General Information

	Taxpayer	Spouse
First Name		
Middle Initial		
Last Name		
Suffix		
Social Security Number		
Date of Birth		
Date of Death		

Check ("X") which phone number to list on return.

	Taxpayer	Spouse
Home Phone		
Work Phone		
Cell Phone		
Fax Number		
Legally Blind		
Totally Disabled		
Claimed as a Dependent		
Presidential Election Fund ($3)		
Occupation		
E-mail address		
State of Residence as of 12/31		
County of Residence as of 12/31		
School District as of 12/31		
Sales tax rate of locality in 2024	%	%
If Part Year, Period of Residency	to	to

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

	Taxpayer	Spouse
ID type	☐ Driver's license OR ☐ State Issued ID	☐ Driver's license OR ☐ State Issued ID
ID number		
ID issuing state		
ID issue date		
ID expiration date		

Filing Status

Status on 2023 return : ☐

Status as of 12/31/2024 : Enter ("X") in the box

- ☐ **1** Single
- ☐ **2** Married filing joint
- ☐ **3** Married filing separately (Enter spouse's name and SSN above)
- ☐ **4** Head of Household — Non-dependent name: _____ Non-dependent SSN: _____
- ☐ **5** Qualifying surviving spouse (QSS) — Year spouse died

Taxpayer's Address

Street _____ Apt/Suite : _____

City _____ State _____ Zip Code _____

If address is in a foreign country, enter that country . . . _____

Foreign province/county . . _____ Foreign postal code _____

If a bona fide resident of a U.S. territory, enter territory . .

Preparer's Information

Preparer's name Denice L Vitale

Firm's name Slifko & Associates, Inc

Street 43219 Schoenherr Rd

City Sterling Heights State MI Zip Code 48313

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign here _____ Date _____

_____ Date _____

Name _____ SSN _____

Dependent Information

First Name	Last Name	No. of Months in Home in 2024	Relationship	Date of Birth	SSN	Amount Paid for Dependent Care Expenses	US Citizen	Enter "X" if applicable: Full- time Student or Disabled	Paid Education Expenses	Not a Dependent this Year

Name _____ SSN _____

Wages

W-2 Information

"X" if spouse		Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
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	35					
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	37					
	38					
	39					
	40					
	41					
	42					
	43					

Name _____ SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
*F/S/J	Payer	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.		Ordinary Dividends		Qualified Dividends		Capital Gains	
*F/S/J	Payer	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Name _____ SSN _____

Social Security and Railroad Retirement

Filer

			Current Year Amount	Prior Year Amount
1	Enter the total amount from box 5 of all your Forms SSA-1099	1		
2	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	2		
3	Enter the total amount from box 5 of all your Forms RRB-1099	3		
4	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	4		
5	Enter the total amount of Medicare B Premiums withheld.	5		
6	Enter the total amount of Medicare D Premiums withheld.	6		

Spouse

7	Enter the total amount from box 5 of all your Forms SSA-1099	7		
8	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	8		
9	Enter the total amount from box 5 of all your Forms RRB-1099	9		
10	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	10		
11	Enter the total amount of Medicare B Premiums withheld.	11		
12	Enter the total amount of Medicare D Premiums withheld.	12		

Name _____ SSN _____

Additional Income

		Filer			Spouse	
		Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1	Refund from state			1		
2	Unemployment compensation			2		
3	Other income (Prizes and Awards, etc.)			3		
4	Scholarships and fellowships			4		
5	Income from rental of personal property, if not in the business of renting such property			5		
6	Net operating loss carryover (negative no.)			6		
7	Canceled debts (1065 K-1)			7		
8				8		
9				9		
10				10		
11	Other income not provided for in this Organizer			11		

Adjustments to Income

		Filer			Spouse	
		Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1	Educator expenses			1		
2	Certain business expenses of reservists, performing artists, and fee-basis government officials			2		
3	Health Savings account deduction			3		
4	Moving expenses (members of armed forces)			4		
5	Self-employed SEP, SIMPLE, or other qualified plans			5		
6	Self-employed health insurance deduction			6		
7	Penalty on early withdrawal of savings			7		
8	Alimony paid			8		
9	IRA contribution			9		
10	Student loan interest deduction			10		
11	Foreign housing deduction			11		
12	Jury duty pay given to your employer			12		
13	Reforestation amortization			13		
14	Repayment of sub-pay under the Trade Act of 1974			14		
15	Contributions to Section 501(c)(18)(D) pension plans			15		
16	Attorney fees and court costs paid for actions involving certain unlawful discrimination claims, but only to the extent of gross income from such actions			16		
17	Expenses from the rental of personal property but were not in the business of renting such property			17		
18	Contributions by chaplains to section 403(b) plans			18		
19	Archer MSA deduction			19		
20	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the amount of the award includible in your gross income			20		
21	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money			21		
22	Excess deductions on termination of an estate/trust - Section 67(e) expenses			22		
23				23		
24				24		
25				25		
26				26		