

**Disclosure of Facts/Information for
 Tax Return Preparation**

Tax Payer Information (Record personal details if changes from last year) *Spouse Information:*

Last Name: _____ Last Name: _____
 First Name: _____ First Name: _____
 Middle Initial: ___ Suffix: ___ Date of Birth: _____ Middle Initial: ___ Suffix: ___ Date of Birth: _____
 Social Security Number: _____ Social Security Number: _____
 Occupation: _____ Occupation: _____
 Work Phone: _____ Ext. _____ Work Phone: _____ Ext. _____
 Mobile Phone: _____ Mobile Phone: _____
 Email Address: _____ Email Address: _____
 Address: _____ Apt. No. _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Fax No: _____
 State of Residence for the year (if other than current): _____ Taxpayer: _____ Spouse: _____
 Eligible to be claimed as a dependent on another return: _____ Yes / No

Dependent Information:

First Name	MI	Social Security Number	Date of Birth	Months Lived w/ in 2024	Child Care Expenses
Last Name	Suffix	Relationship			

Childcare & Preschool Expenses:

Provider Name	Address	Tax ID Number	Amount Paid

Higher Education Expenses*:

Student Name	College, University or Educational Institute	Tuition Costs	Other Costs

*Please include all 1098-T Forms

Total Qualified Student Loan Interest Paid*: _____ *Please include 1098-E Forms (if available)

Questions

Personal & Dependent Information	Yes	No
1. Did your marital status change during the year?..... If yes, explain: _____		
2. Do you have dependents with Income? If a child & investment income > \$1,900, please inquire further.....		
3. Did you provide > half the support for any other person during the year?.....		
4. Did you incur adoption expenses during the year?.....		

Items Related to Income/Losses	Yes	No
5. Did you buy, sell, trade, or exchange Cryptocurrency during the year? If so, please provide reports..... detailing the transactions, 1099-B forms or equivalent, and an explanation of your activities.		
6. Did you receive a distribution from an IRA or other Qualified Plan? If so Form 1099-R must be attached.... If yes, was the distribution rolled over into another IRA or qualified plan within 60 days?.....		
7. Did you receive tip or other income not reported by your employer or via form 1099?.....		
8. Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property?..... If yes, please attach closing or escrow/settlement statements. If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....		
9. Was any debt cancelled by a lender during the year? If so, please attach 1099-C or 1099-A, if applicable..		
10. Did you incur any non-business bad debts?.....		
11. Did you incur any casualty or theft losses during the year?.....		
12. Did you pay any individual for domestic services during the year?.....		
13. Did you buy or sell any stocks, bonds or other securities during the year? If so, please attach 1099-B.....		
14. Did you purchase Health Insurance via an Exchange (healthcare.gov)? If so, 1095-A must be attached.		

Refund and/or Tax Payment Designations
Please provide the following information on your account if you want Direct Deposit or Withdrawal :
Bank Name: _____ Checking Savings
Bank Rtg #: _____ Bank Account #: _____

Estimated (Quarterly) Tax Payments							
Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Other Information & Signature(s)

AFFIRMATION:
I/we affirm that the information disclosed herein is accurate, true & complete to the best of my/our knowledge & instruct Craft & Associates, LLC to rely upon it for preparation of my/our tax return(s).

Taxpayer Name: _____ Signature: _____ Date: _____

Taxpayer Name: _____ Signature: _____ Date: _____

Income Sources

Provide all the following forms when applicable. If you believe you should have received a form, but did not, please let us know.

1. W-2 Forms Wages & Compensation
2. SSA-1099: Social Security Benefits
3. 1099-B: Stock or Securities Sales
4. 1099-Div: Dividend Income
5. 1099-G: Government Payments(including Unemployment)
6. 1099-Int: Interest Income
7. 1099-Misc: Miscellaneous Income
8. 1099-Q: Payments from Qualified Education Programs
9. 1099-R: Retirement, pension, annuity, etc.
 - a. Was any of this distribution rolled over or converted? Yes No
 - b. If yes, please explain: _____
10. 1099-S: Sale of Real Estate
11. 1099-SA: Health Savings Account Distributions
12. W-2G: Gambling Winnings: _____ Gambling Losses: _____
13. K-1 Forms: Partnership, S-Corporation, Trust or Estate Income
14. Alimony: Payers Name: _____ Soc. Sec. #: _____ Divorce Date: _____
15. Other Income: _____ Amount: _____
16. Crypto: Purchase, Sale, Trade or Exchange of Cryptocurrency (forms will vary).

Deductions

Retirement Contributions:

	Taxpayer	Spouse
Traditional IRA contributions made during year:	_____	_____
Roth IRA contributions made during year:	_____	_____
SEP, Simple, Individual 401(k) or other contributions made during year:	_____	_____

Medical Expenses:

Prescription Medications: _____	Eye Glasses & Contacts: _____
Health Insurance Premiums: _____	Medical Equipment & Supplies: _____
Health Savings Account (HSA) contributions: _____	Miles driven for medical (log req.): _____
Doctors, Dentists, etc.: _____	Lodging (\$50 max per night): _____
Hospitals, Clinics, Lab Fees, etc.: _____	Other: _____
Long-Term Care Expenses: _____	Other: _____

Taxes:

Real Estate Taxes	
Principle Residence (provide stmt.): _____	Sales Tax: _____
Additional homes or land (provide stmt.): _____	Other Personal Property Taxes: _____
Vehicle (auto, boat, other) Registration Fees: _____	Other: _____

Interest:

Mortgage Interest (provide Form 1098): _____	Margin (Investment) Interest: _____
Private Mortgage Insurance (PMI): _____	*If you sold or purchased a home this
Points Paid: New Loan: _____ Refinance: _____	year, please provide the settlement stmt(s).

Charitable Contributions:

Cash Contributions (list Donee Organization):	Non-Cash Contributions (list Org. & attach documents)
_____	_____
_____	_____
_____	_____

*If you made any repairs or improvements to your home relating to energy efficiency, please provide details.

Rental Property Income and Expenses (Duplicate if needed)

Basic Property Information

Property type: Commercial Residential

Location (street address): _____

City: _____ State: _____ Zip: _____ Foreign Country: _____

1. Is the property owned via an LLC or other entity? Yes No
 If yes, Entity Name: _____ Entity EIN: _____

2. If owned personally, check property owner..... Taxpayer Spouse Joint **Yes** **No**

3. Enter the ownership percentage (if not 100%) _____
 If not 100%, are you reporting 100% of the income and expenses?

4. Is this property rented to a family member?

5. Do you have rental contract?.....

6. Is this property rented at fair market value?

7. Did you have personal use of this rental property?

 If **yes**, enter number of days: Rented: _____ Personal Use: _____ Owned: _____

8. Does this rental have multiple living units and you live in one of the units?.....
 If **yes**, enter percentage of rental use: _____

9. Did you actively participate in this property's management during this tax year?

10. Did you materially participate in this property's management during this tax year?.....

11. Did you dispose of this property or change it's use?

Important: If Craft & Assoc. did not prepare preceding years return, include the following:

- Copy of the most recent historical depreciation record
- Copy of prior year Schedule E & Form 8582 if applicable.

Income

14. Rents Received

Expenses

15. Advertising	
16. Automobile (mileage log required)	
17. Cleaning and maintenance.....	
18. Commissions.....	
19a. Mortgage insurance premiums – qualified	
b. Other insurance	
20. Legal and professional fees	
21. Management fees	
22a. Mortgage interest paid to banks – qualified	
b. Mortgage interest paid to banks – other	
23. Other interest	
24. Repairs*	
25. Supplies.....	
26a. Real estate taxes.....	
b. Other taxes.....	
27. Utilities.....	
28. Other expenses.....	
_____	
_____	
_____	
Total Rental Property Expenses (autosum):	

*If any repairs or improvements to rental property relate to energy efficiency, please provide details.

Business Income & Expense Worksheet

General Information

*If you received an Employee Retention Credit refund do NOT include this with Revenue. Include only the interest portion of the payment.

1. Business Name _____
2. Business Street Address _____
City _____ State _____ Zip _____
3. Principal Business Profession..... _____ 4. Tax ID # _____
5. Type of Entity* Sole Proprietorship Corporation Partnership LLC Other: _____
6. Has an S-Election been filed for this entity? Yes No

Income	Amount	Assets	Amount	Date
5. Gross Receipts or Sales		Ending Bank Balance		
		Equipment Purchased		
6 Other Income (interest etc.)		Equipment Sold		

Cost of Goods Sold (if applicable)

7. Purchases (for resale, etc.)
8. Direct Materials.....

General Expenses

NOTE: If Any Expense is both Business & Personal; you must provide amounts or allocation %.

- | | |
|---|--|
| 9. Accounting | 32. Postage |
| 10. Advertising | 33. Printing & Reproduction |
| 11. Bank Fees | 34. Repairs & Maintenance |
| 12. Cleaning | 35. Rents |
| 13. Commissions & Fees | a. Equipment Rental |
| 14. Computer Services & Supplies | b. Property/Building Rental |
| 15. Contract Labor/Outside Services ... | 36. Salaries & Wages (attach W-3) |
| 16. Credit & Collection Costs | a. Gross Wages |
| 17. Delivery & Freight | b. Social Security & Medicare (FICA) |
| 18. Dues & Subscriptions | c. Federal Unemployment |
| 19. Gifts | d. State Unemployment |
| 20. Health Savings Account (HSA) | 37. Security |
| 21. Insurance | 38. Supplies |
| a. Health Insurance | 39. Taxes |
| b. Liability Insurance | a. State Income or Franchise Tax |
| c. Life Insurance | b. Property Taxes |
| d. Property Insurance | c. Other Misc. Taxes |
| 22. Interest | 40. Telephone |
| a. Finance Charges | 41. Tools |
| b. Loan Interest | 42. Training & Continuing Education |
| 23. Internet Service | 43. Travel (airfare, lodging, rental car) .. |
| 24. Laundry | 44. Uniforms |
| 25. Legal & Professional | 45. Utilities |
| 26. Licenses | 46. Vehicle Expenses |
| 27. Meals & Entertainment | a. Vehicle: _____ |
| 28. Miscellaneous | b. Beg. Mileage: _____ End Mileage: _____ |
| 29. Office Supplies | c. Business Mileage (log required): _____ |
| 30. Parking & Tolls | d. Fuel: _____ Other: _____ |
| 31. Permits & Fees | |

*If you have a new business entity or you are a new client, please provide the following documents at your first appointment:
 - Articles of Incorporation or Organization
 - Verification of Subchapter S-Corporation status, if applicable
 - All business shareholder, partner or member names & social security/tax ID numbers, with percentage of ownership

Farm Income and Expenses

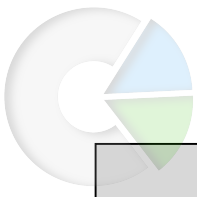
General Information				Yes	No
Name of this farm					
1	Check ownership	Taxpayer	Spouse	Joint	
2	Principal Product.....				
3	Employer identification no.....				
5	Was this farm fully disposed of in a fully taxable transaction during 2017?.....				
6	Did you materially participate in the operation of this business during 2017?				
7	At-risk determination:				
a	Is all of the investment in this activity at risk?.....				
b	Is some of the investment in this activity not at risk?				
8	Did you have unallowed passive losses in the previous year?.....				

Farm Income	
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9	Sales of livestock, etc. purchased for resale.....	
10	Cost/Basis of livestock, etc. purchased for resale	
11	Sales of livestock, produce, grains, etc. raised.....	
12 a	Total distributions received from cooperatives (provide 1099s)	
b	Taxable amount of distributions received from cooperatives	
13 a	Total agricultural program payments (provide 1099s)	
b	Taxable amount of agricultural program payments	
14 a	Crop insurance proceeds/federal crop disaster payments received in this tax year.....	
b	Taxable crop insurance proceeds/federal crop disaster payments.....	
c	Crop insurance proceeds/federal crop disaster payments deferred from prior year.....	
15	Custom hire (machine work) income.....	
16	Other income – include federal/state gas tax credit/refund.....	

Farm Expenses	
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17	Car and truck expense (mileage log required).....	
18	Chemicals.....	
19	Conservation expenses.....	
20	Custom hire (machine work).....	
21	Employee benefit programs other than pension and profit-sharing plans.....	
22	Feed.....	
24	Freight and trucking.....	
25	Gasoline, fuel, and oil.....	
26a	Insurance (other than health).....	
b	Self-employed health insurance attributable to this farm business.....	
27	Interest:	
a	Mortgage (paid to banks, etc).....	
b	Other.....	
28	Gross wages.....	
29	Pension and profit-sharing plans.....	
30	Rent or lease:	
a	Machinery, equipment, etc	
b	Other (land, animals, etc).....	
31	Repairs and maintenance.....	
32	Seeds and plants purchased.....	
33	Storage and warehousing.....	
34	Supplies purchased.....	
35	Taxes.....	
36	Utilities.....	
37	Veterinary, breeding, and medicine.....	
38	Other expenses (specify):	
.....		
.....		
NEW EQUIPMENT PURCHASES:		Date:
.....		Date:



Long Haul Truck Driving

Gross Income (include all 1099's): _____

General Expenses:

- Advertising: _____
- ATM/Bank Fees: _____
- Broker Fees: _____
- Cell Phone: _____
- Communications (fax, internet): _____
- Contract Labor: _____
- Dues & Subscriptions: _____
- Education & Training: _____
- Health Insurance: _____
- Interest (include year end stmt): _____
- Laundry & Uniforms: _____
- Loading & Unloading Fees: _____
- Medical (drug tests, physicals): _____
- Office Supplies: _____
- Postage & Shipping: _____
- Printing & Reproduction: _____
- Professional Fees: _____
- Salaries & Wages (attach W-3): _____
- Uniforms (work clothing): _____
- Workers Comp. Insurance: _____

Out-of-Town Travel:

- Number of Overnights: _____
- Airfare: _____
- Ground Transportation: _____
- Lodging: _____
- Showers: _____

In-Home Office:

- Home-Owners Insurance: _____
- Mortgage Interest (attach 1098): _____
- Property Taxes: _____
- Rent: _____
- Repairs & Maintenance: _____
- Square Footage: Office: _____ House: _____
- Utilities: _____

If a new client, please include the following*:

- Business Name: _____
- Start Date: _____ Tax ID #: _____
- Entity Type: _____

*Attach copy of S-Election verification if applicable

By completing this form, I affirm the information disclosed herein is accurate to the best of my knowledge, and instruct Craft & Associates to rely on it in the completion of the tax return.

Trucking Expenses:

- Claims & Damages: _____
- Equipment or Trailer Rent: _____
- Fuel: _____
- Insurance: _____
- Licenses: _____
- Oil & Fluids: _____
- Parking: _____
- Plates: _____
- Repairs & Maintenance: _____
- Scale Fees: _____
- Supplies: _____
- Tires: _____
- Tolls: _____
- Tools: _____
- Washes: _____
- Yard Rent: _____

Taxes:

- Hwy Use (2290): _____
- IFTA/Fuel Tax: _____
- Payroll: _____
- Other: _____

Equipment:

- Personal Vehicle Mileage (log required):
- Beg. Mileage: _____ End Mileage: _____
- Total Miles: _____ Business Miles: _____

Equipment			
Description	Date	Amount	Bought/Sold
			Bo. So.
			Bo. So.
			Bo. So.
			Bo. So.
			Bo. So.

Other Expenses (include any items not listed or for which there are questions regarding):

Name: _____ Signature: _____ Date: _____

