

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) _____ [1]
 Mark if you were married but living apart all year _____ [2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____ [3]

| | Taxpayer | | Spouse |
|---|-----------------------|--|-----------------------|
| Social security number | _____ [4] | | _____ [5] |
| First name | _____ [6] | | _____ [7] |
| Last name | _____ [8] | | _____ [9] |
| Occupation | _____ [10] | | _____ [11] |
| Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) | _____ [12] | | _____ [14] |
| Mark if dependent of another taxpayer | _____ [15] | | _____ [16] |
| Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) | _____ [17] | | |
| Mark if legally blind | _____ [20] | | _____ [21] |
| Date of birth | _____ [22] | | _____ [24] |
| Date of death | _____ [26] | | _____ [27] |
| Work/daytime telephone number/ext number | _____ [28] _____ [29] | | _____ [30] _____ [31] |
| Home/evening telephone number | _____ [32] | | _____ [33] |
| Do you authorize us to discuss your return with the IRS? (Y, N) | _____ [34] | | |

Present Mailing Address

Address _____ [40]
 Apartment number _____ [41]
 City, state postal code, zip code _____ [42] _____ [43] _____ [44]
 Foreign country name _____ [46]
 Foreign phone number _____ [49]
 In care of addressee _____ [51]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

| First Name ^[52] | Last Name | Date of Birth | Social Security No. | Relationship | Months in home | **Dep Codes * ** | Care expenses paid for dependent |
|----------------------------|-----------|---------------|---------------------|--------------|----------------|------------------|----------------------------------|
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Name of child who lived with you but is not your dependent _____ [53]
 Social security number of qualifying person _____ [54]

Dependent Codes

- | | |
|---|---|
| <p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you due to divorce/separation 3 = Other dependent 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC) 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|---|---|

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [20]

Mobile telephone number _____ [12] _____ [21]

Mobile telephone #2 number _____ [13] _____ [22]

Pager number _____ [14] _____ [23]

Other: _____ [15] _____ [24]

Telephone number _____ [16] _____ [25]

Extension _____ [17] _____ [26]

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [18] _____ [27]

NOTES/QUESTIONS:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. __[1]

Primary account:

Financial institution routing transit number _____ [3]

Name of financial institution _____ [4]

Your account number _____ [5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [9]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [10]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Secondary account #1:

Financial institution routing transit number _____ [27]

Name of financial institution _____ [28]

Your account number _____ [29]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [30]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [31]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [32]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Secondary account #2:

Financial institution routing transit number _____ [33]

Name of financial institution _____ [34]

Your account number _____ [35]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [36]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [37]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [38]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [17] or Percent (xxx.xx) _____ [18]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [15] or Percent (xxx.xx) _____ [16]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]

Owner's name (First Last) _____ [40] _____ [41]

Co-owner or beneficiary (First Last) _____ [42] _____ [43]

Mark if the name listed above is a beneficiary __ [44]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [23] or Percent (xxx.xx) _____ [24]

Owner's name (First Last) _____ [45] _____ [46]

Co-owner or beneficiary (First Last) _____ [47] _____ [48]

Mark if the name listed above is a beneficiary __ [49]

Nonresident Alien - General Information

Please provide copies of all Forms 1042-S, SSA-1042S, 8288A, and 8805

Country where you are a citizen or national during the tax year _____ [2]

Foreign address to use for refund check, if different than mailing address entered on Screen 1040:

Foreign address _____ [3]

Foreign city _____ [4]

Foreign country name _____ [6]

Foreign province or county _____ [7]

Foreign postal code _____ [8]

Country of permanent residence for tax purposes _____ [10]

Scholarships and fellowship grants received during tax year: _____

_____ + _____ [15]

U.S. real property interests that were disposed at a gain during the tax year _____ + _____ [18]

Income Not Effectively Connected with a U.S. Trade or Business

| Payer / Description | Tax Rate | Income | U.S. Fed Withholding |
|---|----------|------------|----------------------|
| Dividends paid by U.S. corporations: | | | |
| _____ | + | _____ [21] | + |
| _____ | + | _____ | + |
| Dividends paid by foreign corporations: | | | |
| _____ | + | _____ [23] | + |
| _____ | + | _____ | + |
| Interest received on mortgages: | | | |
| _____ | + | _____ [27] | + |
| _____ | + | _____ | + |
| Interest paid by foreign corporations: | | | |
| _____ | + | _____ [29] | + |
| _____ | + | _____ | + |
| Other Interest received: | | | |
| _____ | + | _____ [31] | + |
| _____ | + | _____ | + |
| Industrial royalties (patents, trademarks, etc.) | | | |
| _____ | + | _____ [33] | + |
| Motion picture or T.V. copyright royalties | | | |
| _____ | + | _____ [35] | + |
| Other royalties (copyrights, recording, publishing, etc.) | | | |
| _____ | + | _____ [37] | + |
| Real property income and natural resources royalties | | | |
| _____ | + | _____ [39] | + |
| Pensions and annuities: | | | |
| _____ | + | _____ [41] | + |
| Gambling - Residents of Canada only: | | | |
| Winnings _____ [42] Losses _____ [44] | | | + |
| Gambling - Residents of countries other than Canada: | | | |
| _____ | + | _____ [47] | + |
| Other income: | | | |
| _____ | + | _____ [49] | + |
| _____ | + | _____ | + |

Capital Gains & Losses Not Effectively Connected with a U.S. Trade or Business

| Description of Property ^[51] | Date Acquired | Date Sold | Sales Price | Cost/Basis | U.S. Fed W/H |
|---|---------------|-----------|-------------|------------|--------------|
| _____ | _____ | _____ | + | + | + |
| _____ | _____ | _____ | + | + | + |
| _____ | _____ | _____ | + | + | + |
| _____ | _____ | _____ | + | + | + |
| _____ | _____ | _____ | + | + | + |

Control Totals +

Have you ever applied to be a green card holder of the United States (Y, N) _____ [1]

Were you ever a U.S. citizen? (Y, N) _____ [2]

Were you ever a green card holder of the U.S.? (Y, N) _____ [3]

If you had a visa on December 31, 2023, enter your visa type _____ [5]

If you did not have a visa, enter your U.S. immigration status on December 31, 2023 _____ [6]

Date you first entered U.S. _____ [7]

If you've ever changed your visa types (nonimmigrant status) or U.S. immigration status:

 Date of visa change _____ [9]

 Nature of your visa change _____ [10]

If you are a resident of Canada or Mexico **AND** commute to work in the U.S. at frequent intervals, enter 1 for Canada or 2 for Mexico _____ [11]

List all dates you entered and left the United States during 2023 (NA for residents of Canada or Mexico):

| Date Entered | Date Left | Date Entered | Date Left | Date Entered | Date Left | Date Entered | Date Left |
|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Enter the total number of days (including vacation, nonworkdays, partial work days) you were present in the U.S. during:

2021 _____ [13]

2022 _____ [14]

2023 _____ [15]

Latest U.S. income tax return you filed prior to 2023:

Year filed _____ [16]

Type of return filed _____ [17]

Did you receive total compensation of \$250,000 or more during 2023 (Y, N) _____ [18]

If "Yes" did you use an alternative method to determine the source of the compensation? (Y, N) _____ [20]

If you used an alternative method to determine the source of the compensation, provide details in the space below.

Complete the following if claiming exemption from income tax under a U.S. income tax treaty

| Country Name [21] | Tax Treaty Article | Months Claimed in 2022 | Exempt Income in 2023 |
|-------------------|--------------------|------------------------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Were you subject to tax in a foreign country on any of the income entered in the "Exempt income 2023" column (Y, N) _____ [22]

Are you claiming treaty benefits pursuant to a Competent Authority determination. If yes, attach a copy of the determination (Y, N) _____ [23]

If you paid any amounts related to your 2023 nonresident return (i.e. estimates, extension, Form 1040-C), enter the Internal Revenue Service office that received the payments _____ [26]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [1]
Identification number _____ [3]
Issue date _____ [4]
Expiration date (mm/dd/yyyy) _____ [5]
Location of issuance (State issued only) _____ [6]
Document number (New York only) _____ [7]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [10]
Identification number _____ [12]
Issue date _____ [13]
Expiration date (mm/dd/yyyy) _____ [14]
Location of issuance (State issued only) _____ [15]
Document number (New York only) _____ [16]

NOTES/QUESTIONS:

If you have an overpayment of 2023 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2024 estimated tax liability _____ [53]

Do you expect a considerable change in your 2024 income? (Y, N) _____ [54]

If yes, please explain any differences: _____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2024? (Y, N) _____ [59]

If yes, please explain any differences: _____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2024 withholding? (Y, N) _____ [64]

If yes, please explain any differences: _____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2024? (Y, N) _____ [69]

If yes, please explain any differences: _____ [70]

_____ [71]

_____ [72]

_____ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) _____ [74]

2023 Federal Estimated Tax Payments

2022 overpayment applied to 2023 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

| | Date Due | Date Paid if After Date Due | Amount Paid | Calculated Amount | Method* |
|---------------------|----------|-----------------------------|--------------|-------------------|---------|
| 1st quarter payment | 04/18/23 | _____ [6] | + _____ [7] | _____ | _____ |
| 2nd quarter payment | 06/15/23 | _____ [8] | + _____ [9] | _____ | _____ |
| 3rd quarter payment | 09/15/23 | _____ [10] | + _____ [11] | _____ | _____ |
| 4th quarter payment | 01/16/24 | _____ [12] | + _____ [13] | _____ | _____ |
| Additional payment | | _____ [14] | + _____ [15] | | |

***Method of payment indicated in prior year**
 EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
 Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2022 return + _____ [3]

2022 overpayment applied to '23 estimates + _____ [4]

Treat calculated amounts as paid _____ [8]

| Date Paid | Amount Paid | Calculated Amount |
|--------------------------------|--------------|-------------------|
| 1st quarter payment _____ [9] | + _____ [10] | |
| 2nd quarter payment _____ [11] | + _____ [12] | |
| 3rd quarter payment _____ [13] | + _____ [14] | |
| 4th quarter payment _____ [15] | + _____ [16] | |
| Additional payment _____ [17] | + _____ [18] | |

2023 City Estimated Tax Payments

| City #1 | | City #2 | |
|---|--|---|--|
| City name _____ [28] | | City name _____ [50] | |
| Amount paid with 2022 return + _____ [31] | | Amount paid with 2022 return + _____ [53] | |
| 2022 overpayment applied to '23 estimates- _____ [32] | | 2022 overpayment applied to '23 estimates- _____ [54] | |
| Treat calculated amounts as paid _____ [36] | | Treat calculated amounts as paid _____ [58] | |

| Date Paid | Amount Paid | Date Paid | Amount Paid |
|--------------------------------|--------------|--------------------------------|--------------|
| 1st quarter payment _____ [37] | + _____ [38] | 1st quarter payment _____ [59] | + _____ [60] |
| 2nd quarter payment _____ [39] | + _____ [40] | 2nd quarter payment _____ [61] | + _____ [62] |
| 3rd quarter payment _____ [41] | + _____ [42] | 3rd quarter payment _____ [63] | + _____ [64] |
| 4th quarter payment _____ [43] | + _____ [44] | 4th quarter payment _____ [65] | + _____ [66] |

Calculated Amount

| | |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

Calculated Amount

| | |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

| City #3 | | City #4 | |
|---|--|---|--|
| City name _____ [72] | | City name _____ [94] | |
| Amount paid with 2022 return + _____ [75] | | Amount paid with 2022 return + _____ [97] | |
| 2022 overpayment applied to '23 estimates- _____ [76] | | 2022 overpayment applied to '23 estimates- _____ [98] | |
| Treat calculated amounts as paid _____ [80] | | Treat calculated amounts as paid _____ [102] | |

| Date Paid | Amount Paid | Date Paid | Amount Paid |
|--------------------------------|--------------|---------------------------------|---------------|
| 1st quarter payment _____ [81] | + _____ [82] | 1st quarter payment _____ [103] | + _____ [104] |
| 2nd quarter payment _____ [83] | + _____ [84] | 2nd quarter payment _____ [105] | + _____ [106] |
| 3rd quarter payment _____ [85] | + _____ [86] | 3rd quarter payment _____ [107] | + _____ [108] |
| 4th quarter payment _____ [87] | + _____ [88] | 4th quarter payment _____ [109] | + _____ [110] |

Calculated Amount

| | |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

Calculated Amount

| | |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

| Form | T/S/J | Description | Mark if 1 = Attached Foreign 2 = N/A | |
|------|-------|-------------|--------------------------------------|--|
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Wages and Salaries #1

Please provide all copies of Form W-2.
2023 Information

Prior Year Information

| | | | | |
|---|-------|---------|------|--|
| Taxpayer/Spouse (T, S) | | __ | [1] | |
| Employer name | _____ | | [3] | |
| Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care) | | | [5] | |
| Mark if this is your current employer | | | [6] | |
| Mark if this is the last year for this employer | | | [9] | |
| Federal wages and salaries (Box 1) | + | _____ | [10] | |
| Federal tax withheld (Box 2) | + | _____ | [12] | |
| Social security wages (Box 3) (If different than federal wages) | + | _____ | [14] | |
| Social security tax withheld (Box 4) | | + _____ | [16] | |
| Medicare wages (Box 5) (If different than federal wages) | + | _____ | [18] | |
| Medicare tax withheld (Box 6) | + | _____ | [21] | |
| SS tips (Box 7) | + | _____ | [23] | |
| Allocated tips (Box 8) | | + _____ | [25] | |
| Dependent care benefits (Box 10) | | + _____ | [27] | |
| Box 13 - | | | | |
| Statutory employee | | | [29] | |
| Retirement plan | | | [30] | |
| Third-party sick pay | | | [31] | |
| State postal code (Box 15) | | _____ | [32] | |
| State wages (Box 16) (If different than federal wages) | + | _____ | [34] | |
| State tax withheld (Box 17) | + | _____ | [36] | |
| Local wages (Box 18) | + | _____ | [38] | |
| Local tax withheld (Box 19) | | + _____ | [40] | |
| Name of locality (Box 20) | | _____ | [43] | |

Control Totals+

Wages and Salaries #2

Please provide all copies of Form W-2.
2023 Information

Prior Year Information

| | | | | |
|---|-------|---------|------|--|
| Taxpayer/Spouse (T, S) | | __ | [1] | |
| Employer name | _____ | | [3] | |
| Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care) | | | [5] | |
| Mark if this your current employer | | | [6] | |
| Mark if this is the last year for this employer | | | [9] | |
| Federal wages and salaries (Box 1) | + | _____ | [10] | |
| Federal tax withheld (Box 2) | + | _____ | [12] | |
| Social security wages (Box 3) (If different than federal wages) | + | _____ | [14] | |
| Social security tax withheld (Box 4) | | + _____ | [16] | |
| Medicare wages (Box 5) (If different than federal wages) | + | _____ | [18] | |
| Medicare tax withheld (Box 6) | + | _____ | [21] | |
| SS tips (Box 7) | + | _____ | [23] | |
| Allocated tips (Box 8) | | + _____ | [25] | |
| Dependent care benefits (Box 10) | | + _____ | [27] | |
| Box 13 - | | | | |
| Statutory employee | | | [29] | |
| Retirement plan | | | [30] | |
| Third-party sick pay | | | [31] | |
| State postal code (Box 15) | | _____ | [32] | |
| State wages (Box 16) (If different than federal wages) | + | _____ | [34] | |
| State tax withheld (Box 17) | + | _____ | [36] | |
| Local wages (Box 18) | + | _____ | [38] | |
| Local tax withheld (Box 19) | | + _____ | [40] | |
| Name of locality (Box 20) | | _____ | [43] | |

Control Totals+

Interest Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

| T/S/J | Type Code (**See codes below) | Interest Income ^[1] | Tax Exempt Income | Penalty on Early Withdrawal | U.S. Obligations* \$ or % | Tax Exempt* \$ or % | Foreign Taxes Paid | Prior Year Information |
|-------|-------------------------------|--------------------------------|-------------------|-----------------------------|---------------------------|---------------------|--------------------|------------------------|
| | 1 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 2 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 3 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 4 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 5 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 6 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 7 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 8 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 9 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 10 | Payer | | | | | | |
| | | Amounts | + | | | | | |

| **Interest Codes | | |
|--------------------------|----------------------|------------------------|
| Blank = Regular Interest | 4 = Accrued Interest | 6 = ABP Adjustment |
| 3 = Nominee Distribution | 5 = OID Adjustment | 7 = Series EE & I Bond |

Dividend Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

| T S J | Type Code | (**See codes below) | Ordinary Dividends | Qualified Dividends | Total Cap Gain Distributions | Section 1250 | Sec. 199A | 28% Capital Gain | Tax Exempt Dividends | U.S. Obligations* \$ or % | Tax Exempt* \$ or % | Foreign Taxes Paid | Prior Year Information |
|-------------|--------------|---------------------|-----------------------|------------------------|------------------------------------|--------------|-----------|---------------------|-------------------------|---------------------------------|------------------------|--------------------------|---------------------------|
| 1 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 2 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 3 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 4 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 5 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 6 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 7 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 8 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 9 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 10 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |

| | |
|-------------------------|--------------------|
| **Dividend Codes | |
| Blank = Other | 3 = Nominee |

Consolidated Broker Statement

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

Preparer use only

| | |
|----------------------|---|
| T/S/J _____ | Employer identification number _____ |
| Broker Name _____ | Margin interest _____ |
| Account number _____ | Investment management/advisory fees _____ |

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

| Type Code | 1099-INT | Interest Income | Tax Exempt Income | Penalty on Early Withdrawal | U.S. Obligations* \$ or % | Tax Exempt* \$ or % | Foreign Taxes Paid | Prior Year Information |
|-----------|-----------|-----------------|-------------------|-----------------------------|---------------------------|---------------------|--------------------|------------------------|
| 1 | Payer | | | | | | | |
| | Amounts + | | | | | | | |
| 2 | Payer | | | | | | | |
| | Amounts + | | | | | | | |
| 3 | Payer | | | | | | | |
| | Amounts + | | | | | | | |
| 4 | Payer | | | | | | | |
| | Amounts + | | | | | | | |
| 5 | Payer | | | | | | | |
| | Amounts + | | | | | | | |

| Type Code | 1099-DIV | Ordinary Dividends | Qualified Dividends | Total Cap Gain Distr | Section 1250 | Sec. 199A | 28% Capital Gain | Tax Exempt Dividends | US Obligations* \$ or % | Tax Exempt* \$ or % | Foreign Tax Paid | Prior Year Information |
|-----------|----------|--------------------|---------------------|----------------------|--------------|-----------|------------------|----------------------|-------------------------|---------------------|------------------|------------------------|
| 1 | Payer | | | | | | | | | | | |
| | Amounts+ | | | | | | | | | | | |
| 2 | Payer | | | | | | | | | | | |
| | Amounts+ | | | | | | | | | | | |
| 3 | Payer | | | | | | | | | | | |
| | Amounts+ | | | | | | | | | | | |
| 4 | Payer | | | | | | | | | | | |
| | Amounts+ | | | | | | | | | | | |
| 5 | Payer | | | | | | | | | | | |
| | Amounts+ | | | | | | | | | | | |

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

| Description of Property | Date Acquired | Date Sold | Gross Sales Price (Less expenses of sale) | Cost or Other Basis |
|-------------------------|---------------|-----------|--|---------------------|
| _____ | _____ | _____ | + _____ | + _____ |
| _____ | _____ | _____ | + _____ | + _____ |
| _____ | _____ | _____ | + _____ | + _____ |
| _____ | _____ | _____ | + _____ | + _____ |
| _____ | _____ | _____ | + _____ | + _____ |

| | | | |
|--|----------------------|-------------------|-------------------------|
| Description of Account - Aggregate profit/-loss on contracts | -Loss/Gain Entire Yr | 1099-B Adjustment | Net 1256 loss carryback |
| _____ | _____ | _____ | _____ |

Control Totals +

| | | |
|------------------------------------|-------------------------|-------------------------------|
| | 2023 Information | Prior Year Information |
| State and local income tax refunds | + _____ [5] | |

| | | | | |
|------------------|------------|-----------------------|-------------------------|-------------------------------|
| | T/S | Agreement Date | 2023 Information | Prior Year Information |
| Alimony received | — | _____ | + _____ [3] | |
| | — | _____ | + _____ [3] | |

****Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.**

| | | | |
|---|-----------------|---------------|-------------------------------|
| | Taxpayer | Spouse | Prior Year Information |
| Unemployment compensation** | + _____ [9] | + _____ [10] | |
| Unemployment compensation federal withholding | + _____ [9] | + _____ [10] | |
| Unemployment compensation state withholding | + _____ [9] | + _____ [10] | |
| Unemployment compensation repaid | + _____ [12] | + _____ [13] | |
| Alaska Permanent Fund dividends | + _____ [18] | + _____ [19] | |

| | | | | | |
|---|--------------|--|---|-------------------------|-------------------------------|
| | T/S/J | Self-Employment Income ? (Y, N) | | 2023 Information | Prior Year Information |
| | | | Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships | + _____ [15] | |
| — | — | — | _____ | + | |
| — | — | — | _____ | + | |
| — | — | — | _____ | + | |
| — | — | — | _____ | + | |
| — | — | — | _____ | + | |
| — | — | — | _____ | + | |
| — | — | — | _____ | + | |
| — | — | — | _____ | + | |
| — | — | — | _____ | + | |
| — | — | — | _____ | + | |
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| — | — | — | _____ | + | |
| — | — | — | _____ | + | |
| — | — | — | _____ | + | |
| — | — | — | _____ | + | |
| — | — | — | _____ | + | |
| — | — | — | _____ | + | |

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

| | 2023 Information | Prior Year Information |
|--|------------------|---|
| Name of payer _____ | [3] | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |
| Taxpayer/Spouse/Joint (T, S, J) _____ | [5] | |
| State postal code _____ | [6] | |
| Rents (Box 1) _____ | + [13] | |
| Royalties (Box 2) _____ | + [15] | |
| Other income (Box 3) _____ | + [17] | |
| Federal income tax withheld (Box 4) _____ | + [19] | |
| Fishing boat proceeds (Box 5) _____ | + [21] | |
| Medical and health care payments (Box 6) _____ | + [23] | |
| Payer made direct sales of \$5,000 or more of consumer products (Box 7) _____ | [27] | |
| Substitute payments in lieu of dividends or interest (Box 8) _____ | + [29] | |
| Crop Insurance proceeds (Box 9) _____ | + [31] | |
| Gross proceeds paid to an attorney (Box 10) _____ | + [36] | |
| Fish purchased for resale (Box 11) _____ | + [38] | |
| Section 409A deferrals (Box 12) _____ | + [40] | |
| Excess golden parachute payments (Box 14) _____ | + [42] | |
| Nonqualified deferred compensation (Box 15) _____ | + [44] | |
| State tax withheld (Box 16) _____ | + [46] | |
| State/Payer's state no. (Box 17) _____ | [48] | |
| State income (Box 18) _____ | + [49] | |

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

| | 2023 Information | Prior Year Information |
|--|------------------|---|
| Name of payer _____ | [3] | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |
| Taxpayer/Spouse/Joint (T, S, J) _____ | [5] | |
| State postal code _____ | [6] | |
| Rents (Box 1) _____ | + [13] | |
| Royalties (Box 2) _____ | + [15] | |
| Other income (Box 3) _____ | + [17] | |
| Federal income tax withheld (Box 4) _____ | + [19] | |
| Fishing boat proceeds (Box 5) _____ | + [21] | |
| Medical and health care payments (Box 6) _____ | + [23] | |
| Payer made direct sales of \$5,000 or more of consumer products (Box 7) _____ | [27] | |
| Substitute payments in lieu of dividends or interest (Box 8) _____ | + [29] | |
| Crop Insurance proceeds (Box 9) _____ | + [31] | |
| Gross proceeds paid to an attorney (Box 10) _____ | + [36] | |
| Fish purchased for resale (Box 11) _____ | + [38] | |
| Section 409A deferrals (Box 12) _____ | + [40] | |
| Excess golden parachute payments (Box 14) _____ | + [42] | |
| Nonqualified deferred compensation (Box 15) _____ | + [44] | |
| State tax withheld (Box 16) _____ | + [46] | |
| State/Payer's state no. (Box 17) _____ | [48] | |
| State income (Box 18) _____ | + [49] | |

Control Totals +

NOTES/QUESTIONS:

Nonemployee Compensation #1

Please provide all Forms 1099-NEC

Preparer use only

2023 Information

Prior Year Information

Name of payer _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Nonemployee compensation **(Box 1)** + _____ [13]
 Payer made direct sales of \$5,000 or more of consumer products **(Box 2)** _____ [15]
 Federal income tax withheld **(Box 4)** + _____ [17]
 State tax withheld **(Box 5)** + _____ [19]
 State/Payer's state no. **(Box 6)** _____ [21]
 State income **(Box 7)** + _____ [22]

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Control Totals +

Nonemployee Compensation #2

Please provide all Forms 1099-NEC

Preparer use only

2023 Information

Prior Year Information

Name of payer _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Nonemployee compensation **(Box 1)** + _____ [13]
 Payer made direct sales of \$5,000 or more of consumer products **(Box 2)** _____ [15]
 Federal income tax withheld **(Box 4)** + _____ [17]
 State tax withheld **(Box 5)** + _____ [19]
 State/Payer's state no. **(Box 6)** _____ [21]
 State income **(Box 7)** + _____ [22]

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Control Totals +

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor/lender _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

Control Totals +

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

Control Totals +

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

| | 2023 Information | Prior Year Information |
|--|------------------|---|
| Taxpayer/Spouse (T, S) | _____ [1] | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |
| Payer name | _____ [3] | |
| State postal code | _____ [4] | |
| Mark if professional gambler | _____ [9] | |
| Reportable winnings (Box 1) | + _____ [11] | |
| Date won (Box 2) | _____ [13] | |
| Type of wager (Box 3) | _____ [15] | |
| Federal withholding (Box 4) | + _____ [17] | |
| Transaction (Box 5) | _____ [19] | |
| Race (Box 6) | _____ [21] | |
| Identical wager winnings (Box 7) | + _____ [23] | |
| Cashier (Box 8) | _____ [25] | |
| Taxpayer identification number (Box 9) | _____ [27] | |
| Window (Box 10) | _____ [28] | |
| First ID (Box 11) | _____ [30] | |
| Second ID (Box 12) | _____ [31] | |
| Payer's state ID no. (Box 13) | _____ [32] | |
| State winnings (Box 14) | + _____ [33] | |
| State withholding (Box 15) | + _____ [35] | |
| Local winnings (Box 16) | + _____ [37] | |
| Local withholding (Box 17) | + _____ [39] | |
| Name of locality (Box 18) | _____ [42] | |
| Control Totals + | | |

Gambling Winnings #2

Please provide all copies of Form W-2G.

| | 2023 Information | Prior Year Information |
|--|------------------|---|
| Taxpayer/Spouse (T, S) | _____ [1] | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |
| Payer name | _____ [3] | |
| State postal code | _____ [4] | |
| Mark if professional gambler | _____ [9] | |
| Reportable winnings (Box 1) | + _____ [11] | |
| Date won (Box 2) | _____ [13] | |
| Type of wager (Box 3) | _____ [15] | |
| Federal withholding (Box 4) | + _____ [17] | |
| Transaction (Box 5) | _____ [19] | |
| Race (Box 6) | _____ [21] | |
| Identical wager winnings (Box 7) | + _____ [23] | |
| Cashier (Box 8) | _____ [25] | |
| Taxpayer identification number (Box 9) | _____ [27] | |
| Window (Box 10) | _____ [28] | |
| First ID (Box 11) | _____ [30] | |
| Second ID (Box 12) | _____ [31] | |
| Payer's state ID no. (Box 13) | _____ [32] | |
| State winnings (Box 14) | + _____ [33] | |
| State withholding (Box 15) | + _____ [35] | |
| Local winnings (Box 16) | + _____ [37] | |
| Local withholding (Box 17) | + _____ [39] | |
| Name of locality (Box 18) | _____ [42] | |
| Control Totals + | | |

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2023 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [6]
 Gross distributions received (**Box 1**) + _____ [8]
 Taxable amount received (**Box 2a**) + _____ [10]
 Federal withholding (**Box 4**) + _____ [12]
 Distribution code (**Box 7**) _____ [15]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [17]
 State withholding (**Box 14**) + _____ [18]
 Local withholding (**Box 17**) + _____ [20]
 Amount of rollover + _____ [22]
 Mark if distribution was due to a pre-retirement age disability _____ [24]

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Control Totals+

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2023 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [6]
 Gross distributions received (**Box 1**) + _____ [8]
 Taxable amount received (**Box 2a**) + _____ [10]
 Federal withholding (**Box 4**) + _____ [12]
 Distribution code (**Box 7**) _____ [15]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [17]
 State withholding (**Box 14**) + _____ [18]
 Local withholding (**Box 17**) + _____ [20]
 Amount of rollover + _____ [22]
 Mark if distribution was due to a pre-retirement age disability _____ [24]

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Control Totals+

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2023 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [6]
 Gross distributions received (**Box 1**) + _____ [8]
 Taxable amount received (**Box 2a**) + _____ [10]
 Federal withholding (**Box 4**) + _____ [12]
 Distribution code (**Box 7**) _____ [15]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [17]
 State withholding (**Box 14**) + _____ [18]
 Local withholding (**Box 17**) + _____ [20]
 Amount of rollover + _____ [22]
 Mark if distribution was due to a pre-retirement age disability _____ [24]

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Control Totals+

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [3]

Social Security Benefits

| | 2023 Information | Prior Year Information |
|---|------------------|---|
| If you received a Form SSA - 1099, please complete the following information: From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099: | | |
| Medicare premiums | + _____ [7] | <div style="border: 1px solid black; background-color: #e0e0e0; height: 100px; width: 100%;"></div> |
| Prescription drug (Part D) premiums | + _____ [9] | |
| Net Benefits for 2023 (Box 3 minus Box 4) (Box 5) | + _____ [12] | |
| Voluntary Federal Income Tax Withheld (Box 6) | + _____ [14] | |

Tier 1 Railroad Benefits

| | 2023 Information | Prior Year Information |
|---|------------------|---|
| If you received a Form RRB - 1099, please complete the following information: | | |
| Net Social Security Equivalent Benefit: | | <div style="border: 1px solid black; background-color: #e0e0e0; height: 100px; width: 100%;"></div> |
| Portion of Tier 1 Paid in 2023 (Box 5) | + _____ [22] | |
| Federal Income Tax Withheld (Box 10) | + _____ [25] | |
| Medicare Premium Total (Box 11) | + _____ [27] | |

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2023 or receive any prior year benefits in 2023. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

| | |
|--|------|
| | [40] |
| | [41] |
| | [42] |
| | [43] |
| | [44] |

NOTES/QUESTIONS:

| | Taxpayer | Spouse |
|--|-----------------|---------------|
| Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N) | __ [1] | __ [2] |
| Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible) | __ [3] | __ [4] |
| Enter the total traditional IRA contributions made for use in 2023 | + _____ [5] | + _____ [6] |
| | | |
| | Taxpayer | Spouse |
| Enter the nondeductible contribution amount made for use in 2023 | + _____ [5] | + _____ [6] |
| Enter the nondeductible contribution amount made in 2024 for use in 2023 | + _____ [7] | + _____ [8] |
| Traditional IRA basis | + _____ [17] | + _____ [18] |
| Value of all your traditional IRA's on December 31, 2023: | | |
| _____ | + _____ [19] | + _____ [20] |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |

Roth IRA

Please provide copies of any 1998 through 2022 Form 8606 not prepared by this office

| | Taxpayer | Spouse |
|--|-----------------|---------------|
| Mark if you want to contribute the maximum Roth IRA contribution | __ [29] | __ [30] |
| Enter the total Roth IRA contributions made for use in 2023 | + _____ [31] | + _____ [32] |
| Enter the amount a 2023 Roth IRA conversion should be adjusted by | + _____ [39] | + _____ [40] |
| Enter the total contribution Roth IRA basis on December 31, 2022 | + _____ [43] | + _____ [44] |
| Enter the total Roth IRA contribution recharacterizations for 2023 | + _____ [45] | + _____ [46] |
| Enter the Roth conversion IRA basis on December 31, 2022 | + _____ [47] | + _____ [48] |
| Value of all your Roth IRA's on December 31, 2023: | | |
| _____ | + _____ [49] | + _____ [50] |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |

NOTES/QUESTIONS:

| | |
|--|--|
| | |
|--|--|

Preparer use only

| | | |
|--|---------|------|
| Business activity or profession name | | [3] |
| Taxpayer/Spouse (T, S) | | [4] |
| State postal code | | [5] |
| Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) | | [6] |
| Plan contribution rate. Enter in xx.xx format (Limitation percentage) | | [7] |
| Enter the total amount of contributions made to a Keogh plan in 2023 | + _____ | [8] |
| Enter the total amount of contributions made to a Solo 401(k) plan in 2023 | + _____ | [9] |
| Enter the total amount of contributions made to a SEP plan in 2023 | + _____ | [10] |
| Enter the total amount of contributions made to a SARSEP plan in 2023 | + _____ | [11] |
| Enter the total amount of contributions made to a defined benefit plan in 2023 | + _____ | [12] |
| Enter the total amount of contributions made to a profit-sharing plan in 2023 | + _____ | [13] |
| Enter the total amount of contributions made to a money purchase plan in 2023 | + _____ | [14] |
| Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2023 | + _____ | [15] |
| Enter the total amount of contributions to a SIMPLE IRA plan in 2023 | + _____ | [16] |

Catch-up Contributions

| | | |
|--|---------|------|
| Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2023 | + _____ | [17] |
| Enter the amount of catch-up contributions made to a SIMPLE Plan in 2023 | + _____ | [18] |

Elective Deferrals

| | | |
|--|---------|------|
| Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2023 | + _____ | [19] |
| Enter the amount of elective deferrals designated as Roth contributions in 2023 | + _____ | [20] |

NOTES/QUESTIONS:

Preparer use only

| | 2023 Information | Prior Year Information |
|--|----------------------------------|------------------------|
| Taxpayer/Spouse/Joint (T, S, J) | _____ [2] | |
| Employer identification number | _____ [3] | |
| Business name | _____ [5] | |
| Principal business/profession | _____ [6] | |
| Business code | _____ [12] | |
| Business address, if different from home address on Organizer Form ID: 1040 | | |
| Address | _____ [15] | |
| City/State/Zip | _____ [16] _____ [17] _____ [18] | |
| Accounting method (1 = Cash, 2 = Accrual, 3 = Other) | _____ [19] | _____ |
| If other: | _____ [21] | |
| Inventory method (1 = Cost, 2 = LCM, 3 = Other) | _____ [22] | _____ |
| If other enter explanation: | _____ [24] | |
| _____ | | |
| Enter an explanation if there was a change in determining your inventory: | _____ [25] | |
| _____ | | |
| Did you "materially participate" in this business? (Y, N) | _____ [26] | _____ |
| If not, number of hours you did significantly participate | _____ [28] | _____ |
| Mark if you began or acquired this business in 2023 | _____ [30] | |
| Did you make any payments in 2023 that require you to file Form(s) 1099? (Y, N) | _____ [31] | _____ |
| If "Yes", did you or will you file all required Forms 1099? (Y, N) | _____ [33] | _____ |
| Mark if this business is considered related to qualified services as a minister or religious worker | _____ [35] | _____ |
| Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) | _____ [37] | _____ |
| Medical insurance premiums paid by this activity | + _____ [40] | _____ |
| Long-term care premiums paid by this activity | + _____ [44] | _____ |
| Amount of wages received as a statutory employee | + _____ [47] | _____ |

Business Income

| | 2023 Information | Prior Year Information |
|--------------------------|------------------|------------------------|
| Gross receipts and sales | + _____ [52] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| Returns and allowances | + _____ [55] | |
| Other income: | + _____ [57] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |

Cost of Goods Sold

| | 2023 Information | Prior Year Information |
|---------------------|------------------|------------------------|
| Beginning inventory | + _____ [59] | |
| Purchases | + _____ [61] | |
| Labor: | | |
| _____ | + _____ [63] | |
| _____ | + _____ | |
| Materials | + _____ [65] | |
| Other costs: | | |
| _____ | + _____ [67] | |
| _____ | + _____ | |
| _____ | + _____ | |
| Ending inventory | + _____ [69] | |

Control Totals +

Preparer use only

Principal business or profession _____

| Preparer use only Carryovers | Non-QBI & Tax | For QBI & Tax | AMT |
|---|--------------------------|--------------------------|------------|
| Operating | + [19] | + [20] | + [21] |
| Short-term capital | | + [22] | + [23] |
| Long-term capital | | + [24] | + [25] |
| 28% rate capital | | + [26] | + [27] |
| Section 1231 loss | | + [28] | + [29] |
| Ordinary business gain/loss | + [31] | + [32] | + [33] |
| Section 179 | + [34] | + [35] | + [36] |

NOTES/QUESTIONS:

Preparer use only

| | 2023 Information | Prior Year Information |
|--|-------------------------|------------------------|
| Description _____ | [2] | |
| Taxpayer/Spouse/Joint (T, S, J) __[3] | State postal code _____ | [5] |
| Physical address: Street _____ | [6] | |
| City, state, zip code _____ [7] ____ [8] | [9] | |
| Foreign country _____ | [11] | |
| Foreign province/county _____ | [12] | |
| Foreign postal code _____ | [13] | |
| Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) [14] | | |
| Description of other type (Type code #8) _____ | [15] | |
| Did you make any payments in 2023 that require you to file Form(s) 1099? (Y,N) _____ | [16] | _____ |
| If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ | [18] | _____ |
| Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____ | [20] | |
| Percentage of ownership if not 100% _____ | [22] | |
| Business use percentage, if not 100% (Not vacation home percentage) _____ | [24] | |

Rent and Royalty Income

| Rents and royalties | 2023 Information | Prior Year Information |
|---------------------|------------------|------------------------|
| _____ + _____ | [33] | _____ |
| _____ | | _____ |

Rent and Royalty Expenses

| | 2023 Information | Percent if not 100% | Prior Year Information |
|--|------------------|---------------------|------------------------|
| Advertising + _____ | [35] | _____ [36] | _____ |
| Auto + _____ | [38] | _____ [39] | _____ |
| Travel + _____ | [41] | _____ [42] | _____ |
| Cleaning and maintenance + _____ | [44] | _____ [45] | _____ |
| Commissions: _____ + _____ | [47] | _____ [49] | _____ |
| _____ + _____ | | | _____ |
| Insurance: _____ + _____ | [50] | _____ [52] | _____ |
| _____ + _____ | | | _____ |
| Legal and professional fees + _____ | [54] | _____ [55] | _____ |
| Management fees: _____ + _____ | [57] | _____ [59] | _____ |
| _____ + _____ | | | _____ |
| Mortgage interest paid to banks, etc (Form 1098) _____ + _____ | [60] | _____ [62] | _____ |
| _____ + _____ | | | _____ |
| Other mortgage interest + _____ | [63] | _____ [65] | _____ |
| Qualified mortgage insurance premiums + _____ | [66] | _____ [67] | _____ |
| Other interest: _____ + _____ | [69] | _____ [71] | _____ |
| _____ + _____ | | | _____ |
| Repairs + _____ | [72] | _____ [73] | _____ |
| Supplies + _____ | [75] | _____ [76] | _____ |
| Taxes: _____ + _____ | [78] | _____ [80] | _____ |
| _____ + _____ | | | _____ |
| Utilities + _____ | [81] | _____ [82] | _____ |
| Depreciation + _____ | [84] | _____ [85] | _____ |
| Depletion + _____ | [87] | _____ [88] | _____ |
| Other expenses: _____ + _____ | [90] | _____ | _____ |
| _____ + _____ | | | _____ |
| _____ + _____ | | | _____ |
| _____ + _____ | | | _____ |
| _____ + _____ | | | _____ |

Control Totals +

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

| | 2023 Information | Prior Year Information | |
|--|------------------|------------------------|--|
| Refinancing points paid - | | | |
| Recipient's/Lender's name _____ | [92] | | |
| Date of refinance _____ | | | |
| Total # Payments _____ | | | |
| Reported on 1098 in 2023 _____ | | | |
| Total points paid _____ | | | |
| Points deemed as paid in current year (Preparer use only) _____ | | | |
| Refinancing points paid - | | | |
| Recipient's/Lender's name _____ | | | |
| Date of refinance _____ | | | |
| Total # Payments _____ | | | |
| Reported on 1098 in 2023 _____ | | | |
| Total points paid _____ | | | |
| Points deemed as paid in current year (Preparer use only) _____ | | | |
| Refinancing points paid - | | | |
| Recipient's/Lender's name _____ | | | |
| Date of refinance _____ | | | |
| Total # Payments _____ | | | |
| Reported on 1098 in 2023 _____ | | | |
| Total points paid _____ | | | |
| Points deemed as paid in current year (Preparer use only) _____ | | | |

Vacation Home Information

Preparer - Enter on Screen Rent-3

| | 2023 Information | Prior Year Information |
|---|------------------|------------------------|
| Number of days home was used personally _____ | [5] | |
| Number of days home was rented _____ | [7] | |
| Number of day home owned, if not 365 _____ | [9] | |
| Carryover of disallowed operating expenses into 2023 + _____ | [21] | |
| Carryover of disallowed depreciation expenses into 2023 + _____ | [22] | |

Passive and Other Information

Preparer - Enter on Screen Rent-2

| Preparer use only | | | | |
|-------------------------------|------------------------|--------------------------|------------|--|
| Carryovers | Non-QBI and Tax | For QBI & Tax | AMT | |
| Operating | + [25] | + [26] | + [27] | |
| Short-term capital | | + [28] | + [29] | |
| Long-term capital | | + [30] | + [31] | |
| 28% rate capital | | + [32] | + [33] | |
| Section 1231 loss | + [34] | + [35] | + [36] | |
| Ordinary business gain/loss + | [37] | + [38] | + [39] | |
| Section 179 | + [40] | + [41] | + [42] | |

NOTES/QUESTIONS:

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

| | Preparer use only Carryovers | Non-QBI & Tax | For QBI & Tax | AMT |
|---------------|---------------------------------|---------------|---------------|------|
| Enter on K1-7 | Operating | [16] | [17] | [18] |
| | Short-term capital | | [19] | [20] |
| | Long-term capital | | [21] | [22] |
| | 28% rate capital | | [23] | [24] |
| | Section 1231 loss | | [25] | [26] |
| | Ordinary business gain/loss | [28] | [29] | [30] |
| | Other losses - 1040 Sch 1 | [31] | [32] | [33] |
| | Section 179 | [34] | [35] | [36] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

| | Preparer use only Carryovers | Non-QBI & Tax | For QBI & Tax | AMT |
|---------------|---------------------------------|---------------|---------------|------|
| Enter on K1-7 | Operating | [16] | [17] | [18] |
| | Short-term capital | | [19] | [20] |
| | Long-term capital | | [21] | [22] |
| | 28% rate capital | | [23] | [24] |
| | Section 1231 loss | | [25] | [26] |
| | Ordinary business gain/loss | [28] | [29] | [30] |
| | Other losses - 1040 Sch 1 | [31] | [32] | [33] |
| | Section 179 | [34] | [35] | [36] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

| | Preparer use only Carryovers | Non-QBI & Tax | For QBI & Tax | AMT |
|---------------|---------------------------------|---------------|---------------|------|
| Enter on K1-7 | Operating | [16] | [17] | [18] |
| | Short-term capital | | [19] | [20] |
| | Long-term capital | | [21] | [22] |
| | 28% rate capital | | [23] | [24] |
| | Section 1231 loss | | [25] | [26] |
| | Ordinary business gain/loss | [28] | [29] | [30] |
| | Other losses - 1040 Sch 1 | [31] | [32] | [33] |
| | Section 179 | [34] | [35] | [36] |

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Non-QBI & Tax | For QBI & Tax | AMT |
|-------------------|---------------------------------|---------------|---------------|------|
| Enter on K1T-3 | Operating | [18] | [19] | [20] |
| | Short-term capital | | [21] | [22] |
| | Long-term capital | | [23] | [24] |
| | 28% rate capital | | [25] | [26] |
| | Section 1231 loss | [27] | [28] | [29] |
| | Ordinary business gain/loss | [30] | [31] | [32] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Non-QBI & Tax | For QBI & Tax | AMT |
|-------------------|---------------------------------|---------------|---------------|------|
| Enter on K1T-3 | Operating | [18] | [19] | [20] |
| | Short-term capital | | [21] | [22] |
| | Long-term capital | | [23] | [24] |
| | 28% rate capital | | [25] | [26] |
| | Section 1231 loss | [27] | [28] | [29] |
| | Ordinary business gain/loss | [30] | [31] | [32] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Non-QBI & Tax | For QBI & Tax | AMT |
|-------------------|---------------------------------|---------------|---------------|------|
| Enter on K1T-3 | Operating | [18] | [19] | [20] |
| | Short-term capital | | [21] | [22] |
| | Long-term capital | | [23] | [24] |
| | 28% rate capital | | [25] | [26] |
| | Section 1231 loss | [27] | [28] | [29] |
| | Ordinary business gain/loss | [30] | [31] | [32] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Non-QBI & Tax | For QBI & Tax | AMT |
|-------------------|---------------------------------|---------------|---------------|------|
| Enter on K1T-3 | Operating | [18] | [19] | [20] |
| | Short-term capital | | [21] | [22] |
| | Long-term capital | | [23] | [24] |
| | 28% rate capital | | [25] | [26] |
| | Section 1231 loss | [27] | [28] | [29] |
| | Ordinary business gain/loss | [30] | [31] | [32] |

Description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____ [7]
 Date former residence was acquired _____ [9]
 Date former residence was sold _____ [10]
 Selling price of former residence + _____ [11]
 Expenses related to the sale of your old home + _____ [12]
 Original cost of home sold including capital improvements + _____ [13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____ [19]

| | Taxpayer | Spouse |
|---|------------|------------|
| Reduced exclusion days: (Enter only days within 5-year period ending on sale date) | | |
| Number of days each person used property as main home | _____ [21] | _____ [22] |
| Number of days each person owned property used as main home | _____ [23] | _____ [24] |
| Number of days between date of sale of the other home and date of sale of this home | _____ [25] | _____ [26] |

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [28]
 Total current year payments received + _____ [29]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [30]
 Address _____ [31]
 City, State and Zip _____ [32] [33] _____ [34]
 Identifying number of related party _____ [35]
 Was the property sold as a marketable security? (Y, N) _____ [36]
 Enter date of second sale if more than 2 years after the first sale _____ [37]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [38]
 Selling price of property sold by a related party + _____ [40]

NOTES/QUESTIONS:

Preparer use only

| | | |
|----------------------------------|-------|------|
| Description of property given up | _____ | [4] |
| | _____ | [5] |
| Taxpayer/Spouse/Joint (T, S, J) | _____ | [6] |
| State postal code | _____ | [7] |
| Description of property received | _____ | [10] |
| | _____ | [11] |

Date Information

| | | |
|---|-------|------|
| Date the like-kind property given up was acquired | _____ | [17] |
| Date you transferred your property to the other party | _____ | [18] |
| Date the like-kind property received was identified | _____ | [19] |
| Date you received the like-kind property from the other party | _____ | [20] |

Gain and Basis Information

| | | |
|---|---------|------|
| Fair market value of other property given up | + _____ | [21] |
| Adjusted basis of other property given up | + _____ | [22] |
| Cash received | + _____ | [23] |
| Fair market value of other (not like-kind) property received | + _____ | [24] |
| Installment obligation received in like-kind exchange | + _____ | [25] |
| Fair market value of like-kind property you received | + _____ | [26] |
| Fair market value of non-section 1245 property you received | + _____ | [27] |
| Liabilities, including mortgages, assumed by you | + _____ | [28] |
| Cash paid | + _____ | [29] |
| Adjusted basis of like-kind property given up | + _____ | [30] |
| Adjusted basis of like-kind property from pass through entity | | |
| Cost or other basis | + _____ | [31] |
| Depreciation allowed or allowable excluding Section 179 | + _____ | [32] |
| Section 179 expense deduction passed through | + _____ | [33] |
| Section 179 carryover | + _____ | [34] |
| Liabilities, including mortgages, assumed by the other party | + _____ | [35] |
| Exchange expenses incurred by you | + _____ | [36] |

Related Party Exchange Information

| | | |
|--|-------|------|
| Name of related party | _____ | [39] |
| Address of related party | _____ | [40] |
| City | _____ | [41] |
| State | _____ | [42] |
| Zip code | _____ | [43] |
| Identifying number of related party | _____ | [44] |
| Relationship to you | _____ | [45] |
| During this tax year, did the related party sell or dispose of the property received? (Y, N) | _____ | [46] |
| During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) | _____ | [47] |
| Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) | _____ | [48] |
| Mark if this exchange is a prior year like-kind exchange | _____ | [50] |

NOTES/QUESTIONS:

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service. Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

| | 2023 Information | Prior Year Information |
|---|------------------|------------------------|
| Asset description | _____ [2] | |
| Asset identifying number or other designation | _____ [3] | |
| Date asset acquired | _____ [4] | |
| Date asset disposed | _____ [6] | |
| Asset jointly owned with spouse | ___ [7] | |
| Maximum value of asset | _____ [9] | |

Asset foreign entity information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity: (P = Partnership, C = Corporation, T = Trust, E = Estate) _____ [14]
 Foreign entity name _____ [16]
 Foreign entity address _____ [17]
 City, state, zip code _____ [18] _____ [19] _____ [20]
 Foreign country code/name _____ [21] _____ [22]
 Foreign province/county _____ [23]
 Foreign postal code _____ [24]

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____ [25]
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____
 Individual or organization name _____
 Address of issuer or counterparty _____
 City, state, zip code _____
 Foreign country code/name _____
 Foreign province/county _____
 Foreign postal code _____

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____
 Individual or organization name _____
 Address of issuer or counterparty _____
 City, state, zip code _____
 Foreign country code/name _____
 Foreign province/county _____
 Foreign postal code _____

NOTES/QUESTIONS:

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J)

__[1]

| | 2023 Information | Prior Year Information |
|---|----------------------|------------------------|
| Deposit or Custodial account (D= Deposit, C = Custodial) | __[4] | |
| Type of Account: | | |
| Bank | __[5] | |
| Securities | __[6] | |
| Other | __[7] | |
| Maximum value of account | __[8] | |
| Account number or other designation | __[10] | |
| Financial institution | __[12] | |
| Address of financial institution | __[13] | |
| City, state, zip code | __[14] __[15] __[16] | |
| Foreign country code/name | __[17] __[18] | |
| For addresses in Mexico, enter state | __[20] | |
| Foreign province/county | __[23] | |
| Foreign postal code | __[24] | |
| Account jointly owned with spouse | __[25] | |
| Account opened during the tax year | __[47] | __ |
| Account closed during the tax year | __[49] | |
| Information is reported for a financial account which is: | __[27] | |

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

| | |
|--|----------------------|
| Taxpayer identification number of account holder/joint owner | __[28] |
| Foreign identification number of account holder/joint owner (If no Taxpayer identification number) | __[29] |
| Last name or organization name of account holder/joint owner | __[30] |
| First name and middle initial of account holder/joint owner | __[31] __[32] |
| Address and apartment | __[33] __[34] |
| City, state, zip code | __[35] __[36] __[37] |
| Foreign country code/name | __[38] __[39] |
| For addresses in Mexico, enter state | __[41] |
| Foreign postal code | __[44] |
| Number of joint owners (Not including taxpayer, if applicable) | __[45] |
| Filer's title with this owner (If applicable) | __[46] |

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S) [1] State postal code [3]
 Foreign street address [4] City
 State/Province Country code
 Country Postal code
 Employer's name [2]
 U.S. address [5] City
 State postal code Zip code
 Foreign street address [6] City
 State/Province Country code
 Country Postal code
 Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) If other, specify type [8]
 Country of citizenship [11]
 If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:
 City/Country [12] Days
 City/Country Days
 List tax home(s) during the tax year and dates established:
 Tax home [13] Date
 Tax home Date

Foreign Earned Income Allocation Information

***U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information: [16]

| Type Code* | Name of Country including United States | Date Arrived | Date Left | No. of U.S. business days |
|----------------------|---|----------------------|----------------------|---------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Foreign days worked before and after foreign assignment [17] Total days worked before and after foreign assignment [18]
Total number of days worked during year (defaults to 240) [19]

Bona Fide Residence Test

Date foreign residence began [21] Date foreign residence ended [22]
 Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) [23]
 If any family members lived abroad with you during any part of tax year, list who and for what period:
 Relationship Period abroad [24]
 Relationship Period abroad
 Relationship Period abroad
 Relationship Period abroad
 Mark if you submitted a statement to foreign country authorities that you are not a resident of that country [25]
 Mark if required to pay income tax to that country [26]
 List any contractual terms or other conditions relating to length of employment abroad [27]

Type of visa used to enter foreign country [28]
 Explanation if visa limited length of stay or employment [29]

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:
 Address [30] City
 State postal code Zip code
 Rented Occupant Relationship
 Address [30] City
 State postal code Zip code
 Rented Occupant Relationship

Physical Presence Test

Principal country of employment [31]

Employer's name _____
 Taxpayer/Spouse (T, S) _____
 State postal code _____

Foreign Earned Income

***Please use the Foreign Earned Income Allocation Codes located below**

| | Allocation Code* | Amount |
|---|------------------------------|---------------------------------------|
| Noncash income: | | |
| Home (lodging) _____ | [10] ___ [11] + | _____ [12] |
| Meals _____ | [13] ___ [14] + | _____ [15] |
| Car _____ | [16] ___ [17] + | _____ [18] |
| Other properties or facilities (Please enter code here and description and amount below): _____ _____ _____ _____ | ___ [19] + + + + | _____ _____ _____ _____ [20] |
| Allowances, reimbursements or expenses paid on behalf: | | |
| Cost of living and overseas differential _____ | ___ [21] + | _____ [22] |
| Family _____ | ___ [23] + | _____ [24] |
| Education _____ | ___ [25] + | _____ [26] |
| Home leave _____ | ___ [27] + | _____ [28] |
| Quarters _____ | ___ [29] + | _____ [30] |
| Other purposes (Please enter code here and description and amount below): _____ _____ _____ _____ | ___ [31] + + + + | _____ _____ _____ _____ [32] |
| Other foreign earned income (Please enter code here and description and amount below): _____ _____ _____ _____ | ___ [33] + + + + | _____ _____ _____ _____ [34] |
| Excludable meals and lodging under section 119 _____ | + _____ | _____ [35] |

***Foreign Earned Income Allocation Codes**

1 = 100% foreign during assignment
2 = 100% U.S. during assignment
3 = U.S. and foreign days worked during assignment
4 = U.S. and foreign days before/after assignment
5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

| | Allocation Code* | Amount |
|----------------------------------|------------------|------------|
| Other allocable deductions _____ | ___ [36] + | _____ [37] |

Housing Exclusion/Deduction

| | | |
|---------------------------------|---------|------------|
| Qualified housing expense _____ | + _____ | _____ [47] |
|---------------------------------|---------|------------|

NOTES/QUESTIONS:

Preparer use only

| | | |
|--|---------|------|
| Description of move | _____ | [2] |
| Taxpayer/Spouse/Joint (T, S, J) | _____ | [3] |
| Mark if the move was due to service in the armed forces | _____ | [7] |
| Number of miles from old home to new workplace | _____ | [8] |
| Number of miles from old home to old workplace | _____ | [9] |
| Mark if move is outside United States or its possessions | _____ | [10] |
| Transportation and storage expenses | + _____ | [11] |
| Travel and lodging (not including meals) | + _____ | [12] |
| Miles driven to new home | _____ | [13] |
| Total amount reimbursed for moving expenses | + _____ | [15] |

NOTES/QUESTIONS:

Preparer use only

Taxpayer/Spouse (T, S) _____ [2]
 Occupation in which expenses were incurred _____ [3]
 State postal code _____ [4]

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) _____ [5]
 Was another vehicle available for personal use? (Y, N) _____ [7]
 Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) _____ [9]

2023 Information

Prior Year Information

| | |
|--|---|
| | — |
| | — |

Vehicle Information

| | | | |
|-------------|------------------------------------|--|--|
| Vehicle 1 - | Date placed in service _____ [11] | | |
| | Description _____ [12] | | |
| | Comments _____ | | |
| Vehicle 2 - | Date placed in service _____ [59] | | |
| | Description _____ [60] | | |
| | Comments _____ | | |
| Vehicle 3 - | Date placed in service _____ [107] | | |
| | Description _____ [108] | | |
| | Comments _____ | | |
| Vehicle 4 - | Date placed in service _____ [155] | | |
| | Description _____ [156] | | |
| | Comments _____ | | |

Vehicles Actual Expenses

| Mileage Information | Vehicle 1 | Prior Year Information | Vehicle 2 | Prior Year Information | Vehicle 3 | Prior Year Information | Vehicle 4 | Prior Year Information |
|---|-----------|------------------------|---------------|------------------------|---------------|------------------------|---------------|------------------------|
| Total mileage for the year _____ [18] | | | _____ [66] | | _____ [114] | | _____ [162] | |
| Business miles _____ [20] | | | _____ [68] | | _____ [116] | | _____ [164] | |
| Average daily round trip commuting mileage _____ [23] | | | _____ [71] | | _____ [119] | | _____ [167] | |
| Total commuting mileage _____ [25] | | | _____ [73] | | _____ [121] | | _____ [169] | |
| Gasoline + _____ [27] | | | + _____ [75] | | + _____ [123] | | + _____ [171] | |
| Oil + _____ [29] | | | + _____ [77] | | + _____ [125] | | + _____ [173] | |
| Repairs + _____ [31] | | | + _____ [79] | | + _____ [127] | | + _____ [175] | |
| Maintenance + _____ [33] | | | + _____ [81] | | + _____ [129] | | + _____ [177] | |
| Tires + _____ [35] | | | + _____ [83] | | + _____ [131] | | + _____ [179] | |
| Car washes + _____ [37] | | | + _____ [85] | | + _____ [133] | | + _____ [181] | |
| Insurance + _____ [39] | | | + _____ [87] | | + _____ [135] | | + _____ [183] | |
| Interest + _____ [41] | | | + _____ [89] | | + _____ [137] | | + _____ [185] | |
| Registration + _____ [43] | | | + _____ [91] | | + _____ [139] | | + _____ [187] | |
| Licenses + _____ [45] | | | + _____ [93] | | + _____ [141] | | + _____ [189] | |
| Property taxes (Plates, tags, etc) _____ [47] | | | + _____ [95] | | + _____ [143] | | + _____ [191] | |
| Vehicle rentals + _____ [49] | | | + _____ [97] | | + _____ [145] | | + _____ [193] | |
| Inclusion amt (Preparer only) _____ [51] | | | + _____ [99] | | + _____ [146] | | + _____ [195] | |
| Other vehicle expenses+ _____ [53] | | | + _____ [101] | | + _____ [149] | | + _____ [197] | |
| Value of employer provided vehicle + _____ [55] | | | + _____ [103] | | + _____ [151] | | + _____ [199] | |
| Depreciation + _____ [57] | | | + _____ [105] | | + _____ [153] | | + _____ [201] | |

Control Totals +

Alimony Paid:

| T/S | Date* | 2023 Information | Prior Year Information |
|-----|--------------------------|------------------|------------------------|
| | | + [4] | |
| | Recipient name and SSN | | |
| | Address | | |
| | City, state and zip code | | |
| | | + | |
| | Recipient name and SSN | | |
| | Address | | |
| | City, state and zip code | | |
| | | + | |
| | Recipient name and SSN | | |
| | Address | | |
| | City, state and zip code | | |

* Date of divorce/separation agreement

| | 2023 Information | Prior Year Information |
|--------------------|------------------|------------------------|
| | Taxpayer | Spouse |
| Educator expenses: | + [6] | + [7] |
| | + | + |
| Other adjustments: | + [9] | + [10] |
| | + | + |
| | + | + |
| | + | + |
| | + | + |
| | + | + |
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| | + | + |

NOTES/QUESTIONS:

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2023 that were issued after 1989, and you paid qualified higher education expenses in 2023 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____
 City, state, and zip code _____

Qualified higher education expenses you paid in 2023 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2023 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____
 City, state and zip code _____

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____
 City, state, and zip code _____

Qualified higher education expenses you paid in 2023 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2023 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____
 City, state and zip code _____

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____
 City, state, and zip code _____

Qualified higher education expenses you paid in 2023 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2023 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____
 City, state and zip code _____

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2023 + _____ [3]

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2023 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2023. The amounts reported by the lender may differ from the amounts you actually paid.

| TS | Qualified loan interest recipient/lender | 2023 Interest Paid | Prior Year Information |
|----|--|-----------------------|--|
| — | _____ | + _____ [1] | <div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;"> _____ _____ _____ </div> |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education Code (1=American Opportunity Credit, 2=Lifetime Learning Credit) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

**Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2023.
 Enter the amount actually paid during 2023.**

| | 2023 Information | Prior Year Information |
|--|------------------|---|
| Tuition paid (Enter only the amount actually paid) (Box 1) | + _____ [8] | <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
| Educational institution changed its reporting method for 2023 (Box 3) | — | |
| Adjustments made for a prior year (Box 4) | _____ | |
| Scholarships or grants (Box 5) | _____ | |
| Adjustments to scholarships or grants for a prior year (Box 6) | _____ | |
| Box 1 or 2 includes amounts for an academic period beginning January - March 2024 (Box 7) | — | |
| At least half-time student (Box 8) | — | |
| Graduate student (Box 9) (1=Yes, 2=No) | — | |
| Insurance contract reimbursement/refund (Box 10) | _____ | |
| Non-Institution expenses (Books and fees not paid directly to the educational institution) | _____ | |
| American Opportunity Tax Credit (AOTC) disqualifier | — | |
| 1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2023 | | |

NOTES/QUESTIONS:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

| | 2023 Information | Prior Year Information |
|---|-------------------------|-------------------------------|
| Amount contributed in current year | + _____ [14] | _____ _____ _____ |
| Basis of this account at 12/31/22 | + _____ [17] | |
| Value of this account at 12/31/23 | + _____ [19] | |
| Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse) | + _____ [24] | |

Payments from Qualified Education Programs

| | 2023 Information | Prior Year Information |
|---|-------------------------|---|
| Gross distribution (Box 1) | + _____ [30] | _____ _____ _____ _____ _____ _____ _____ _____ _____ |
| Earnings (Box 2) | + _____ [32] | |
| Basis (Box 3) | + _____ [34] | |
| Trustee-to-trustee rollover (Box 4) | _____ [36] | |
| Trustee-to-trustee rollover amount if different than Box 1 | + _____ [37] | |
| Box 5 - | | |
| Private QTP | _____ [39] | |
| State QTP | _____ [40] | |
| Coverdell ESA | _____ [41] | |
| Check if the recipient is not the designated beneficiary (Box 6) | _____ [42] | |
| Qualified education expenses | + _____ [43] | |
| Elementary and secondary education expenses | + _____ [45] | |

NOTES/QUESTIONS:

| T/S/J | 2023 Information | Prior Year Information |
|--|------------------|------------------------|
| Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received | | |
| [1] _____ | + _____ [2] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| Medical insurance premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</small> | | |
| [4] _____ | + _____ [5] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| Long-term care premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</small> | | |
| [7] _____ | + _____ [8] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| Prescription medicines and drugs: | | |
| [10] _____ | + _____ [11] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| [13] Miles driven for medical items (22 cents) | _____ [14] | |

Schedule A - Tax Expenses

| T/S/J | 2023 Information | Prior Year Information |
|--|------------------|------------------------|
| State/local income taxes paid: | | |
| [18] _____ | + _____ [19] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| 2022 state and local income taxes paid in 2023: | | |
| [21] _____ | + _____ [22] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| Real estate taxes paid: | | |
| [24] _____ | + _____ [25] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| Personal property taxes: | | |
| [27] _____ | + _____ [28] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| Other taxes, such as: foreign taxes and State disability taxes | | |
| [30] _____ | + _____ [31] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| Sales tax paid on major purchases: | | |
| [36] _____ | + _____ [37] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| Sales tax paid on actual expenses: | | |
| [39] _____ | + _____ [40] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |

| T/S/J | Home mortgage interest: From Form 1098 | 2023 Interest Paid ^{2]} | 2023 Points Paid | Type* | Prior Year Information |
|-------|--|-------------------------------------|---------------------|-------|------------------------|
| [1] | _____ | + _____ | + _____ | --- | |
| --- | _____ | + _____ | + _____ | --- | |
| --- | _____ | + _____ | + _____ | --- | |
| --- | _____ | + _____ | + _____ | --- | |
| --- | _____ | + _____ | + _____ | --- | |
| --- | _____ | + _____ | + _____ | --- | |
| --- | _____ | + _____ | + _____ | --- | |
| --- | _____ | + _____ | + _____ | --- | |
| --- | _____ | + _____ | + _____ | --- | |
| --- | _____ | + _____ | + _____ | --- | |

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

| T/S/J | Payee's Name Other, such as: Home mortgage interest paid to individuals | SSN or EIN | 2023 Information | Prior Year Information |
|-------|--|------------|------------------|------------------------|
| [4] | _____ | _____ | + _____ [5] | |
| | Address _____ | | | |
| | City, state and zip code _____ | | | |
| | _____ | _____ | + _____ | |
| | Address _____ | | | |
| | City, state and zip code _____ | | | |

| T/S/J | Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid - | 2023 Information | Prior Year Information |
|-------|---|------------------|------------------------|
| --- | Payer's/Borrower's name _____ [7] | | |
| | Street Address _____ | | |
| | City/State/Zip code _____ | | |
| | Refinancing Points paid in 2023 - | | |
| | Taxpayer/Spouse/Joint (T, S, J) _____ [11] | | |
| | Recipient/Lender name _____ | | |
| | Total points paid at time of refinance _____ | | |
| | Points deemed as paid in 2023 (Preparer use only) + _____ [12] | | |
| | Date of refinance _____ | | |
| | Term of new loan (in months) _____ | | |
| | Reported on Form 1098 in 2023 _____ | | |
| | Taxpayer/Spouse/Joint (T, S, J) _____ | | |
| | Recipient/Lender name _____ | | |
| | Total points paid at time of refinance _____ | | |
| | Points deemed as paid in 2023 (Preparer use only) + _____ | | |
| | Date of refinance _____ | | |
| | Term of new loan (in months) _____ | | |
| | Reported on Form 1098 in 2023 _____ | | |

| T/S/J | Investment interest expense, other than on Schedule(s) K-1: | 2023 Information | Prior Year Information |
|-------|---|------------------|------------------------|
| [15] | _____ | + _____ [16] | |
| --- | _____ | + _____ | |
| --- | _____ | + _____ | |
| --- | _____ | + _____ | |
| --- | _____ | + _____ | |
| --- | _____ | + _____ | |
| --- | _____ | + _____ | |
| --- | _____ | + _____ | |
| --- | _____ | + _____ | |
| --- | _____ | + _____ | |

T/S/J

2023 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

| | | | | |
|-----|--|---------|-----|-------|
| [2] | _____ | + _____ | [3] | _____ |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| [5] | Volunteer miles driven | | [6] | |
| | Noncash items, such as: Goodwill/Salvation Army/clothing/household goods | | | |
| [8] | _____ | + _____ | [9] | _____ |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |

Miscellaneous Deductions

T/S/J

2023 Information

Prior Year Information

Other expenses

| | | | | |
|------|---|---------|------|-------|
| [12] | _____ | + _____ | [13] | _____ |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| | Gambling losses: (Enter only if you have gambling income) | | | |
| [15] | _____ | + _____ | [16] | _____ |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |
| — | _____ | + _____ | | |

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

| | 2023 Information | | Prior Year Information |
|--|------------------|--------|------------------------|
| | Taxpayer | Spouse | |
| Self-employed health insurance premiums: (Not entered elsewhere) | | | |
| _____ + _____ [2] | + _____ [3] | | |
| _____ + _____ | + _____ | | |
| _____ + _____ | + _____ | | |
| Self-employed long-term care premiums: (Not entered elsewhere) | | | |
| _____ + _____ [5] | + _____ [6] | | |
| _____ + _____ | + _____ | | |
| _____ + _____ | + _____ | | |

NOTES/QUESTIONS:

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

| | A. 2023 Monthly Premium Amount | Prior Year Information | B. 2023 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) | C. 2023 Monthly Advance Payment of Premium Tax Credit | Prior Year Information |
|--------------|--------------------------------|------------------------|--|---|------------------------|
| January | + _____ [12] | _____ | + _____ [25] | + _____ [38] | _____ |
| February | + _____ [13] | _____ | + _____ [26] | + _____ [39] | _____ |
| March | + _____ [14] | _____ | + _____ [27] | + _____ [40] | _____ |
| April | + _____ [15] | _____ | + _____ [28] | + _____ [41] | _____ |
| May | + _____ [16] | _____ | + _____ [29] | + _____ [42] | _____ |
| June | + _____ [17] | _____ | + _____ [30] | + _____ [43] | _____ |
| July | + _____ [18] | _____ | + _____ [31] | + _____ [44] | _____ |
| August | + _____ [19] | _____ | + _____ [32] | + _____ [45] | _____ |
| September | + _____ [20] | _____ | + _____ [33] | + _____ [46] | _____ |
| October | + _____ [21] | _____ | + _____ [34] | + _____ [47] | _____ |
| November | + _____ [22] | _____ | + _____ [35] | + _____ [48] | _____ |
| December | + _____ [23] | _____ | + _____ [36] | + _____ [49] | _____ |
| Annual total | + _____ [24] | _____ | + _____ [37] | + _____ [50] | _____ |

Control Totals+

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

| | A. 2023 Monthly Premium Amount | Prior Year Information | B. 2023 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) | C. 2023 Monthly Advance Payment of Premium Tax Credit | Prior Year Information |
|--------------|--------------------------------|------------------------|--|---|------------------------|
| January | + _____ [12] | _____ | + _____ [25] | + _____ [38] | _____ |
| February | + _____ [13] | _____ | + _____ [26] | + _____ [39] | _____ |
| March | + _____ [14] | _____ | + _____ [27] | + _____ [40] | _____ |
| April | + _____ [15] | _____ | + _____ [28] | + _____ [41] | _____ |
| May | + _____ [16] | _____ | + _____ [29] | + _____ [42] | _____ |
| June | + _____ [17] | _____ | + _____ [30] | + _____ [43] | _____ |
| July | + _____ [18] | _____ | + _____ [31] | + _____ [44] | _____ |
| August | + _____ [19] | _____ | + _____ [32] | + _____ [45] | _____ |
| September | + _____ [20] | _____ | + _____ [33] | + _____ [46] | _____ |
| October | + _____ [21] | _____ | + _____ [34] | + _____ [47] | _____ |
| November | + _____ [22] | _____ | + _____ [35] | + _____ [48] | _____ |
| December | + _____ [23] | _____ | + _____ [36] | + _____ [49] | _____ |
| Annual total | + _____ [24] | _____ | + _____ [37] | + _____ [50] | _____ |

Control Totals+

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

| | 2023 Information | Prior Year Information |
|--|------------------|------------------------|
| Taxpayer/Spouse (T, S) | ____ [1] | |
| Name of Trustee _____ | ____ [4] | |
| State postal code _____ | ____ [2] | |
| Indicate type of health or medical savings account: | | |
| HSA | ____ [6] | |
| Archer MSA | ____ [7] | |
| MA (Medicare Advantage) MSA | ____ [9] | |
| Total HSA/MSA contributions made | | |
| for 2023 (Enter all amounts contributed, including through employer cafeteria plans) | + _____ [10] | |
| Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) | ____ [12] | |
| Number of months in qualified high deductible health plan in 2023 | ____ [13] | |
| Mark if you want to contribute the maximum allowable health or medical savings account contribution amount | ____ [14] | |
| Total HSA/MSA contribution to be made for 2023 | + _____ [15] | |
| Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) | + _____ [16] | |
| Excess contributions for 2022 taken as constructive contributions for 2023 | + _____ [19] | |
| Rollover contribution (Form 5498-SA, Box 4) | + _____ [21] | |

Complete this section if your account is an Archer MSA or MA MSA

| | | |
|--|--------------|--|
| Amount of annual deductible | + _____ [24] | |
| Enter compensation from employer maintaining high deductible health plan | + _____ [27] | |
| If self-employed, enter earned income from business under which plan was established | + _____ [31] | |

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2023? (Y, N) _____ [33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2023 Information

Prior Year Information

| | | | |
|---|----|------------|--|
| Taxpayer/Spouse (T, S) | __ | [1] | |
| Name of Trustee _____ | | [4] | |
| State postal code _____ | | [2] | |
| Gross distributions received (Box 1) | + | _____ [7] | |
| Earnings on excess contributions (Box 2) | + | _____ [9] | |
| Distribution code (Box 3) | | __ [11] | |
| Fair Market Value on date of death (Box 4) | + | _____ [12] | |
| Box 5 - | | | |
| HSA | | __ [13] | |
| Archer MSA | | __ [14] | |
| MA MSA | | __ [15] | |
| All distributions were used to pay unreimbursed qualified medical expenses | | __ [17] | |
| If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2023 | + | _____ [19] | |
| Withdrawal of excess contributions by the due date of the return | + | _____ [21] | |
| Amount of distribution rolled over for 2023 | + | _____ [23] | |
| If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer | + | _____ [26] | |
| If MA (Medicare Advantage) MSA, enter value of account on 12/31/22 | + | _____ [27] | |
| For HSA accounts: | | | |
| Was the high deductible health plan coverage started in 2022 and in effect for the month of December 2022? (Y, N) | | __ [29] | |
| Was the high deductible health plan coverage ended before 12/31/23? (Y, N) | | __ [30] | |

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2023 Information

Prior Year Information

| | | | |
|---|-------|------------|--|
| Name of the insured chronically ill individual _____ | _____ | [39] | |
| Social security number of insured _____ | | [40] | |
| Gross long-term care (LTC) benefits paid (Box 1) | + | _____ [42] | |
| Accelerated death benefits paid (Box 2) | + | _____ [44] | |
| Check one (Box 3) | | | |
| Per diem | | __ [46] | |
| Reimbursed amount | | __ [47] | |
| Qualified contract (Box 4) | | __ [48] | |
| Check, if applicable (Box 5) | | | |
| Chronically ill | | __ [49] | |
| Terminally ill | | __ [50] | |
| Are there other individuals who received LTC payments during 2023? (Y, N) | | __ [52] | |
| If the insured is terminally ill, were payments received on account of terminal illness? (Y, N) | | __ [53] | |
| Number of days during the long-term care period _____ | | [54] | |
| Cost incurred for qualified long-term care services during the long-term care period | + | _____ [55] | |

NOTES/QUESTIONS:

Complete if you paid cash wages of \$1,000 or more to any household employee.

| | | |
|--|---|------------|
| Taxpayer/Spouse (T, S) | | _____ [1] |
| Employer identification number | | _____ [2] |
| Total cash wages subject to social security taxes | + | _____ [4] |
| Total cash wages subject to Medicare taxes | + | _____ [5] |
| Total cash wages subject to Additional Medicare Tax withholding | + | _____ [6] |
| Federal income tax withheld | + | _____ [7] |
| State disability plan social security & Medicare withheld | + | _____ [8] |
| Did you: | | |
| (A) pay any household employee cash wages of \$2,600 or more in 2023? (Y, N) | | _____ [9] |
| (B) withhold Federal income tax for any household employee? (Y, N) | | _____ [10] |
| (C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2022 or 2023? (Y, N) | | _____ [11] |

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.
 Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable
 as defined by your State act and unemployment contributions are paid to only one State.

| | | |
|--|---|------------|
| Total cash wages subject to FUTA tax | + | _____ [12] |
| State #1 information | | |
| State postal code where you have to pay unemployment contributions * | | _____ [14] |
| State reporting number as shown on state unemployment tax return | | _____ [15] |
| Taxable wages (as defined in state act) | + | _____ [16] |
| State experience rate period: | | |
| From | | _____ [17] |
| To | | _____ [18] |
| State experience rate (xxx.xx) | | _____ [19] |
| Contributions paid to state unemployment fund * | + | _____ [20] |
| Contributions for 2023 paid after 04/15/24 | + | _____ [21] |
| State #2 information | | |
| State postal code where you have to pay unemployment contributions | | _____ [22] |
| State reporting number as shown on state unemployment tax return | | _____ [23] |
| Taxable wages (as defined in state act) | + | _____ [24] |
| State experience rate period: | | |
| From | | _____ [25] |
| To | | _____ [26] |
| State experience rate (xxx.xx) | | _____ [27] |
| Contributions paid to state unemployment fund | + | _____ [28] |
| Contributions for 2023 paid after 04/15/24 | + | _____ [29] |

NOTES/QUESTIONS:

Child and Dependent Care Expenses

Please enter all amounts paid in 2023 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

| | Taxpayer | Spouse |
|--|-------------|-------------|
| 2022 employer-provided dependent care benefits used during 2023 grace period | + _____ [3] | + _____ [4] |
| Employer-provided dependent care benefits that were forfeited in 2023 | + _____ [5] | + _____ [6] |
| Total qualified expenses incurred in 2023 | | _____ [9] |
| Were you or your spouse a full time student or disabled? (Yes or No) | _____ [10] | _____ [11] |
| Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N) | | _____ [12] |

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)

Amount paid to care provider in 2023 + _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)

Amount paid to care provider in 2023 + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)

Amount paid to care provider in 2023 + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)

Amount paid to care provider in 2023 + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)

Amount paid to care provider in 2023 + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Control Totals +

The Inflation Reduction Act of 2022 provides credits for clean energy and energy efficient improvements made to personal residences.

| | | |
|---|---------|------------|
| Taxpayer/Spouse/Joint (T, S, J) | | __ [1] |
| Enter the total amount of costs for qualified solar electric property | + _____ | [3] |
| Enter the total amount of costs for qualified solar water heating property | + _____ | [4] |
| Enter the total amount of costs for qualified small wind energy property | + _____ | [5] |
| Enter the total amount of costs for qualified geothermal heat pump property | + _____ | [6] |
| Enter the total amount of costs for qualified battery technology costs with capacity of at least 3 kilowatt hours | + _____ | [7] |
| Were the costs incurred made to your main home located in the United States? (Y, N) | | __ [8] |
| Enter the total amount of costs for qualified fuel cell property | + _____ | [9] |
| Enter the total amount of kilowatt capacity of the qualified fuel cell property | | _____ [10] |
| Were the costs incurred related to the construction of your main home located in the United States? (Y, N) | | __ [16] |
| Enter the total amount of costs for insulation material or system to reduce heat loss or gain | + _____ | [17] |
| Enter the total amount of costs for the most expensive exterior door bought | | _____ [18] |
| Enter the total amount of costs for all other exterior doors bought | + _____ | [19] |
| Enter the total amount of costs for exterior windows and skylights | + _____ | [20] |
| Enter the total amount of costs for central air conditioner | + _____ | [22] |
| Enter the total amount of costs for natural gas, propane or oil hot water heaters | + _____ | [23] |
| Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers | + _____ | [24] |
| Enter the total amount of costs for panelboards, subpanelboards, branch circuits or feeders | + _____ | [25] |
| Enter the total amount of costs for qualified home energy audit costs | + _____ | [26] |
| Enter the total amount of costs for electric or natural gas heat pumps | + _____ | [27] |
| Enter the total amount of costs for electric or natural gas heat pump water heaters | + _____ | [28] |
| Enter the total amount of costs for biomass stoves and biomass boilers | + _____ | [29] |

NOTES/QUESTIONS:

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2023.

Preparer use only

Description _____ [3]
 Taxpayer/Spouse (T, S) _____ [9]
 Category of income* _____ [11]
 Description of income _____ [12]

| *Category of Income | |
|---------------------------|---|
| A = Section 951A income | E = Section 901(j) income |
| B = Foreign Branch income | F = Certain income re-sourced by treaty |
| C = Passive income | G = Lump-sum distributions |
| D = General income | |

Foreign Income or Loss

Country code _____ [20]
 Country name _____ [21]

| | Regular | AMT, if different |
|------------------------------|--------------|-------------------|
| Foreign gross income | + _____ [24] | + _____ [25] |
| Definitely related expenses: | | |
| _____ | + _____ [32] | + _____ [33] |
| _____ | + _____ | + _____ |
| _____ | + _____ | + _____ |
| _____ | + _____ | + _____ |
| Foreign source losses | + _____ [46] | + _____ [47] |

Foreign Taxes Paid or Accrued

| | | |
|--|--|--------------|
| Foreign taxes paid or accrued: | | |
| Date paid or accrued | | _____ [48] |
| In foreign currency - taxes withheld on: | | |
| Dividends | | + _____ [49] |
| Rents & royalties | | + _____ [50] |
| Interest | | + _____ [51] |
| Other foreign taxes | | + _____ [52] |
| In US dollars - taxes withheld on: | | |
| Dividends | | + _____ [54] |
| Rents & Royalties | | + _____ [55] |
| Interest | | + _____ [56] |
| Other foreign taxes | | + _____ [57] |

NOTES/QUESTIONS:

New Jersey General Information

County or Municipality code _____ [1]

In care of address _____ [2]

Mark if:

Tax forms, instructions and booklet are not needed _____ [3]

You are not eligible for the property tax deduction or credit _____ [4]

You maintain the same residence as your spouse (Married filing separate returns ONLY) _____ [5]

Taxpayer Spouse

Mark if:

Contributed to the Social Security Fund (Eligible to receive benefits) _____ [6] _____ [7]

You want to designate \$1 to the gubernatorial election campaign fund _____ [8] _____ [9]

Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund _____ [10]

Children's Trust Fund to prevent child abuse _____ [11]

New Jersey Vietnam Veterans' Memorial Fund _____ [12]

Breast Cancer Research Fund _____ [13]

USS New Jersey Educational Museum Fund _____ [14]

Other (see codes below) _____ [15] _____ [16]

Other (see codes below) _____ [17] _____ [18]

Other (see codes below) _____ [19] _____ [20]

Other Funds

| | | | |
|--------------------------------|--|---|--|
| 01 = Drug Abuse Educate | 08 = Veterans Haven Support | 15 = Girl Scouts Council in NJ | 22 = Non-Profit Veterans Org |
| 02 = Korean Veterans' | 09 = Community Food Pantry | 16 = Homeless Veterans Grant | 23 = NJ Yellow Ribbon |
| 03 = Organ Donor | 10 = Cat and Dog Spay and Neuter | 17 = Leukemia and Lymphoma - NJ | 24 = Autism Programs |
| 04 = AIDS Services | 11 = Lung Cancer Research | 18 = North NJ Vet Memorial Cemetery | 25 = Boy Scouts Councils in NJ |
| 05 = Literacy Vol | 12 = Boys and Girls Club | 19 = NJ Farm to School / School Garden | 26 = NJ Memorial To War Veterans |
| 06 = Prostate Cancer | 13 = NJ National Guard State Family | 20 = Local Library Support | 27 = Jersey Fresh Program |
| 07 = World Trade Center | 14 = American Red Cross NJ | 21 = ALS Association Support | 28 = NJ World War II Vet's Memorial |

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Jersey

Part-year residency dates:

From _____ [21]

To _____ [22]

State of residency (Nonresidents only) _____ [23]

NOTES/QUESTIONS:

New Jersey Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

General Information

Principal residence for 2023 _____ [1]
 Property tax credit not claimed with homestead benefit, claim on NJ-1040 _____ [2]

| | Part 1 | Part 2 |
|--|-----------|-----------|
| Block number | _____ [3] | _____ [4] |
| Lot number | _____ [5] | _____ [6] |
| Qualifier number (Condos) | | _____ [7] |
| Co-op or continuing care retirement facility resident | | _____ [8] |
| Municipal code at the end of if different from current residence | | _____ [9] |

Homeowner Information

Total property taxes paid _____ [10]
 Street _____ [11]
 City _____ [12]
 Number of days as an owned property _____ [13]
 Your share of property owned _____ [14]
 Share used as principal residence _____ [15]
 Your share of property taxes _____ [16]

Renter and Mobile Home Owner Information

Total rent paid or mobile home fees _____ [17]
 Street _____ [18]
 Apartment number _____ [19]
 City _____ [20]
 Days you were a tenant during 2023 _____ [21]
 Total number of tenants _____ [22]
 Your share of rent paid _____ [23]

Other Tenant Information

First name _____ [24]
 Middle initial _____
 Last name _____
 Social security number _____

Property Tax Reimbursements

| | 2022 | 2023 |
|--|------------|------------|
| Taxpayer received social security disability | _____ [25] | _____ [26] |
| Spouse received social security disability | _____ [27] | _____ [28] |
| Meets the "Lived continuously in New Jersey" requirement | | _____ [29] |
| Meets the "Owned and lived in the home" requirement | | _____ [30] |
| You are a mobile home owner | | _____ [31] |
| Mobile home park site number | | _____ [32] |
| Taxpayer needs a PTR-A or PTR-B to take tax collector/mobile home part owner or manager to verify taxes paid | | _____ [33] |

NOTES/QUESTIONS: