

**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]

	<b>Taxpayer</b>	<b>Spouse</b>
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 <sup>52]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_ [53]  
 Social security number of qualifying person \_\_\_\_\_ [54]

**Dependent Codes**

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

## 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]

**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]

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## 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]

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**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 2023 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences: \_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2023? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences: \_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2023 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 2023? (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**

2023 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	April	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	June	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	September	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	January	_____ [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 2021 return + \_\_\_\_\_ [3]

2021 overpayment applied to '22 estimates + \_\_\_\_\_ [4]

Treat calculated amounts as paid \_\_\_\_\_ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	<div style="border: 1px solid black; padding: 5px;">                     _____                      _____                      _____                      _____                 </div>
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 2021 return + _____ [31]		Amount paid with 2021 return + _____ [53]	
2021 overpayment applied to '22 estimates _____ [32]		2021 overpayment applied to '22 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 2021 return + _____ [75]		Amount paid with 2021 return + _____ [97]	
2021 overpayment applied to '22 estimates _____ [76]		2021 overpayment applied to '22 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	_____



## 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 <small>(**See codes below)</small>	Interest Income <sup>[1]</sup>	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	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	+											

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee



### Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

	2023 Information	Prior Year Information
Name of payer _____	[3]	
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]	
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:

### 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 ( <b>Box 1</b> )	+	_____	[8]
Taxable amount received ( <b>Box 2a</b> )	+	_____	[10]
Federal withholding ( <b>Box 4</b> )	+	_____	[12]
Distribution code ( <b>Box 7</b> )		_____	[15]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[17]
State withholding ( <b>Box 14</b> )	+	_____	[18]
Local withholding ( <b>Box 17</b> )	+	_____	[20]
Amount of rollover	+	_____	[22]
Mark if distribution was due to a pre-retirement age disability		_____	[24]

	<b>Control Totals+</b>	
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### 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 ( <b>Box 1</b> )	+	_____	[8]
Taxable amount received ( <b>Box 2a</b> )	+	_____	[10]
Federal withholding ( <b>Box 4</b> )	+	_____	[12]
Distribution code ( <b>Box 7</b> )		_____	[15]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[17]
State withholding ( <b>Box 14</b> )	+	_____	[18]
Local withholding ( <b>Box 17</b> )	+	_____	[20]
Amount of rollover	+	_____	[22]
Mark if distribution was due to a pre-retirement age disability		_____	[24]

	<b>Control Totals+</b>	
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### 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 ( <b>Box 1</b> )	+	_____	[8]
Taxable amount received ( <b>Box 2a</b> )	+	_____	[10]
Federal withholding ( <b>Box 4</b> )	+	_____	[12]
Distribution code ( <b>Box 7</b> )		_____	[15]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[17]
State withholding ( <b>Box 14</b> )	+	_____	[18]
Local withholding ( <b>Box 17</b> )	+	_____	[20]
Amount of rollover	+	_____	[22]
Mark if distribution was due to a pre-retirement age disability		_____	[24]

	<b>Control Totals+</b>	
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**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; height: 100px; width: 100%; background-color: #f0f0f0;"></div>
Prescription drug (Part D) premiums	+ _____ [9]	
Net Benefits for 2023 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [12]	
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [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:		
Portion of Tier 1 Paid in 2023 <b>(Box 5)</b>	+ _____ [22]	<div style="border: 1px solid black; height: 60px; width: 100%; background-color: #f0f0f0;"></div>
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [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 2023 for use in 2023	+ _____ [7]	+ _____ [8]
Traditional IRA basis	+ _____ [17]	+ _____ [18]
Value of all your traditional IRA's on December 31, 2023:		
_____	+ _____ [19]	+ _____ [20]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

<b>Roth IRA</b>
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**Please provide copies of any 1998 through 2021 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, 2021	+ _____ [43]	+ _____ [44]
Enter the total Roth IRA contribution recharacterizations for 2023	+ _____ [45]	+ _____ [46]
Enter the Roth conversion IRA basis on December 31, 2021	+ _____ [47]	+ _____ [48]
Value of all your Roth IRA's on December 31, 2023:		
_____	+ _____ [49]	+ _____ [50]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**NOTES/QUESTIONS:**

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**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 Enter \_\_\_\_\_ [9]  
 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]

<b>Catch-up Contributions</b>
-------------------------------

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]

<b>Elective Deferrals</b>
---------------------------

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:**

	<b>Control Totals+</b>	
--	------------------------	--

Form ID: Keogh

**Preparer use only**

	<b>2023 Information</b>	<b>Prior Year Information</b>
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**

	<b>2023 Information</b>	<b>Prior Year Information</b>
Gross receipts and sales		
_____	+ _____ [52]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [55]	
Other income:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Cost of Goods Sold**

	<b>2023 Information</b>	<b>Prior Year Information</b>
Beginning inventory	+ _____ [59]	
Purchases	+ _____ [61]	
Labor:		
_____	+ _____ [63]	
_____	+ _____	
Materials	+ _____ [65]	
Other costs:		
_____	+ _____ [67]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [69]	

**Control Totals+**



**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]	[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	
<b>Refinancing points paid -</b>			
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 <b>(Preparer use only)</b> _____			
<b>Refinancing points paid -</b>			
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 <b>(Preparer use only)</b> _____			
<b>Refinancing points paid -</b>			
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 <b>(Preparer use only)</b> _____			

**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:**

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) <b>(Box 1)</b>	+ _____ [8]	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Educational institution changed its reporting method for 2023 <b>(Box 3)</b>	—	
Adjustments made for a prior year <b>(Box 4)</b>	_____	
Scholarships or grants <b>(Box 5)</b>	_____	
Adjustments to scholarships or grants for a prior year <b>(Box 6)</b>	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2023 <b>(Box 7)</b>	—	
At least half-time student <b>(Box 8)</b>	—	
Graduate student <b>(Box 9)</b> (1=Yes, 2=No)	—	
Insurance contract reimbursement/refund <b>(Box 10)</b>	_____	
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:**

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:

**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.**

[4] _____	+ _____ [5]	_____ _____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	
_____	+ _____	

Long-term care premiums you paid:

**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.)**

[7] _____	+ _____ [8]	_____ _____ _____ _____ _____ _____
_____	+ _____	

Prescription medicines and drugs:

[10] _____	+ _____ [11]	_____ _____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	

[13] Miles driven for medical items (1/1/22 - 6/30/22, 18 cents)	_____ [14]	_____ _____ _____ _____ _____ _____
[16] Miles driven for medical items (7/1/22 - 12/31/22, 22 cents)	_____ [17]	

**Schedule A - Tax Expenses**

T/S/J

2023 Information

Prior Year Information

State/local income taxes paid:

[18] _____	+ _____ [19]	_____ _____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

2021 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]	_____ _____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	

**Control Totals+**

T/S/J	Home mortgage interest: From Form 1098	2023 Interest Paid <sup>2]</sup>	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]	
	<b>Address</b> _____			
	<b>City, state and zip code</b> _____			
	_____	_____	+ _____	
	<b>Address</b> _____			
	<b>City, state and zip code</b> _____			

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

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]	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	



**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+**

**Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]

Donee's name \_\_\_\_\_ [4]

State postal code \_\_\_\_\_ [3]

Date of contribution **(Box 1)** \_\_\_\_\_ [9]

Odometer mileage **(Box 2a)** \_\_\_\_\_ [10]

Year of vehicle **(Box 2b)** \_\_\_\_\_ [11]

Make of vehicle **(Box 2c)** \_\_\_\_\_ [12]

Model of vehicle **(Box 2d)** \_\_\_\_\_ [13]

Vehicle or other identification number **(Box 3)** \_\_\_\_\_ [14]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party **(Box 4a)** \_\_\_\_\_ [15]

Date of sale **(Box 4b)** \_\_\_\_\_ [16]

Gross proceeds from sale **(Box 4c)** + \_\_\_\_\_ [17]

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use **(Box 5a)** \_\_\_\_\_ [18]

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose **(Box 5b)** \_\_\_\_\_ [19]

Detailed description of material improvements or significant intervening use and duration of use **(Box 5c)** \_\_\_\_\_ [20]

\_\_\_\_\_ [20]

\_\_\_\_\_ [20]

\_\_\_\_\_ [20]

Did you provide goods or services in exchange for the vehicle? **(Box 6a)** Yes \_\_\_ [21] No \_\_\_ [22]

Value of goods and services provided in exchange for the vehicle **(Box 6b)** + \_\_\_\_\_ [23]

Donee certifies that the goods and services consisted solely of intangible religious benefits **(Box 6c)** \_\_\_\_\_ [24]

Description of goods and services **(Box 6c)** \_\_\_\_\_ [25]

\_\_\_\_\_ [25]

\_\_\_\_\_ [25]

\_\_\_\_\_ [25]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked **(Box 7)** \_\_\_\_\_ [26]

**Other Information for Donated Property**

Overall physical condition of property \_\_\_\_\_ [31]

Date property was acquired by donor \_\_\_\_\_ [32]

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [33]

Donor's cost or basis + \_\_\_\_\_ [34]

Fair market value on date of contribution + \_\_\_\_\_ [35]

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [36]

If other: \_\_\_\_\_ [37]

Bargain sale amount received + \_\_\_\_\_ [38]

Donee's address, and ZIP code \_\_\_\_\_ [42]

\_\_\_\_\_ [43] \_\_\_\_\_ [44] \_\_\_\_\_ [45]

Donee's telephone number \_\_\_\_\_ [46]

**NOTES/QUESTIONS:**

	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:**

## 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
2021 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)

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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 American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.**

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		__	[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		__	[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____	[5]
Enter the total amount of costs for exterior windows	+	_____	[7]
Enter the total amount of costs for exterior doors	+	_____	[9]
Enter the total amount of costs for qualified metal roofs	+	_____	[11]
Enter the total amount of costs for energy-efficient building property	+	_____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	_____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	_____	[10]
Enter the total amount of costs for qualified solar electric property	+	_____	[12]
Enter the total amount of costs for qualified solar water heating property	+	_____	[14]
Enter the total amount of costs for qualified small wind energy property	+	_____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+	_____	[13]
Enter the total amount of costs for qualified fuel cell property	+	_____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____	[17]

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**NOTES/QUESTIONS:**