

HAGEN CPA LLC

4525 WOODGATE DRIVE
JANESVILLE, WI 53546
hagencpa@hagen-cpa.com
Phone: (608)754-8525 | Fax: (608)754-2552

January 1, 2025

—

We hope you and your family had a safe and healthy 2024 and are hoping for a better 2025! Our goal is to give you the guidance needed for understanding how tax law changes will personally affect you.

The Standard Deduction has been increased slightly over last year:

- Single *or* Married Filing Separate – \$14,600
- Head of Household – \$21,900
- Married Filing Joint – \$29,200

2025 Limit Increases

- 401K 403B 457 Plans contribution limits \$23,500 with a \$7,500 catch-up amount for taxpayers over age 50.
- Simple contribution limits \$16,500 with a \$3,500 catch-up amount for taxpayers over age 50.
- IRA contribution limits increased to \$7,000 with a \$1,000 catch-up amount for taxpayers over age 50.
- HSA contribution limits have increased to \$4,300 self-coverage only and \$8,550 for family coverage, with a \$1,000 catch-up amount for taxpayers over age 55.

Business Reporting under the Corporate Transparency Act is required for 2025

- New Businesses (LLC's & Corporations) that are formed or registered to do business must report the name of the company and beneficial ownership information to FinCen within 90 days of formation or registration.
- Existing Businesses (LLC's & Corporations) that were formed and registered to do business prior to 2024 must report the name of the company and beneficial ownership information by the end of 2025
- *Filing is currently suspended and is not mandatory. It is believed that filing will reopen sometime in 2025 and we do recommend to still file or to be prepared as changes could happen at any time.*

Energy Credits for 2024:

- ***Qualifying Energy Efficient Home Improvement Credit*** – Exterior doors (30% of cost up to \$250 per door, up to a total of \$500); Exterior windows, skylights (30% of costs up to \$600) and insulation materials & air sealing materials (30% of costs up to \$1,200). Central air conditioners, water heaters, furnaces, and boilers (30% of costs, including labor, up to \$600 for each item). Heat pumps, Biomass Stoves and boilers (30% of costs, including labor, up to \$2,000).
- ***Home Energy Audit*** – for your main home may qualify for a tax credit of up to \$150.
- ***Solar Tax Credit*** – The solar panel tax credit for 2024 is 30% of the costs of new, qualified clean energy property for your home.
- ***Qualified Plug-in EV or fuel cell electric vehicle (FCV)*** – qualifies for a nonrefundable credit up to \$7,500. Therefore, the credit is limited to the amount of your federal tax which may be lower. *We recommend you not sign the credit back to the dealership as you may be required to pay back the credit more than your federal income tax.*

Individual Tax Deadlines:

- To ensure that we can complete your tax return by the April 15th deadline, please have all your information to us by **March 1st**. *All tax returns will be completed in the order that they are received.*
- We will provide you with an estimated completion date when your tax documents are submitted to us ***if you are not scheduling a live appointment.*** We will automatically file an extension if we receive your tax documents with an estimated completion date after April 15th.

- April 15th is the due date with the IRS. ***Please contact our office to request an extension if you do not plan to file by the due date.***
- **REMINDER** – Filing an extension DOES NOT extend the due date for any payments due to the IRS. If you usually owe money that is due April 15th, it is your responsibility to ensure that you make that payment (*it is recommended to pay the same amount you did last year at the same time you file the extension*). Hagen CPA, LLC is not responsible for any interest and/or penalties that you incur if you pay after April 15th.
- **The deadline for non-employee 1099's to be filed is January 31st.**

S-Corporations and Partnerships Tax Deadlines

- **February 10th** is the deadline to have your financial statements submitted to us to ensure that the tax returns are completed by the March 15th deadline. *All tax returns will be completed in the order that they are received.*
- March 15th is the due date with the IRS. ***Please contact our office to request an extension if you do not plan to file by the due date.***
- **The deadline for non-employee 1099's to be filed is January 31st.**
- If we are still waiting for your tax information on March 15th, we will automatically file an extension.

If you own a Corporation, Partnership, or Limited Liability Company, we will need your company's tax documents by February 10th or 3 weeks prior to your individual income tax appointment to allow us to complete your individual return during that appointment.

When you submit your tax documents, be sure to include these items:

- Copy of ***your current Driver's License or State ID***. Without this, your tax refund will be delayed.
- Tax documents, including W-2 and 1099 statements.
- Completed checklist included with this letter – ***we cannot start your tax return until we have this.***
- Mortgage interest, real estate taxes and charitable contributions.
- Sale of stock (*Including date the stock was initially purchased and purchase price*).
- Closing statements from purchase and sale of home (*including closing statement from the initial purchase*).
- Proof of residency for children under 17 that qualify for Child Tax Credit for custodial parents, or a Form 8332 if you are the non-custodial parent.
- Detailed mileage log for business vehicles.
- Documents of energy credit purchases.
- Estimated Tax Payments for 2024.

How to send us your tax information:

- Mail or Drop-Off at either office location (*Janesville or Evansville*)
- Upload to our new portal - *if you have an email address on file, you should have received an email about the portal*
- Call our office at (608) 754-8525 to schedule an appointment

Timeline once we receive your tax documents:

- When we receive all your documents, we will provide you with an estimated completion date for your tax returns. *We will call you if we have any additional questions or if we need additional information.*
- When your tax return is complete and you're getting a refund, we'll want to know if you'd like your refund direct deposited, if so, include a "voided" check with your documents.
- Form 8879 will need to be signed to give us consent to e-file your return, along with payment of your invoice. Once we have Form 8879 and payment for our services, we can e-file your return.
- If your tax return is mailed, your refund could take 6-8 weeks. If your tax return is e-filed, you can usually expect your refund in 3-4 weeks. You can log onto www.hagen-cpa.com at any time to find out the status of your refund.

Please arrive 10 minutes early for your appointment to fill out our checklists and allow time for our administrative staff to scan in any necessary documents.

Hagen CPA, LLC is not responsible for any interest and/or penalties that you incur if you pay after April 15th nor are they responsible for any quarterly estimated payments that the client needs to make or any interest/penalties that may incur.

We look forward to working with you this year! If you have any questions or if you'd like an appointment, please call us at (608) 754-8525 or email us at hagenadmin@hagen-cpa.com

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January 06, 2025

Subject: Preparation of Your 2024 Tax Returns

:

Thank you for choosing HAGEN CPA LLC to assist you with your 2024 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2024 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2024 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

Hagen CPA, LLC is not responsible for any interest and/or penalties that you incur if you pay after April 15th nor are they responsible for any quarterly estimated payments that the client needs to make or any interest/penalties that may incur.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (608)754-8525.

Sincerely,

David A Hagen CPA
HAGEN CPA LLC

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

TAX PREPARATION CHECKLIST FOR 2024

TAXPAYER'S NAME: _____ SPOUSE'S NAME: _____

Please make sure to answer these questions BEFORE your appointment and bring this (and any supporting documents) to your appointment. If you are unsure about any of these questions, please ask us!

Hagen CPA, LLC is not responsible for any interest and/or penalties that you incur if you pay after April 15th.

2024 CHANGES

YES NO

- Were you legally married as of December 31, 2024?
- Are there changes to who you may claim as dependents for 2024? *(If yes, please attach proof of residency or Form 8332)*

Please list the name(s), SSN(s), & DOB(s) of child(ren) or dependent(s) you are claiming for 2024: _____

- Did you provide more than 50% of the support for your household in 2024?
- Did each dependent stay overnight more than 50% of 2024?
- Did you move or have a change of address in 2024?
- Did you purchase, sell, or refinance during 2024? *(If yes, please attach Home Sale/Closing Information)*
- Did you earn income in a state other than the state you live in?
- Did you receive any notices from the IRS or the state taxing agency? *(If yes, please attach)*
- Did you receive any type of prize, award, or gambling winnings? *(If yes, please attach W-2G or other casino statement)*
- Did you receive jury duty or alimony pay? *(If yes, please attach proof)*
- Did you own any financial interest or had any transactions in any digital assets?
- Did you make any gifts to any one person in 2024 more than \$18,000?
- Did you pay wages to any household employees *(such as a nanny)*?
- Did you have any debts forgiven or cancelled in 2024?
- Did you pay any college tuition during 2024? *(If yes, please attach form 1098-T)*

How much was paid for any additional out-of-pocket expenses (books, fees, etc.)? \$ _____

- Did you pay any private school tuition cost for Grades K -12? *(If yes, please attach documentation from the school)*
- Did you pay any student loan interest? *(If yes, please attach 1098-E)*
- Did you make any contributions/deductions to any college savings plan? *(If yes, please attach documentation)*
- Do you have any home equity loans where **any** proceeds were **not** used to improve your residence?
- Did you have any foreign assets during the year?
- Did you make any purchases in 2024 from out-of-state companies that did not charge sales tax?

If yes, please provide the amount of purchases subject to your state's Use Tax: \$ _____

- Are you expecting any significant changes to 2025's income, deductions, or credits?
- Do you have an identity protection PIN used to file your return due to identity theft? *(If yes, please attach documentation)*
- Did you make any federal or state estimated tax payments? *(If yes, please attach documentation)*
- Did you make improvements to your home that may qualify for Energy credits? *(If yes, please attach documentation)*
- Did you make any contributions to a retirement plan? *(If yes, please attach documentation)*
- Did you make any charitable contributions in 2024? Cash: \$ _____ Non-Cash: \$ _____
- Did you purchase a *qualified* plug-in electric vehicle or fuel cell vehicle? *(If yes, please attach statement from seller)*
- Did you pay any rent for housing? \$ _____ Was heat included? Yes No
- Did you make any contributions/deductions to an HSA? *(If yes, please attach Form 1099-SA or Form 8889)*
- Did you purchase your health insurance coverage from the ACA Marketplace? *(If yes, please attach form 1095-A)*
- Did you pay for any health insurance premiums out-of-pocket? \$ _____

BUSINESS AND RENTAL QUESTIONS

(skip this section if not applicable, or if business is a Partnership or Corporation)

YES NO

- | <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you start a new business or purchase any rental property during 2024? |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you purchase (or begin using) any assets for your business costing more than \$2,500? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you sell (or stop using) any assets for your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you make any business payments that require you to issue 1099s? (\$600 threshold; not needed for rentals) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If yes, have you filed all 1099s? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have all the documentation to support all business expenses? <i>(If yes, please attach Schedule C)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you have all the documentation to support all rental expenses? <i>(If yes, please attach Schedule E)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you spend 250 or more hours of rental service activity? <i>(If yes, please attach log)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you have a log for business mileage? <i>(If yes, please attach log)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. FinCen Requirements: Did your LLC Members or Business have a change in address or Members?
<i>If yes, it is recommended to update with FinCen</i> |

1. ***If you are due a refund, would you like it direct deposited into your bank account?***
2. ***If you have a balance due, would you like it electronically withdrawn from your bank account?***

Bank Name: _____
 Routing Number: _____
 Account Number: _____

Is this a savings account? Yes No

CHECK YOUR PREFERRED METHOD FOR SIGNING YOUR TAX RETURN

CHECK YOUR PREFERRED METHOD FOR TAX RETURN DELIVERY

- Sign Electronically
- Sign in the Janesville Office
- Sign in the Evansville Office

- Mail
- Portal Upload
- Paper Copy at Janesville Office
- Paper Copy at Evansville Office

If signing electronically, please provide your e-mail address(es).

TAXPAYER E-MAIL: _____
SPOUSE E-MAIL: _____

DRIVER'S LICENSE INFORMATION

TAXPAYER: DOB: _____ LICENSE #: _____
 STATE: _____ ISSUE DATE: _____ EXP. DATE: _____

SPOUSE: DOB: _____ LICENSE #: _____
 STATE: _____ ISSUE DATE: _____ EXP. DATE: _____

By signing below, I certify all information provided on and in connection with this form is true and correct to the best of my knowledge. If any information provided is incomplete, inaccurate, misleading, or false, I may be subject to tax filing delays, tax audits, or legal action.

TAXPAYER SIGNATURE: _____ **DATE:** _____
SPOUSE SIGNATURE: _____ **DATE:** _____

EXAMPLES OF SUPPORTING DOCUMENTS TO INCLUDE

YES	N/A	<u>INCOME</u>
<input type="checkbox"/>	<input type="checkbox"/>	Salaries and Wages (<i>Form W-2 and final paystub</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Gambling Income (<i>Form W-2G</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Plan Distributions (<i>Form 1099-R</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Income (<i>Form SSA-1099</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Railroad Retirement Income (<i>Form RRB-1099-R</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Interest Income (<i>Form 1099-INT</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Dividend Income (<i>Form 1099-DIV</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Sales of Stocks and Bonds, Bartering, and Stock Options (<i>Form 1099-B, 3921, 3922 or Brokerage Statement</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Income (<i>Form 1099-G</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Other Income (<i>Form 1099-MISC</i>)
<input type="checkbox"/>	<input type="checkbox"/>	529 Tuition Plan Distributions (<i>Form 1099-Q</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Health Savings Account Distributions (<i>Form 1099-SA</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Proof of residency for children under seventeen that qualify for Child Tax Credit or Form 8332
<input type="checkbox"/>	<input type="checkbox"/>	Income from Estates, Trusts, Partnerships, or 'S' Corporations (<i>Schedule K-1</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Detailed Mileage Log or print out
<input type="checkbox"/>	<input type="checkbox"/>	Other Sources of Income, <i>i.e. Alimony received, jury duty pay, prizes & awards, etc. (Please list):</i>

YES	N/A	<u>DEDUCTIONS & CREDITS</u>
<input type="checkbox"/>	<input type="checkbox"/>	Student Loan Interest Paid (<i>Form 1098-E</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Alimony Paid
<input type="checkbox"/>	<input type="checkbox"/>	Contributions to a Traditional IRA
<input type="checkbox"/>	<input type="checkbox"/>	Contributions to a Health Savings Account (<i>HSA</i>)
<input type="checkbox"/>	<input type="checkbox"/>	College Tuition paid for you or your dependents (<i>Form 1098-T</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Childcare Expenses for children under the age of thirteen (<i>provide facility name & EIN</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Other Deductions and Credits (<i>please list</i>):

YES	N/A	<u>ITEMIZED DEDUCTIONS</u>
<input type="checkbox"/>	<input type="checkbox"/>	Medical, Dental, and Vision expenses, prescriptions, and health and long-term insurance premiums
<input type="checkbox"/>	<input type="checkbox"/>	Miles driven and lodging for seeking medical care
<input type="checkbox"/>	<input type="checkbox"/>	Property and other State or Local Taxes
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage Interest and Mortgage Insurance Premiums (<i>Form 1098</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Donations to charity (<i>cash and non-cash</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Casualty or theft losses
<input type="checkbox"/>	<input type="checkbox"/>	Gambling Losses (to the extent of winnings)
<input type="checkbox"/>	<input type="checkbox"/>	Other Itemized Deductions (<i>please list</i>):

YES	N/A	<u>WISCONSIN DEDUCTIONS</u>
<input type="checkbox"/>	<input type="checkbox"/>	Property Taxes or Rents paid for a Wisconsin residence
<input type="checkbox"/>	<input type="checkbox"/>	Contributions made for Private School Tuition (<i>Grades K-12</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Contributions made to an EdVest college savings plan.
<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance Premiums Paid, <i>excluding any amounts paid under a 'flexible spending' or cafeteria-type plan</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other Wisconsin Deductions (<i>please list</i>):

YES	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Other State Deductions (<i>please list</i>):

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

TS	Employer Name	2024 Federal Wages

Retirement

Provide all copies of Form 1099-R

TS	Payer Name	2024 Distribution

- Yes No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
- Yes No Did you use any of the distributions for disaster relief?

Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income.

TSJ	Account Number Payer Name	2024 Ordinary Dividends	2024 Qualified Dividends

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.

TSJ	Account Number Payer name	2024 Interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name: _____

SSN: _____

Sale of Capital Assets (including items not reported on Form 1099-B)

Provide all brokerage statements

TSJ	Description of Property	Date Purchased	Date Sold	Sales Price	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Installment Sale Income

TSJ _____ Description of property: _____

Date acquired _____	Date sold _____	2024	Prior Years
Selling price		_____	_____
Mortgages assumed		_____	_____
Cost of property sold		_____	_____
Depreciation allowed		_____	_____
Commissions and expense of sale		_____	_____
Gross profit percentage		_____	_____
Interest received		_____	_____
Principal payments received		_____	_____
Property was sold to a related party <input type="checkbox"/>			

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2024 Taxpayer	2024 Spouse
Social Security Benefits (attach Forms 1099-SSA)	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2024	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
Jury duty pay	_____	_____
ABLE distributions	_____	_____
Scholarships or grants not reported on Form W-2	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments

	2024 Taxpayer	2024 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid Name _____ SSN _____ Divorce or separation date _____	_____	_____
Name _____ SSN _____ Divorce or separation date _____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

TS Professional product or service Employer ID number

Business name

Business address, city, state, ZIP

Accounting Method: Cash Accrual Other (specify)

This business started or was acquired during 2024. This business was disposed of during 2024.

Select if this business is for:

Professional gambler Newspaper delivery and you are under 18 years of age
Exempt Notary income A clergy

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
If "Yes," did you file Forms 1099 for the individuals?
Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
If "Yes," was any portion of the loan forgiven in 2024?

Income

Table with 2 columns for 2024 and 2 rows: Gross receipts or sales, Other income; Returns & allowances

Expenses

Table with 2 columns for 2024 and 2 rows: Advertising, Repairs & maintenance; Car & truck expenses, Supplies; Commissions & fees, Taxes & licenses; Contract labor, Travel; Depletion, Total meals; Employee benefit programs, Utilities; Insurance (other than health), Wages; Interest - mortgage, Family health coverage payments; Interest - other, Other expenses (list); Legal & professional services; Office expenses; Pension & profit-sharing plans; Rent or lease (vehicles, machinery, & equipment); Rent (other business property)

Cost of Goods Sold

Table with 2 columns for 2024 and 2 rows: Inventory at beginning of year, Materials & supplies; Purchases, Other costs; Cost of personal use items, Inventory at end of year; Cost of labor, There was a change in inventory method.

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

TSJ _____

Property description _____

Address, city, state, ZIP _____

Select the property type

- Single family residence Vacation / short-term rental Land Self-rental
- Multi-family residence Commercial Royalties Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- This property was placed in service during 2024. Yes No
- This property was disposed of during 2024. Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.
- This property is your main home or second home. If "Yes," did you file Forms 1099 for the individuals?
- This property was owned as a qualified joint venture.

Income

	2024	2024
Rent income	_____	_____
		Royalties from oil, gas, mineral, copyright or patent _____

Expenses

	Rental Unit Expenses	Rental and Homeowner Expenses	
Advertising	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel	_____	_____	
Cleaning & maintenance	_____	_____	
Commissions	_____	_____	
Insurance	_____	_____	
Legal & professional fees	_____	_____	
Management fees	_____	_____	
Mortgage interest	_____	_____	
Other interest	_____	_____	
Repairs	_____	_____	
Supplies	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Taxes	_____	_____	
Utilities	_____	_____	
Depletion	_____	_____	
Other expenses	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

TS _____ Principal product _____ Employer ID number _____

Accounting method, if not cash: Accrual

This farm was disposed of during 2024.

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

If "Yes," did you file Forms 1099 for the individuals?

Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?

If "Yes," was any portion of the loan forgiven in 2024?

Income

	2024		2024
Sale of livestock / other items	_____	Custom hire income	_____
Cost of items bought for resale	_____	Beginning inventory for accrual	_____
Sale of products you raised	_____	Ending inventory for accrual	_____
Total cooperative distributions (Provide 1099-PATR)	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.	
Total agricultural payments	_____	Other income	_____
Commodity Credit Corporation (CCC) loans:			
CCC loans reported	_____		_____
CCC loans forfeited	_____		_____
Crop insurance proceeds:			
Amount received in 2024	_____		_____
<input type="checkbox"/> You elect to defer to 2025			
Amount deferred from 2023	_____		_____

Expenses

	2024		2024
Car & truck expenses	_____	Rent - other (land, animals, etc.)	_____
Chemicals	_____	Repairs & maintenance	_____
Conservation expenses	_____	Seeds & plants purchased	_____
Custom hire (machine work)	_____	Storage & warehousing	_____
Employee benefit programs	_____	Supplies purchased	_____
Feed purchased	_____	Taxes	_____
Fertilizers & lime	_____	Utilities	_____
Freight & trucking	_____	Veterinary, breeding, & medicine	_____
Gasoline, fuel, & oil	_____	Family health coverage payments for taxpayer, spouse or dependents	_____
Insurance (other than health)	_____	Other expenses	_____
Interest - mortgage (paid to banks, etc.)	_____		_____
Interest - other	_____		_____
Non-W-2 labor hired	_____		_____
W-2 wages paid	_____		_____
Pension & profit-sharing plans	_____		_____
Rent - vehicles, machinery, & equipment	_____		_____

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

TSJ _____ Employer ID Number _____

Description _____

This farm was disposed of during 2024

Income

	2024		2024
Income from production of livestock, produce, grains, & other crops	_____	Crop insurance proceeds:	
Total cooperative distributions	_____	Amount received in 2024	_____
Total agricultural payments	_____	<input type="checkbox"/> You elect to defer to 2025	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2023	_____
CCC loans reported	_____	Other income	_____
CCC loans forfeited	_____		_____

Expenses

	2024		2024
Car & truck expenses	_____	Seeds & plants purchased	_____
Chemicals	_____	Storage & warehousing	_____
Conservation expenses	_____	Supplies purchased	_____
Custom hire (machine work)	_____	Taxes	_____
Employee benefit programs	_____	Utilities	_____
Feed purchased	_____	Veterinary, breeding, & medicine	_____
Fertilizers & lime	_____	Other expenses (list)	
Freight & trucking	_____	_____	_____
Gasoline, fuel, & oil	_____	_____	_____
Insurance (other than health)	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____
Interest - other	_____	_____	_____
Labor hired (less jobs credit)	_____	_____	_____
Pension & profit-sharing plans	_____	_____	_____
Rent - vehicles, machinery & equipment	_____	_____	_____
Rent - other (land, animals, etc.)	_____	_____	_____
Repairs & maintenance	_____	_____	_____

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Was this vehicle available for use during off-duty hours? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have evidence to support your deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was another vehicle available for personal use? | <input type="checkbox"/> | <input type="checkbox"/> | If "Yes," is the evidence written? |

Mileage

Number of miles the vehicle was driven during 2024

Business	_____	Other	_____
Commuting	_____		

Expenses

Garage rent	_____	Repairs	_____
Gas	_____	Tires	_____
Insurance	_____	Tolls	_____
Licenses	_____	Lease addback	_____
Oil	_____	Other expenses	
Parking fees	_____	_____	_____
Rental fees	_____	_____	_____
Interest	_____	_____	_____
Property tax	_____	_____	_____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest	_____	_____
Real estate taxes	_____	_____
Excess mortgage interest	_____	_____
Excess real estate taxes	_____	_____
Insurance	_____	_____
Rent	_____	_____
Repairs & maintenance	_____	_____
Utilities	_____	_____
Other expenses	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Household Employment

Name:

SSN:

TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,700 or more in 2024?

Did you withhold federal income tax during 2024 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2024 by April 15, 2025?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2024

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,600 or more in 2024?

Did you withhold federal income tax during 2024 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2024 by April 15, 2025?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2024

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you, not through work)
Amount above that is for Medicare premiums
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Out of pocket medical & dental expenses
Doctor, dental, etc
Prescription medicines
Glasses & contacts
Hearing aids
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other
Other

Taxes Paid

State and local income taxes
General sales tax (vehicle, boat, home, etc.)
Real estate taxes
Personal property taxes
Auto registration taxes not deductible for state
Other taxes (list)

Interest Paid

Home mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home.
Home mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Points not reported on Form 1098
Investment interest

Charitable Contributions

Donations to charity
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument
Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Union dues
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other
Home equity interest

Other Information

Name:

SSN:

Mortgage Interest Provide all copies of Form 1098

Table with 5 columns: TSJ, Lender's Name, Mortgage Interest Received, Mortgage Insurance Premiums, Real Estate Taxes Paid. Includes multiple rows for data entry.

Employee Business Expenses

TS _____

Select if you are:

- Checkboxes for: A qualified performing artist, A fee-based state or local government official, A disabled employee with impairment-related work expenses, An Armed Forces reservist, You are a member of the clergy.

Select if you:

- Checkbox for: Used your personal vehicle for your job during 2024

Table for Employee Business Expenses with columns: NOT reimbursed by your employer, Reimbursed by your employer not included in box 1 of your W-2. Rows include Parking fees, tolls, local transportation; Meals; Overnight business travel expenses; Other business expenses.

Casualties and Thefts

TSJ _____ FEMA code _____

TSJ _____ FEMA code _____

Property description _____

Property description _____

Property location _____

Property location _____

Date property was acquired _____

Date property was acquired _____

Date property was damaged or stolen _____

Date property was damaged or stolen _____

Cost of property damaged or stolen _____

Cost of property damaged or stolen _____

Fair market value before incident _____

Fair market value before incident _____

Fair market value after incident _____

Fair market value after incident _____

Insurance reimbursement _____

Insurance reimbursement _____

Other Information

Name:

SSN:

Health Savings Account

TS _____

The taxpayer's coverage is under a high-deductible health plan for:

Taxpayer only Family

2024

HSA contributions made for 2024 _____

Total distributions from all HSAs during 2024 _____

Distributions included above that were rolled over into another account _____

Qualified medical expenses paid using HSA distributions _____

Education Expenses Provide all copies of Form 1098-T

Student name _____

Student name _____

Type of Expense	Amount	Type of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____

Student name _____

Type of Expense	Amount	Type of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job-related Moving Expenses

TSJ _____

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2024

Number of miles from old home to old workplace _____

Number of miles from old home to new workplace _____

Expenses to transport and store household goods and personal effects _____

Travel and lodging expenses while traveling to your new home _____

2024 Tax Organizer Personal Information

Personal Information

Name	SSN	Has IP PIN	Date of Birth
Taxpayer			
Spouse			
Name of person to whom all information should be addressed, if not the taxpayer			
Street address, city, state, and ZIP			
Occupation	Daytime Phone	Evening Phone	Cell Phone
Taxpayer			
Spouse			
Taxpayer email			
Spouse email			

Filing status at the end of 2024

Single Married Widowed - If widowed and your spouse died after December 31, 2022, enter the date of death _____

Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2024? _____

Yes No

- Are you or your spouse blind?
- Are you or your spouse disabled?
- Are you or your spouse a full-time student?
- Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?
- At any time during 2024 did you:
 - (a) receive (as a reward, award, or payment for property or service) a digital asset?
 - (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID

Driver's license State-issued photo ID

Spouse's type of photo ID

Driver's license State-issued photo ID

Photo ID number _____

Photo ID number _____

State photo ID was issued _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2024 appointment is scheduled for _____

Dependent and Other Information

Name: _____

SSN: _____

Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return _____

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2023	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

HAGEN CPA LLC
4525 WOODGATE DRIVE
JANESVILLE, WI 53546

Income

Name:

SSN:

Form 1099-MISC Income

Provide all copies of Form 1099-MISC

TS	Payer Name	2024 Amount

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

TS	Payer Name	2024 Amount