

INDIVIDUAL INCOME TAX HISTORICAL INFORMATION

IMPORTANT TO NOTE: YOU CAN INDICATE "SAME" ON PAGES B1, AND B3 IF THE INFO IS THE SAME AS THE PRIOR TAX RETURN! Page B4 must be filled in if you have dependents.

Name: _____
(taxpayer) (first) (MI) (last) (spouse) (first) (MI) (last)

FILING STATUS: Do you want to change your filing status this year? NO YES GIVE DETAILS: _____
NOTE: If you leave this blank, I will use the same filing status as used on prior year's tax return.

Address: _____ City: _____

State: _____ Zip: _____ - _____ County: _____ State of Residency in 2024 _____

Is this a new address? NO YES If Yes **PROVIDE DATE OF MOVE:** _____

***ARE YOU A QUALIFYING CHILD OR QUALIFYING DEPENDENT OF ANOTHER TAXPAYER? _____

REAL ESTATE TAX Actually Paid IN 2024: \$ _____ (This might NOT be the same as the Assessed Tax)

OR Annual RENT You Paid in 2024 \$ _____ Did you share your rent with another tenant? _____

Your Email Address: _____ ours is mirjol@msn.com or hello@nancyfeltz.com

Telephone Number: (Home) _____ **(Work T/P or Spouse)** _____

OCCUPATION:(Taxpayer) _____ **(Spouse)** _____

DIRECT DEPOSIT OR ELECTRONIC PAYMENTS, FASTER REFUNDS, More Secure, Convenient!!

If you wish to have a Direct Deposit Refund, you must check with your bank for the following

Bank Name: _____ Type: Checking Savings

Routing Number _____
OR SAME

Account Number _____ IF SAME AS LAST YEAR, THEN LAST FOUR _____

- a. Will the bank accept a direct deposit from the Federal Government? _____
- b. Will the bank deposit a joint refund into an individual account? (If that applies to your refund) _____

☼ Do you want to split the deposit into more than one account? YES NO (If yes, please provide info).

☼ If you want to use any of your refund to buy U.S. Series I Savings Bonds check here to discuss. YES NO

PAID PREPARER AUTHORIZATION

IF YOU **DO NOT** WANT TO ALLOW THE IRS TO DISCUSS YOUR 2024 TAX RETURN WITH ME, PLEASE INITIAL HERE: _____

TO THE BEST OF MY KNOWLEDGE, THE ENCLOSED INFORMATION IS COMPLETE AND ACCURATE, AND INCLUDES ALL INCOME, DEDUCTIONS AND OTHER INFORMATION NECESSARY FOR THE PREPARATION OF THE 2024 INCOME TAX RETURNS; THIS INFORMATION HAS BEEN PROVIDED BY ME FOR WHICH I HAVE ADEQUATE CONTEMPORANEOUS RECORDS. Feltz Associates, LLC and Nancy M. Papparazzo, EA are not responsible for providing any of the deductions and income reported on my return(s). (Refer to Engagement & Client Letters for important details).

SIGNED _____ DATE _____

SIGNED _____ DATE _____

DEPENDENT INFORMATION MUST BE COMPLETED IF YOU WANT CHILD TAX OR EDUCATION CREDITS

NAME	DOB only if new (or write "On File")	Soc Sec # ONLY if NEW (or "On File")	Dependent provide more than 50% of Own Support ?	MONTHS IN HOME in 2024 College is same as home	IN COLLEGE in 2024?*** Yes/No	FILED OWN RETURN SUPPLY COPY

In order to be eligible for the Child Tax Credit, a qualifying child must be either a **U.S. citizen, national, or resident** of the United States. REQUIRED TO CLAIM DEDUCTION: PLEASE ATTACH A COPY OF SOCIAL SECURITY CARD(S).

CREDITS TO INCOME

(Limited, based on Adjusted Gross Income, Filing Status & Dependency)

STUDENT LOAN INTEREST DEDUCTION (MAXIMUM 2024 = \$2,500 SUBJECT TO INCOME LIMITATION)

- Did you pay interest in 2024 on a qualified Student Loan? (attach documents) YES NO
- At the time the loan was taken out, were the expenses for yourself, your spouse or anyone who was your dependent at that time?
- Was the loan used to pay for qualified higher education expenses (including tuition, fees, room & board, and related expenses such as books and supplies) for education in a degree, certificate, or similar program leading to a recognized educational credential at most colleges, universities and certain vocational schools or other post-secondary institute? YES NO
- Did the student carry at least half the normal full-time work load for the course of study pursued? YES NO
- Did the student receive any employer-provided educational assistance benefits that are not included in Box 1 of your W-2 form(s)?
If yes, how much? YES NO
- Did the student have excludable U.S. Series EE Savings Bond interest?
If yes, attach all documents. YES NO
- Was there a qualified distribution from an Education IRA?
If yes, attach all documents. YES NO
- Were there any other scholarships, educational assistance, allowance or other payments (not gifts, inheritances, etc.) received? If yes, list ON SEPARATE PAGE. YES NO

*****Educational Credits** (American Opportunity Credit. Did you (or your dependent) pay, charge or take a loan to pay expenses in 2024 for yourself, your spouse or your dependent to enroll in or attend an eligible educational institution: (most colleges, universities and certain vocational schools or other post-secondary institute) leading to a degree, certificate, or other recognized educational credit? YES NO

1. Name of Student _____ VIP ***
2. Is student taking at least 1/2 of the normal full-time workload for his/her course of study for at least one academic period in 2024? YES NO
3. Has student ever been convicted of a felony for possessing or distributing a controlled substance? YES NO

* **HOW MANY YEARS OF COLLEGE (POST-SECONDARY) EDUCATION HAD THE STUDENT COMPLETED AS OF 01/01/2024?** _____ Years Completed

*Amount of Expenses paid in 2024 (OTHER than those reported on Form 1098T for use with Sec 529 Distributions):

ROOM & BOARD (not listed on Form 1098T) \$ _____

INSURANCE (not listed on Form 1098T) \$ _____

BOOKS & EQUIPMENT (not listed on Form 1098T) \$ _____

- ▶ These expenses can be paid with dependent student's earnings, loans, gifts, inheritances or personal savings.
- ▶ Room and board, insurance, transportation, etc. and books or equipment **ARE NOT** qualified expenses for the *American Opportunity (Modified Hope) Credit*.

NOTE: We MUST have a Form 1098-T as well as a PRINTOUT OF TUITION STATEMENT from the College showing all PAYMENTS MADE & DATES the payments were posted to the Student's Account.

MEDICAL EXPENSES – ITEMIZED DEDUCTIONS

NOTE for ALL: IF YOU PAY MEDICAL EXPENSES, INCLUDING HOSPITALIZATION INSURANCE, FOR SOMEONE WHO WOULD QUALIFY AS A DEPENDENT IF THEIR INCOME DID NOT EXCEED THE INCOME LIMITS, AND WANT TO DEDUCT THOSE PAYMENTS ON YOUR OWN RETURN, BE SURE TO MAKE PAYMENTS DIRECTLY TO THE PROVIDER (**NOT TO THE DEPENDENT AS REIMBURSEMENT FOR EXPENSES**)!!

NOTE for NJ RETURNS: IF YOU DO **NOT** ITEMIZE DEDUCTIONS, **AND** IF YOU ALSO DO **NOT** EXPECT TO OWE NJ TAX, THEN YOU MAY NOT HAVE TO ITEMIZE YOUR MEDICAL EXPENSES. CONTACT ME IF YOU ARE NOT SURE, **BEFORE** YOU SPEND TIME SUMMARIZING.

This will be the case for many individuals with the TAX CUTS and JOBS ACT changes to the Standard Deduction

LONG TERM CARE PREMIUMS **MUST** BE ENTERED SEPARATELY AS INDICATED.

MEDICAL & DENTAL: (NOTE: If you expect to owe NJ State Taxes, fill in **EVEN IF YOU ARE NOT** itemizing deductions) **7.5%** Limitation now applies to **ALL**



Prescription Medicine and Drugs	\$	\$	
Doctors Including Co-Pays			
Hospital, Medical & Dental Insurance	\$	\$	
Long Term Care Ins. (Limited)	Filer \$	Spouse \$	
Medicare B and D			
Dental	\$	\$	
Transportation & Lodging	\$	\$	
PPE EQUIPMENT (face masks, etc.)			
Medical Mileage in 2024 _____ miles	Medical Travel \$	Tolls/Parking \$	
Other (Eyeglasses, Hearing Aids, Etc.):	\$	\$	
Total Before Reimbursements in 2024	\$	\$	\$
Enter 2024 Insurance Reimbursements			\$
Your Net Expenses			\$

New Jersey limitation still **2%** of New Jersey Gross Income.
New York follows the Federal Limitation.

NOTE: A child's tuition at specialized school was deductible as a medical expense under sec 213(a) where the child attended school primarily to receive medical care in the form of special education. The tuition is deductible for each year the child is diagnosed as having a medical condition, such as dyslexia, that handicaps that child's ability to learn (PLR 200521003).

CHARITABLE GIFTS AND CONTRIBUTIONS Substantiation required. Keep in your records.

Church/Temple/Mosque, etc. _____ \$ _____

Include all **VERIFIABLE CASH** (& Cash Equivalents) contributions as well as checks

Noncash contributions (FMV). Clothing or household items must be in good used condition or better. If it is impracticable to obtain a receipt, the donor must maintain reliable written records regarding each item contributed. (Reg. par.1.170A-13(b).
Please supply a list with FMV \$, _____

Charitable Contributions: If over \$500 in non-cash charitable contributions, provide detail of contributions. New rules require that the taxpayer retain documentation for ALL cash contributions.

Mileage for Charitable Purposes: _____ Charitable Tolls & Parking \$ _____
Out-of-Pocket Expenses for Qualified Charitable Purposes \$ _____

***IF YOU DONATED A CAR TO A QUALIFIED CHARITABLE ORGANIZATION, ATTACH THE FORM 1098C.**
***NOTE:** If you made a gift & received a benefit for it, attach information..

TAX YEAR 2024

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RETIREMENT CONTRIBUTIONS & DISTRIBUTIONS REQUIRE DISCUSSION

A Contributions

Individual Retirement Accounts (IRA)\$ _____ Roth \$ _____

Medical Savings Account (MSA) \$ _____ HSA \$ _____

Other Type _____ \$ _____

If you are covered by a Retirement Plan at work, and part or all of your contribution to an IRA is NOT deductible, you must file Form 8606 (two forms if spousal plan or both husband and wife have nondeductible portions) to show your basis in your IRA's. This nondeductible portion (Basis) will determine in the future (when you begin taking distributions) how much of the distribution is non-taxable. **It is, therefore, necessary for us to know the following for the Form 8606 & to maintain basis.**

Name of Trustee of I.R.A. (Bank Broker. etc.)

Value at 12/31/2024

(a.) _____ \$ _____

(b.) _____ \$ _____

B IRA Withdrawals and Distributions received during 2024 \$ _____

C. Your total contribution to plan since inception: \$ _____

DID YOU **CONVERT ALL OR PART OF A REGULAR IRA INTO A ROTH IRA? YES NO

If YES, please supply details. _____

The \$100,000 limitation no longer exists for conversions in the tax years beginning after December 3, 2010. Careful planning and review is essential before considering a conversion. **A taxable event may occur.**

ESTIMATED TAX PAYMENTS

AMOUNTS PAID FOR 2024 ESTIMATED TAXES- INCLUDE THE JANUARY 2025 PAYMENT MADE FOR 2024

FEDERAL		STATE		OTHER	
DATE DUE/PAID	AMOUNT	DATE DUE/PAID	AMOUNT	DATE DUE/PAID	AMOUNT
04/15/2024/	\$	04/15/2024	\$	04/15/2024/	\$
06/17/2024/	\$	06/17/2024/	\$	06/17/2024/	\$
09/16/2024/	\$	09/16/2024/	\$	09/16/2024/	\$
01/15/2025/	\$	01/15/2025/	\$	01/15/2025/	\$

AFFORDABLE CARE ACT	AI0, B4 QUEST	MOVING EXPENSES	QUESTIONS
ALIMONY INCOME & PAYMENTS	B6, B13	MUNICIPAL BOND INTEREST	B6
AMERICAN OPPORTUNITY TAX CREDIT	A6, B3	ELECTRIC VEHICLES Clean Vehicle Credit	A6
BUSINESS EXP, AUTO & TRUCK EXP VIP	B7, B8	CORPORATE TRANSPARENCY ACT BOI	ENG LTR
BUSINESS INCOME	B7	NEW YORK MATTERS	A9
CAPITAL GAINS & LOSSES	B9	NET INVESTMENT INCOME TAX - NIIT	A10
CASUALTY & THEFT LOSSES	B11	NON-TAXABLE PENSIONS	B6
CHARITABLE GIFTS & CONTRIBUTIONS	A5, B11, L3	OFFSHORE COMPLIANCE VIP	ENG, Quest, B5
CHILD TAX CREDIT	LTR, A1, A9,	OTHER INCOME	B6
CHILD CARE PAYMENTS	B13	OTHER TAX DEDUCTIONS	B10
CONTACT BY IRS	A4, A7	PARTNERSHIP INCOME	B6
DEPENDENT INFORMATION	B3	PREMIUM TAX CREDIT	A10, B4,
DIRECT DEPOSIT OF REFUNDS	BI	PROFESSIONAL DUES	B11
DIRECTOR'S FEES	B6	QUALIFIED RETIREMENT PLANS	A3
DISTRIBUTIONS- HSA's, 529's, etc.	B6, A4	REAL ESTATE TAX DEDUCTIONS	BI0
DIVIDEND INCOME	LTR, B6	REAL PROPERTY LOT & BLOCK	B2
DONATED VEHICLES	B11, 2007-B13	RENTAL INCOME & EXPENSES	B9
EARNED INCOME CREDIT VIP	B12	CLEAN VEHICLE CREDIT	A6
EMPLOYEE BUSINESS EXPENSES	B13	RESIDENTIAL ENERGY CREDITS	A6, Questions
ENERGY PROPERTY CREDITS	A6, QUEST	RETENTION GUIDELINES HOW LONG TO KEEP?	1040 Letter
ESTATE TAXES	A2, A4,	RETIREMENT INCOME, PLANS	A3, B6
ESTIMATED TAX PAYMENTS	B13	ROTH IRA	B12, A3
EXECUTOR'S FEES & DIRECTOR'S FEES	B6	SALE OF RESIDENCE	A6
FINANCIAL PUBLICATIONS	B13	SALES TAX EXPENSES	QUESTIONS BI0
FOREIGN ACCTS, INCOME & ASSETS VIP	ENG, Quest B5	ABLE ACCOUNTS	A9
GAMBLING INCOME & LOSSES	B6, B11 QUEST	SAVINGS BONDS	B5
GIFT TAXES	A2, QUEST	SELLER-FINANCED MORTGAGES	B5
HEALTH SAVINGS ACCOUNTS - HSA's	A3, QUEST	SENIOR PROPERTY TAX REIMBURSEMENT	B6
HISTORICAL INFORMATION	B2	SEP PLANS, SIMPLE & QUALIFIED PLANS	A3, B7
HOME OFFICE DEDUCTION	A7,B7	SOCIAL SECURITY BENEFITS	B6
HOMESTEAD BENEFIT	LTR, B6	SOCIAL SECURITY COMPENSATION	A7
IDENTITY THEFT	A4, B6	SPLITTING DIRECT DEPOSIT REFUNDS	B1
INCOME IN RESPECT OF DECEDENT	B6	STATE REFUNDS	B6
INCOME TAX DEDUCTIONS	BI0	STATE USE TAXES VIP	QUESTIONS
INDIVIDUAL RETIREMENT ACCOUNT - IRA	A3, B6,B12	STATUTE OF LIMITATIONS - REFUNDS	A7
INHERITANCE TAXES	A2	STUDENT LOAN INTEREST	B3
INSTALLMENT AGREEMENTS	A7	SUB-S CORP INCOME	B6
INTEREST EXPENSES	B11	TAX TIPS	PACKET A
INTEREST INCOME & TAX EXEMPT INTEREST	B5	TRANSPORTATION EXPENSES	A8, B8
IRA ACCOUNTS & SECURE ACT	A3, A9, B12	TIP INCOME	B6
ITEMIZED DEDUCTIONS	A9	TRUST INCOME	B6
PLESAs	A9	SECTION 529 Education Savings Account	A4
KIDDIE TAX	B13	UNEMPLOYMENT INCOME	B6
LIFETIME LEARNING CREDIT	A6, B3	VETERAN'S EXEMPTION	B6
LIKE-KIND EXCHANGE	A10	VIRTUAL CURRENCY/ CRYPTO VIP	LTR, Quest A10
MEDICAL & DENTAL EXPENSES	BI0	W-2 INCOME	B5
MEDICARE PART B & D & TURNING 65	A4, B10	WILLS	A4