

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.

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.

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 _____

Firm's name _____

Street _____

City _____ State _____ Zip Code _____

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 _____ Date _____

here _____ Date _____

Name _____

SSN _____

Questions

Yes **No**

Personal Information

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
2 Did you purchase or sell your principal residence or did your address change?
3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2024?
5 Were either you or your spouse in the military or National Guard?
6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
7 Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?

Yes **No**

Dependents

- 1 Are there any changes in your dependents from last year?
2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,250 in investment income?
3 Did you pay education expenses for your dependent children?
4 Did anyone in your family receive a scholarship of any kind during 2024?
5 Did you pay any dependent care expenses for a child or a parent?
6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
7 Are all of your dependents either US residents or citizens?
8 If you answered YES to question 5, provide dependent care statement from your child(ren)'s care provider

Yes **No**

Health Care Coverage

- 1 Did you or a member of your family have minimum essential coverage in 2024? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes **No**

Income (In 2024, did you or your spouse have any of the following?)

- 1 Wages? (include form(s) W-2)
2 Non-employee compensation? (include form(s) 1099-NEC)
3 Miscellaneous Income? (include form(s) 1099-MISC)
4 Interest income? (include form(s) 1099-INT)
5 Dividend income? (include form(s) 1099-DIV)
6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
10 Disability income? (include form(s) W-2 or 1099)
11 Unemployment compensation? (include form(s) 1099-G)
12 Alimony?
13 Did you receive tip income NOT reported to your employer?
14 Did you receive payments from a Long-Term Care insurance contract?
15 Did you barter your services for goods or services from someone else?
16 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
17 Did you receive employer-provided adoption benefits for a previous year?
18 Did you cash in any U.S. savings bonds?
19 Did you make a loan to someone at an interest rate below market rate?
20 Did you receive a housing allowance for ministerial services you provided?
21 Did you receive any income not reported in this Organizer?
22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
23 Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes **No**

Foreign Reporting

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
2 Were you the grantor of or transferor to a foreign trust?
3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes **No**

Retirement & Other Plans

- 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
2 Did you rollover a retirement plan distribution into another plan?
3 Did you convert a traditional IRA to a Roth IRA?
4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
7 Did you make any contributions to an HSA (Health Savings Account) in 2024?
8 Did you receive a qualified disaster distribution in 2024?

9 Did you receive an early distribution for a qualified birth or adoption distribution?

Yes No Purchases, Sales, Gains and Losses

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2024? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2024? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

Yes No Business and Rental Property Income & Deductions

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2024? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you receive income from raising animals or crops? |

Yes No Other Deductions

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2024? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you refinance a mortgage or take out a home equity loan during 2024? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you incur moving expenses during the year due to a military order and incident to a permanent change in station? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you or your spouse pay any educational expenses for yourselves? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you donate a vehicle? |

Yes No Miscellaneous

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$17,000 to any one person? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2024? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008? |

8 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes No Return preparation and filing

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account: Checking Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return Credit card

Installment Agreement

Direct debit (please provide a voided blank check)

Type of account: Checking Savings

3 Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name _____ Phone Number _____ Personal identification Number (5 digit PIN) _____

ACCOUNTS SERVED

Name _____

SSN _____

Dependent Information

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		
First Name	Last Name							Full-time Student or Disabled	Paid Education Expenses	Not a Dependent this Year

ACCOUNTS SERVED

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

Employer Identification Number _____ (do not enter Social Security Number)

Principal business or profession _____

Business name _____

Business address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method Cash Accrual Other. -. (Specify) _____
- 2 Did you "materially participate" in this business? Yes No
- 3 Check ('X') if you started or acquired this business in 2024.
- 4 Did you make any payments in 2024 that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

- 5 _____ 5
- 6 _____ 6
- 7 _____ 7
- 8 _____ 8
- 9 _____ 9
- 10 _____ 10
- 11 _____ 11
- 12 _____ 12
- 13 _____ 13
- 14 _____ 14
- 15 Income reported on 1099 MISC 15
- 16 Gross amount of payment card/third party network transactions from Form 1099-K 16
- 17 Professional gambler winnings from Form W2-G 17
- 18 Gross installment sales less cost of goods sold 18
- 19 Returns and allowances 19
- 20 Other income 20

	Current Year Amount	Prior Year Amount
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Inventory (Enter "X" where applicable)

- 21 Method(s) used to value closing inventory Cost Lower of cost or market Other
- 22 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

- 23 Inventory at the beginning of year 23
- 24 Purchases less cost of items withdrawn for personal use 24
- 25 Cost of labor 25
- 26 Materials and supplies 26
- 27 Other Costs 27
- 28 Inventory at end of year 28

	Current Year Amount	Prior Year Amount
23		
24		
25		
26		
27		
28		

Assets Placed in Service This Year

Description:

- A _____ A
- B _____ B
- C _____ C
- D _____ D
- E _____ E
- F _____ F
- G _____ G

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
29	Advertising	29	
30	Contract labor	30	
31	Commissions and fees	31	
32	Depletion	32	
33	Employee benefit programs (other than on line 39)	33	
34	Insurance (other than health)	34	
Interest:			
35	Mortgage (paid to banks, etc.)	35	
36	Other	36	
37	Legal and professional services	37	
38	Office expense	38	
39	Pension and profit-sharing plans	39	
Rent or Lease:			
40	Machinery rental or lease	40	
41	Equipment rental or lease	41	
42	_____	42	
43	_____	43	
44	_____	44	
	Other business property rental or lease		
45	_____	45	
46	_____	46	
47	_____	47	
48	Repairs and maintenance	48	
49	Supplies (not included in inventory cost of goods sold)	49	
50	Taxes and licenses	50	
Travel and Meals:			
Travel			
51	_____	51	
52	_____	52	
53	_____	53	
54	_____	54	
Meals			
55	Enter "X" in the box if subject to DOT hours of service limits	55	<input type="checkbox"/>
56	Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied	56	<input type="checkbox"/>
57	Meals subject to percentage limitation	57	
58	_____	58	
59	_____	59	
60	_____	60	
61	_____	61	
Meals not subject to percentage limitation (100% allowed)			
62	_____	62	
63	_____	63	
64	_____	64	
65	_____	65	
66	Utilities	66	
67	Wages	67	
Other Expenses:			
68	_____	68	
69	_____	69	
70	_____	70	
71	_____	71	
72	_____	72	
73	_____	73	
74	_____	74	
75	_____	75	
76	_____	76	

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

	Vehicle -		Vehicle -	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year 4				
5 Commuting miles included on line 3 5				
6 Parking fees and tolls 6				
7 Vehicle Interest 7				
8 Vehicle Personal Property tax 8				
Actual Expenses				
9 Gasoline, oil and repairs 9				
10 Vehicle Insurance 10				
11 Vehicle registration fees 11				
12 Vehicle lease or rental 12				
13 _____ 13				

	Vehicle -		Vehicle -	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year 4				
5 Commuting miles included on line 3 5				
6 Parking fees and tolls 6				
7 Vehicle Interest 7				
8 Vehicle Personal Property tax 8				
Actual Expenses				
9 Gasoline, oil and repairs 9				
10 Vehicle Insurance 10				
11 Vehicle registration fees 11				
12 Vehicle lease or rental 12				
13 _____ 13				

Name _____

SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: Daycare

Home Office Expenses

Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1
- 2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day 3
- 4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses 5
- 6 Excess mortgage interest 6
- 7 Excess real estate taxes 7
- 8 Insurance 8
- 9 Rent 9
- 10 Repairs and maintenance 10
- 11 Utilities 11

12 Other Expenses:

- a _____ 12a
- b _____ 12b
- c _____ 12c
- d _____ 12d
- e _____ 12e

Business Allocation:

- Business 1: _____
- Business 2: _____
- Business 3: _____
- Business 4: _____

Current Year Amount	Prior Year Amount

Current Year Allocation %	Prior Year Allocation %

Business:

Additional expenses related to business portion only (Direct)

- 13 Casualty losses 13
- 14 Excess mortgage interest 14
- 15 Excess real estate taxes 15
- 16 Insurance 16
- 17 Rent 17
- 18 Repairs and maintenance 18
- 19 Utilities 19

20 Other Expenses:

- a _____ 20a
- b _____ 20b
- c _____ 20c
- d _____ 20d
- e _____ 20e

Current Year Amount	Prior Year Amount

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
1	Enter total traditional IRA contributions made for 2024		
2	Enter contributions, on line 1, made after 12/31/2024 and before 04/15/2024		
3	Enter value of all traditional IRAs on 12/31/2024		
4	Enter amount of any outstanding traditional rollovers as of 1/1/2024		
Spouse			
5	Enter total traditional IRA contributions made for 2024		
6	Enter contributions, on line 5, made after 12/31/2024 and before 04/15/2024		
7	Enter value of all traditional IRAs on 12/31/2024		
8	Enter amount of any outstanding traditional rollovers as of 1/1/2024		

Roth IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
1	Enter 2024 Roth IRA contributions		
2	Enter value of all Roth IRAs on 12/31/2024		
Spouse			
3	Enter 2024 Roth IRA contributions		
4	Enter value of all Roth IRAs on 12/31/2024		

SIMPLE IRA

		Current Year Amount	Prior Year Amount
Filer			
1	Enter value of all SIMPLE IRAs on 12/31/2024		
Spouse			
2	Enter value of all SIMPLE IRAs on 12/31/2024		

Education (Coverdell ESA)

		Current Year Amount	Prior Year Amount
Filer			
1	Enter 2024 Coverdell ESA contributions		
2	Enter value of the Coverdell ESA on 12/31/2024		
Spouse			
3	Enter 2024 Coverdell ESA contributions		
4	Enter value of the Coverdell ESA on 12/31/2024		

Other

		Current Year Amount	Prior Year Amount
Filer			
1	Repayment of qualified reservist distributions		
Spouse			
2	Repayment of qualified reservist distributions		

Name _____

SSN _____

Medical and Dental - Itemized Deductions

		Current Year Amount	Prior Year Amount
1	Prescription medications	1	
2	Fees for doctors, dentists, etc.	2	
3	Fees for hospitals, clinics, etc.	3	
4	Lab and X-ray fees	4	
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	5	
6	Medical equipment and supplies	6	
7	Medical mileage (number of miles driven)	7	
8	Medical parking, tolls and local transportation	8	
9	Lodging for medical purposes	9	
10	Health/Dental/Other ins. premiums (do not include self-employed plans)	10	
11	Long Term Care insurance premiums (taxpayer)	11	
12	Long Term Care insurance premiums (spouse)	12	
13	Expenses to stop smoking	13	
14	Health insurance premiums - coverage established under your business (1)	14	
15	Health insurance premiums - coverage established under your business (2)	15	
16	Long Term Care insurance premiums - coverage est. under your business (1)	16	
17	Long Term Care insurance premiums - coverage est. under your business (2)	17	
18	_____	18	
19	_____	19	
20	_____	20	
21	_____	21	
22	Insurance reimbursement for any medical and dental expense listed above	22	

ACCOUNTS SERVE

Bank Account Information

Account holder first or Business name
 Middle initial
 Last name
 Bank name
 Routing number
 Account number

Type of account

Account type

Will these funds be coming from/going to
 an account outside of the United States?

Check ("X") to apply to ALL jurisdictions

OR

Check ("X") to apply to CERTAIN jurisdictions

	Bank Account 1	Bank Account 2	Bank Account 3
Account holder first or Business name			
Middle initial			
Last name			
Bank name			
Routing number			
Account number			
Type of account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account type	<input type="checkbox"/> Personal <input type="checkbox"/> Business	<input type="checkbox"/> Personal <input type="checkbox"/> Business	<input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business
Will these funds be coming from/going to an account outside of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check ("X") to apply to ALL jurisdictions	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
OR	OR	OR	OR
Check ("X") to apply to CERTAIN jurisdictions			

ACCOUNTS SERVED