3rd quarter payment 4th quarter payment	t		1st quarter pay 2nd quarter pay 3rd quarter pay 4th quarter pay	yment	
C City name Amount paid with 2023 retu 2023 overpayment applied t Treat calculated amounts as	o '24 estimates		City name Amount paid with 2023 2023 overpayment app Treat calculated amour	lied to '24 estimates	
1st quarter payment	ate Paid	Amount Paid	1st quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment	Date Paid	Amount Paid
Cal 1st quarter payment 2nd quarter paymen 3rd quarter payment 4th quarter payment	t		1st quarter pay 2nd quarter pay 3rd quarter pay 4th quarter pay	yment	

Prior Year Information

Control Totals		Form ID: C-1
Ending inventory		
Other costs:		
Materials Other costs:		
Labor:		
Purchases		
Beginning inventory		
	2024 Information	Prior Year Information
Cost of Good	s Sold	
Returns and allowances Other income:		
Gross receipts and sales		
	2024 Information	Prior Year Information
Business Inc	ome	
Long-term care premiums paid by this activity Amount of wages received as a statutory employee		
Medical insurance premiums paid by this activity		
Mark if this business is considered related to qualified services as a minister o Did you receive wages as a statutory employee or as a minister? (1 = statutory emp		
If "Yes", did you or will you file all required Forms 1099? (Y, N) Mark if this business is considered related to qualified services as a minister o	r roligious worker	
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y, N	l)	_
If not, number of hours you did significantly participate Mark if you began or acquired this business in 2024		
Did you "materially participate" in this business? (Y, N)	_	
Enter an explanation if there was a change in determining your inventory:		
If other enter explanation:		
Inventory method (1 = Cost, 2 = LCM, 3 = Other)		_
If other:	_	—
City/State/Zip Accounting method (1 = Cash, 2 = Accrual, 3 = Other)		
Address		
Business code Business address, if different from home address on Organizer Form ID: 1040		
Principal business/profession		
Business name		
Taxpayer/Spouse/Joint (T, s, J) Employer identification number	—	
Townsyles (Proving / Leipt or a)	2024 Information	Prior Year Information
Preparer use only		

Form	ID:	C-2

Preparer use only

Schedule C - Expenses

Principal business or profession			
		2024 Information	Prior Year Information
Advertising			
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Depreciation			
Employee benefit programs (Include Small	Employer Health Ins Premiums credit):		
Employee benefit programs (meldue sman	Employer meditir instructionaris creatty.		
Insurance (Other than health):			
1.1			
Interest:			
Mortgage (Paid to banks, etc.)			
Other:			
Legal and professional services			
Office expense			
Pension and profit sharing:			
1 0			
Rent or lease:			
Vehicles, machinery, and equipment			
Other business property			
Repairs and maintenance			
Supplies			
Taxes and licenses:		. <u> </u>	
Taxes and licenses.			
Travel and meals:			
Travel		. <u></u>	
Meals (Enter 100% subject to 50% limi			
Meals (Enter 100% subject to DOT 80%	5 limit)		
Meals (Fully deductible)			
Utilities			
Wages (Less employment credit):			
Other expenses:			
		·	
	Control Totals		Form ID: C-2

Form ID: Rent Device and Device		21
Rent and Roya	alty Property - General Information	31
Preparer use only	2024 Information	Prior Year Information
Description Taxpayer/Spouse/Joint (T, S, J)	State postal code	
Physical address: Street		
City, state, zip code		
Foreign country		
Foreign province/county		
Foreign postal code		
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5= Description of other type (Type code #8)		
Did you make any payments in 2024 that require you to file I If "Yes", did you or will you file all required Forms 1099? (_
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2		_
Percentage of ownership if not 100%		
Business use percentage, if not 100% (Not vacation home pe	ercentage)	
Re	ent and Royalty Income	
Rents and royalties	2024 Information	Prior Year Information
Rer	nt and Royalty Expenses	
	2024 Information Percent if not 100%	Prior Year Information
Advertising Auto		
Travel		
Cleaning and maintenance		
Commissions:		
Insurance:		
Legal and professional fees		
Management fees:		

Mortgage interest paid to banks, etc (Form 1098)

Other mortgage interest	 	
Qualified mortgage insurance premiums Other interest:	 	
Repairs	 	
Supplies Taxes:	 	
Utilities Depreciation	 	
Depletion Other expenses:	 <u> </u>	
Control		Form ID: Rent

Farm Income - General Information

Please provide all Forms 1099-K

Preparer use only		2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) Employer identification number Description Principal Product State postal code Accounting method (1 = Cash, 2 = Accrual) Agricultural activity code Did you "materially participate" in this busin Did you make any payments in 2024 that rec If "Yes", did you or will you file all required Mark if Schedule F net income or loss should Medical insurance premiums paid by this activity	quire you to file Form(s) 1099? (Y, N) I Forms 1099? (Y, N) I be excluded from self-employment income tivity		
	Schedule F Income		
Sales Code** Income	description	2024 Information	Prior Year Information

** Sales Co	odes
1 = Cash sales of items bought for resale	4 = Custom hire (machine wo
e = Cash sales of items raised	5 = Other income
3 = Accrual sales	

Cost or other basis of livestock and other items you bought Beginning inventory of livestock and other items (Accrual meth Accrual cost of livestock, produce, grains, and other produc Ending Inventory of livestock and other items (Accrual method) Total cooperative distributions you received Taxable cooperative distributions you received	od)		
	2024 Total	2024 Taxable	Prior Year Information
Agricultural program payments			
		2024 Information	Prior Year Information
CRP payments received while enrolled to receive social sectors Commodity credit loans reported under election:	urity or disability benefits		
Total commodity credit loans forfeited			
Taxable commodity credit loans forfeited			
	2024 Total	2024 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2024			

Mark if electing to defer crop insurance	proceeds to 2025
Crop insurance proceeds deferred from 2	2023
	Control Totals

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Form ID: F-1

Farm Expenses

Preparer use only

Description

	2024 Information	Prior Year Information
Car and truck expenses		
Chemicals		
Conservation expenses		
Carryover from prior years		
Custom hire (machine work)		
Depreciation		
Employee benefit programs (Include Small Employer Health Ins Premiums ci	redit)	
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel, and oil		
Insurance (Other than health)		
Mortgage interest (Paid to banks, etc.)		
Other interest		
Labor hired (Less employment credit)		
Pension and profit sharing		
Rent - vehicles, machinery, and equipment		
Rent - other		
Repairs and maintenance		
Seed and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes:		
Takes.		
11111111-		
Utilities		
Veterinary, breeding, and medicine		
Other expenses:		
Preproductive period expenses		

Control Totals

Form ID: F-2

Activity name

Preparer use only

HOW TO REPORT DISPOSALS: Use the blank line directly below the asset information to indicate any asset disposals. Enter the date of the disposal and/or sale proceeds, if applicable. Enter additional information regarding the asset disposal in the comments section, such as if the asset was sold on installment, traded for other asset(s), disposed of due to casualty, or sold to a related party. See the EXAMPLE asset below.

Asset No.	Description of Property Comments	Date in Service	Cost or Basis
	Comments	Date Sold/Disposed	Sales Price
XAMPLE	Machinery and equipment (EXAMPLE ASSET)	11/21/14	42,500
	Collected in 5 equal payments over 2 yrs	03/09/24	20,000
		ł	
			Form ID: Or