Form ID: 1040			Perso	nal Information			1
Filing (Marital)	status code (1	1 = Single, 2 = Married fi	ling joint, 3 = Married fili	ng separate, 4 = Head of househ	old, 5 = Qualifying survivin	g spouse)	[1]
		ut living apart all ye					[2]
Mark if your no	onresident alie	en spouse does no	ot have an Individu	al Taxpayer Identificatior	n Number (ITIN)		[3]
				Taxpayer		Spouse	
Social security	number			[4]	_	•	[5]
First name				[6]			[7]
Last name				[8]			[9]
Occupation				[10]			[11]
-			ampaign fund? (1 =)	Yes, 2 = No, 3 = Blank) [12]			[14]
Mark if depend				[15]			[16]
		han 1/2 support ag	ge 18 or 19 - 23 ful	l-time student? (Y, N)17]			
Mark if legally	blind			[20]			[21]
Date of birth Date of death				[22]			[24]
	tolophono nu	ımber/ext number	_	[26]		[20]	[27]
Home/evening			r			[30]	[31]
-		iss your return wit	h the IRS? (V N)	[32] [34]			[33]
		iss your return wit	,				
			Presen	t Mailing Address			
Address							[40]
Apartment nur	mber						[41]
City, state post	tal code, zip co	ode			[42]	[43]	[44]
Foreign countr	ry name						[46]
Foreign phone	number						[49]
In care of addr	essee						[51]
			Depen	dent Information			
		(*DL		endent Codes located at	the bettem)		Care
		(16	ease refer to Depe	indent codes located at	the bottom)	Months**Dep	expenses
							paid for
First Name	[52]	Last Name	Date of Birth	Social Security No.	Relationship	home * **	dependent
First Name	[52]	Last Name	Date of Birth	Social Security No.	Relationship	home * **	dependent
First Name	[52]	Last Name	Date of Birth	Social Security No.	Relationship	home * ** 	dependent
First Name	[52]	Last Name	Date of Birth	Social Security No.	Relationship	home * ** 	dependent
First Name	[52]	Last Name	Date of Birth	Social Security No.	Relationship	home * ** 	dependent
First Name	4 52]	Last Name	Date of Birth	Social Security No.	Relationship	home * ** 	dependent
First Name	4 52]	Last Name	Date of Birth	Social Security No.	Relationship	home * ** 	dependent
First Name	4 52]	Last Name	Date of Birth	Social Security No.	Relationship	home * ** 	dependent
First Name	1 52]	Last Name	Date of Birth	Social Security No.	Relationship	home * ** 	dependent
First Name	1 52]	Last Name	Date of Birth	Social Security No.	Relationship	home * ** 	dependent
First Name	4 52]	Last Name	Date of Birth	Social Security No.	Relationship	home * ** 	dependent
First Name	4 52]	Last Name	Date of Birth	Social Security No.	Relationship	home * ** 	dependent
First Name	4 52]	Last Name	Date of Birth	Social Security No.	Relationship	home * ** 	dependent
				Social Security No.	Relationship	home * ** 	
Name of child	who lived with	h you but is not yo		Social Security No.	Relationship	home * ** 	
Name of child	who lived with			Social Security No.	Relationship	home * ** 	
Name of child	who lived with	h you but is not yo		Social Security No.	Relationship	home * ** 	
Name of child Social security	who lived with number of qu	h you but is not yo				home * ** 	
Name of child Social security	who lived with number of qu 1 = Child who 2 = Child who	h you but is not yo alifying person o lived with you o did not live with	bur dependent	pendent Codes **Other 1 = Stude ce/separation 2 = Disat	ent (Age 19 - 23) pled dependent		
Name of child y Social security *Basic	who lived with number of qu 1 = Child who 2 = Child who 3 = Other de	h you but is not yo alifying person o lived with you o did not live with pendent	our dependent Dep	pendent Codes **Other 1 = Stude ce/separation 2 = Disal 3 = Depe	ent (Age 19 - 23) pled dependent endent who is both		
Name of child Social security *Basic	who lived with number of qu 1 = Child who 2 = Child who 3 = Other de 4 = Other de	h you but is not yo alifying person o lived with you o did not live with pendent pendents, but do	our dependent Dep n you due to divor	pendent Codes **Other 1 = Stud ce/separation 2 = Disat 3 = Depe	ent (Age 19 - 23) pled dependent endent who is both		
Name of child Social security *Basic	who lived with number of qu 1 = Child who 2 = Child who 3 = Other de 4 = Other de 5 = Qualifyin	h you but is not yo alifying person o lived with you o did not live with pendent pendents, but do ug child for Earned	bur dependent	pendent Codes **Other 1 = Stude ce/separation 2 = Disat 3 = Depe edit for Other Depender	ent (Age 19 - 23) bled dependent endent who is both hts (ODC)		
Name of child Social security *Basic	who lived with number of qu 1 = Child who 2 = Child who 3 = Other de 4 = Other de 5 = Qualifyin 6 = Children	h you but is not yo alifying person o lived with you o did not live with pendent pendents, but do ug child for Earned who lived with you	our dependent Dep n you due to divord not qualify for Cre l Income Credit on ou, but do not qua	pendent Codes **Other 1 = Stude ce/separation 2 = Disat 3 = Depe edit for Other Depender ily lify for Earned Income C	ent (Age 19 - 23) bled dependent endent who is both hts (ODC)		
Name of child Social security *Basic	who lived with number of qu 1 = Child who 2 = Child who 3 = Other de 4 = Other de 5 = Qualifyin 6 = Children 7 = Children	h you but is not yo alifying person o lived with you o did not live with pendent pendents, but do ng child for Earned who lived with yo	our dependent Dep n you due to divoro not qualify for Cre l Income Credit on ou, but do not qua	bendent Codes **Other 1 = Stude ce/separation 2 = Disat 3 = Depe edit for Other Depender lly lify for Earned Income C lify for Child Tax Credit	ent (Age 19 - 23) bled dependent endent who is both nts (ODC) credit	a student and disa	
Name of child Social security *Basic	who lived with number of qu 1 = Child who 2 = Child who 3 = Other de 4 = Other de 5 = Qualifyin 6 = Children 7 = Children 8 = Children	h you but is not yo alifying person o lived with you o did not live with pendent pendents, but do ig child for Earned who lived with yo who lived with yo	our dependent Dep n you due to divord not qualify for Cre l Income Credit on ou, but do not qua ou, but do not qua	pendent Codes **Other 1 = Stude ce/separation 2 = Disat 3 = Depe edit for Other Depender ily lify for Earned Income C	ent (Age 19 - 23) bled dependent endent who is both nts (ODC) credit	a student and disa	
Name of child Social security *Basic	who lived with number of qu 1 = Child who 2 = Child who 3 = Other de 4 = Other de 5 = Qualifyin 6 = Children 7 = Children 8 = Children 5 = Reporte	h you but is not yo alifying person o lived with you o did not live with pendent pendents, but do og child for Earned who lived with yo who lived with yo who lived with yo ed on odd year ret	bur dependent Dep n you due to divord not qualify for Cre l Income Credit on bu, but do not qua bu, but do not qua bu, but do not qua cun	bendent Codes **Other 1 = Stude ce/separation 2 = Disat 3 = Depe edit for Other Depender lly lify for Earned Income C lify for Child Tax Credit	ent (Age 19 - 23) bled dependent endent who is both nts (ODC) credit	a student and disa	
Name of child y Social security *Basic	who lived with number of qu 1 = Child who 2 = Child who 3 = Other de 4 = Other de 5 = Qualifyin 6 = Children 7 = Children 8 = Children 8 = Children 8 = Reporte 88 = Reporte	h you but is not yo alifying person o lived with you o did not live with pendent pendents, but do g child for Earned who lived with yo who lived with yo who lived with yo ed on odd year ret	bur dependent Dep n you due to divord not qualify for Cre l Income Credit on bu, but do not qua bu, but do not qua bu, but do not qua cun	bendent Codes **Other 1 = Stude ce/separation 2 = Disat 3 = Depe edit for Other Depender lly lify for Earned Income C lify for Child Tax Credit	ent (Age 19 - 23) bled dependent endent who is both nts (ODC) credit	a student and disa	
Name of child y Social security *Basic	who lived with number of qu 1 = Child who 2 = Child who 3 = Other de 4 = Other de 5 = Qualifyin 6 = Children 7 = Children 8 = Children 8 = Children 8 = Reporte 88 = Reporte	h you but is not yo alifying person o lived with you o did not live with pendent pendents, but do og child for Earned who lived with yo who lived with yo who lived with yo ed on odd year ret	bur dependent Dep n you due to divord not qualify for Cre l Income Credit on bu, but do not qua bu, but do not qua bu, but do not qua cun	bendent Codes **Other 1 = Stude ce/separation 2 = Disat 3 = Depe edit for Other Depender lly lify for Earned Income C lify for Child Tax Credit	ent (Age 19 - 23) bled dependent endent who is both nts (ODC) credit	a student and disa	
Name of child y Social security *Basic	who lived with number of qu 1 = Child who 2 = Child who 3 = Other de 4 = Other de 5 = Qualifyin 6 = Children 7 = Children 8 = Children 8 = Children 8 = Reporte 88 = Reporte	h you but is not yo alifying person o lived with you o did not live with pendent pendents, but do g child for Earned who lived with yo who lived with yo who lived with yo ed on odd year ret	bur dependent Dep n you due to divord not qualify for Cre l Income Credit on bu, but do not qua bu, but do not qua bu, but do not qua cun	bendent Codes **Other 1 = Stude ce/separation 2 = Disat 3 = Depe edit for Other Depender lly lify for Earned Income C lify for Child Tax Credit	ent (Age 19 - 23) bled dependent endent who is both nts (ODC) credit	a student and disa	

Client Contact Information

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related ques Taxpayer email address	stions) (Blank = Both, T = Taxpayer, S = Spouse)	[8] [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:

2

Direct Deposit/Electronic Funds Withdrawal Information

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. Primary account:				_[1]
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)				_[31] [32]
Enter the maximum dollar amount, or percentage of total refund Dollar	[13]	or	Percent (xxx.xx)	[32] [14]
Consider a consult #21				
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 percenta	age of refund you would like	used to pu	rchase bonds	
The bonds will be registered to the name(s) on the return. For married filing joint returns	this means the bonds will be registe	red in both nam	es listed on the r	eturn.
To register the bonds separately, leave these fields blank and use the fields provided bel	ow.			
Enter either a dollar amount or percent, but not both	Dollar	[15]	or Percent (x	xx.xx)[16]
Bond information for someone other than taxpayer and spouse, if magina	arried filing jointly			
Maximum dollar amount (up to \$5,000), or percentage of refund us	sed to purchase boondsr	[19]	or Percent (x	xx.xx)[20]
Owner's name (First Last)	[4	0]		[41]
Co-owner or beneficiary (First Last)	[4	2]		[43]
Mark if the name listed above is a beneficiary				[44]
Bond information for someone other than taxpayer and spouse, if ma	arried filing jointly			
Maximum dollar amount (up to \$5,000), or percentage of refund u	sed to purchase boundsr	[23]	or Percent (x	xx.xx)[24]
Owner's name (First Last)	[4	5]		[46]
Co-owner or beneficiary (First Last)	[4	7]		[48]
Mark if the name listed above is a beneficiary				_[49]
				Form ID: Bank

Form ID: ELF	Electronic Filing	6	
To comply with this requirement y	eparers who expect to prepare a certain amount of federal individual tax returns to file the our return will be electronically filed this year if it qualifies for electronic filing under IRS ru per return instead of filing electronically.		nically.
Mark if you want to file a paper retu	ırn even if you qualify for electronic filing	[1]	
	our electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) ddress on Organizer Form ID: Info	[2]	
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]	
	cation 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)

Spouse self-selected Personal Identification Number (PIN)

NOTES/QUESTIONS:

[7]

[8]

Identity Authentication

7

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]

Issue date	[13]
Expiration date (mm/dd/yyyy)	[14]
Location of issuance (State issued only)	[15]
Document number (New York only)	[16]

Form ID: Est	Estimated Taxes	8
If you have an overpay	yment of 2023 taxes, do you want the excess:	
Refunded		[52]
	estimated tax liability	[53]
	derable change in your 2024 income? (۲, ۸)	[54]
If yes, please explain a		
		[55]
		[56]
		[57]
		[58]
	derable change in your deductions for 2024? (Y, N)	[59]
If yes, please explain a	ny differences:	
		[60]
		[61]
		[62]
Do you ovpost a consi	derable change in the amount of your 2024 withholding? (Y, N)	[63]
If yes, please explain a		[64]
		[65]
		[66]
		[67]
		[68]
Do you expect a chang If yes, please explain a	ge in the number of dependents claimed for 2024? (Y, N) Iny differences:	[69]
		[70]
		[71]
		[72]
		[73]
Payment method used	t 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

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

+ _____[1]

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.

		ue	Amount Paid	Calculated Amount	Method*
18/23	[6]	+_	[7]		
15/23	[8]	+	[9]		
5/23	[10]	+_	[11]		
6/24	[12]	+	[13]		
	[14]	+	[15]		
	18/23 15/23 15/23 16/24	15/23 [8] 15/23 [10] 16/24 [12]	15/23 [8] + 15/23 [10] + 16/24 [12] +	15/23 [8] + [9] 15/23 [10] + [11] 16/24 [12] + [13]	15/23 [8] + [9] 15/23 [10] + [11] 16/24 [12] + [13]

*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					

Form ID: St Pmt		2023 State Estin	nated Tax Payments		9
Taxpayer/Spouse/Joint (т,	S, J)				_[:
State postal code					[:
Amount paid with 2022 re	eturn			+	[:
2022 overpayment applie				+	[4
Treat calculated amounts	as paid				_[{
	Date Paid		Amount Paid	(Calculated Amount
1st quarter payment	[9]		+	_[10]	
2nd quarter payment	[11]		+	[12]	
Brd quarter payment	[13]		+	_[14]	
4th quarter payment			+	[16]	
Additional payment	[17]		+	[18]	
		2023 City Estim	ated Tax Payments		
	City #1		City	#2	
City name _	-	[28]	City name		[!
Amount paid with 2022 re		[31]	Amount paid with 2022 return	+	[
2022 overpayment applie			2022 overpayment applied to		[
Freat calculated amounts	as paid	_[36]	Treat calculated amounts as pa	aid	_[
	Date Paid	Amount Paid	Date	Paid	Amount Paid
Lst quarter payment			1st quarter payment		
2nd quarter payment			2nd quarter payment	[61] +	[[
3rd quarter payment			3rd quarter payment		
4th quarter payment	[43] + _	[44]	4th quarter payment	[65] +	[(
	alculated Amount			ated Amount	
1st quarter payme			1st quarter payment		
2nd quarter paym			2nd quarter payment		
3rd quarter paym			3rd quarter payment		
4th quarter payme	ent		4th quarter payment		
	City #3		City	#4	
City name _		[72]	City name		[
Amount paid with 2022 re	-	[75]	Amount paid with 2022 return	+	[9
2022 overpayment applie	d to '23 estimates-	[76]	2022 overpayment applied to		
Freat calculated amounts	as paid	_[80]	Treat calculated amounts as pa	aid	_[:
	Date Paid	Amount Paid	Date		Amount Paid
1st quarter payment			1st quarter payment		[
2nd quarter payment			2nd quarter payment		
Brd quarter payment Ath quarter payment			3rd quarter payment 4th quarter payment		
Calculated Amount			1st quarter payment	ated Amount]
1st quarter navme					
1st quarter payme	ent		2nd quarter navment		
1st quarter payme 2nd quarter paym 3rd quarter paym	t		2nd quarter payment 3rd quarter payment		

Form ID: W2

Wages and Salaries #1

Please provide all copies of Form W-2.

	2023 Information	Prior Year Information
Taxpayer/Spouse (т, 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[δ]	
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[b] 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 +

12

Form ID: W2

Form ID: B-1

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 cod	les below)	Interest [1] 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							
		3	Amounts	ł						
			Payer				1 1			
		4	Amounts	+						
	_	_	Payer				I I			
		5 —	Amounts	+						
			Payer				I I			
		6	Amounts	F						
			Payer				11			
		7	Amounts	F						
			Payer				1			
		8	Amounts	F						
			Payer				1			
		9 –	Amounts	F						
			Payer			1	11			
		10—	Amounts	+						

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

.

Control Totals + Form ID: B-1

13

Form ID: B-2

Dividend Income

14

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	Typ Cod	e e (**	See codes below	Ordinary [2] a) 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
			Payer											
		1	Amounts ⁺											
			Payer											
		2	Amounts ⁺											
			Payer											
		3	Amounts ⁺											
			Payer											
		4	Amounts ⁺											
		5	Payer											
		5	Amounts ⁺											
			Payer											
		6	Amounts ⁺											
		7	Payer											
		/	Amounts ⁺											
			Payer											
		8	Amounts ⁺											
			Payer											
		9	Amounts ⁺											
		10	Payer											
		10	Amounts ⁺											

**Dividend Codes					
Blank = Other	3 = Nominee				

Form ID: Income		Other Income		18
State and local income tax refunds		+_	2023 Information [5]	Prior Year Information
	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]	

	Self-
	Employment Income ?
	Income ?
T/S/J	(Y, N)

2023 Information

Prior Year Information

Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships

		Other Income, such as: Commissions, Jury pay, Directo	+[15]	
			+	
_	_		+	
_			+	
_			+	
_	_		+	
			+	
			+	
_			+	
_	_		+	
_			+	
_			+	
_	_		+	
—			+	
—			+	
—	—		+	
—			+	
—			*	
—	—		+	
—	—		+	
—			+	
—	—		+	
—	—		+	
—			+	
_	—		+	
_	—		+	
_	_		+	
_	_		+	
_	_		+	
—	_			

Control Totals +	Form ID: Income
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Form ID: 1099M

٦

Miscellaneous Income #1

Please provide all Forms 1099-MISC	С	1099-MIS	Forms	provide all	Please
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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 Tota	ale +		

Control Totals +

Miscel	laneous Income	#2	
Please prov	vide all Forms 1099-	MISC	
Preparer use only		2023 Information	Prior Year Information
Name of payer		[3]	
Тахраyer/Spouse/Joint (т, s, л)		[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 product	ts (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]	
		<u> </u>	
	Control Totals +		

Form	ID:	1099NEC

Nonemployee Compensation #1

Please provide all Forms 1099-NEC

Please provide a	III FOLIIIS 1099-1	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 (E	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]	
Con	trol Totals +		

Nonemployee Compensation #2			
Please provide all Form	is 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]	
Control To	tals +		

NOTES/QUESTIONS:

18b

Form ID: 1099K Payment Card and Third Party Netv	vork Transactions #1	18c
Please provide all Forms 109 Preparer use only	9-К	
	2023 Information	Prior Year Information
Name of payer	[3]	
Taxpayer/Spouse/Joint (т, s, л)	_[5]	
State postal code	[6]	
Gross amount of payment card/third party network transactions (Box 1) +	[17]	
Card not present transactions (Box 1b)	[19]	
Federal income tax withheld (Box 4) +	[21]	
State postal code (Box 6)	[23]	
State identification number (Box 7)	[25]	
State tax withheld (Box 8)	+[26]	
Control Totals +		
Payment Card and Third Party Netv	vork Transactions #2	
Please provide all Forms 109		
Preparer use only		
	2023 Information	Prior Year Information
Name of payer	[3]	
Taxpayer/Spouse/Joint (T, S, J)	_[5]	
State postal code	[6]	
Gross amount of payment card/third party network transactions (Box 1) +	[17]	
Card not present transactions (Box 1b)		
	[19]	
Federal income tax withheld (Box 4) +	[21]	
State postal code (Box 6)		
· · ·	[21]	

Control Totals +

	Distributions Received from Coopera	tives #1	18d
	Please provide all Forms 1099-PATR		
Preparer use only			
Name of payer			[3]
Тахраyer/Spouse/Joint (т, s, J)			[5]
State postal code			[6]
Patron dividends (Box 1)		+	[10]
Nonpatronage distributions (Box 2)		+	[12]
Per-unit retain allocations (Box 3)		+	[14]
Federal income tax withheld (Box 4)		+	[16]
Redeemed nonqualified notices (Box 5)		+	[18]
Section 199A(g) deduction (Box 6)		+	[23]
Qualified payments (Section 199A(b)(7) (Box 7)		+	[24]
Section 199A(a) qual items (Box 8)		+	[25]
Section 199A(a) SSTB items (Box 9)		+	[26]
Investment credit (Box 10)		+	[27]
Work opportunity credit (Box 11)		+	[29]
Patron's AMT adjustments		+	[31]
Other credits and deductions #1 (Box 12)		+	[33]
Other credits and deductions #2 (Box 12)		+	[35]
Specified Coop (Box 13)			_[37]
	Control Totals +		
	Control Totals +		
Preparer use only	Distributions Received from Coopera Please provide all Forms 1099-PATR		
Name of payer			
			[3]
Taxpayer/Spouse/Joint (T, S, J)			_[5]
State postal code			[5] [6]
State postal code Patron dividends (Box 1)		+	[5] [6] [10]
State postal code Patron dividends (Box 1) Nonpatronage distributions (Box 2)		+	[5] [6] [10]
State postal code Patron dividends (Box 1) Nonpatronage distributions (Box 2) Per-unit retain allocations (Box 3)		+ + +	[5] [6] [12] [14]
State postal code Patron dividends (Box 1) Nonpatronage distributions (Box 2) Per-unit retain allocations (Box 3) Federal income tax withheld (Box 4)		+ + +	[5] [6] [10] [12] [14] [16]
State postal code Patron dividends (Box 1) Nonpatronage distributions (Box 2) Per-unit retain allocations (Box 3) Federal income tax withheld (Box 4) Redeemed nonqualified notices (Box 5)		+ + + + + + + +	[5] [6] [10] [12] [14] [16] [18]
State postal code Patron dividends (Box 1) Nonpatronage distributions (Box 2) Per-unit retain allocations (Box 3) Federal income tax withheld (Box 4) Redeemed nonqualified notices (Box 5) Section 199A(g) deduction (Box 6)		+ + + + + +	[5] [6] [10] [12] [14] [14] [18] [18] [23]
State postal code Patron dividends (Box 1) Nonpatronage distributions (Box 2) Per-unit retain allocations (Box 3) Federal income tax withheld (Box 4) Redeemed nonqualified notices (Box 5) Section 199A(g) deduction (Box 6) Qualified payments (Section 199A(b)(7) (Box 7)		+ + + + + + + + + + + +	[5] [6] [10] [12] [14] [16] [18] [23] [24]
State postal code Patron dividends (Box 1) Nonpatronage distributions (Box 2) Per-unit retain allocations (Box 3) Federal income tax withheld (Box 4) Redeemed nonqualified notices (Box 5) Section 199A(g) deduction (Box 6) Qualified payments (Section 199A(b)(7) (Box 7) Section 199A(a) qual items (Box 8)		+ + + + + + + +	[5] [6] [10] [12] [14] [14] [16] [23] [24] [25]
State postal code Patron dividends (Box 1) Nonpatronage distributions (Box 2) Per-unit retain allocations (Box 3) Federal income tax withheld (Box 4) Redeemed nonqualified notices (Box 5) Section 199A(g) deduction (Box 6) Qualified payments (Section 199A(b)(7) (Box 7) Section 199A(a) qual items (Box 8) Section 199A(a) SSTB items (Box 9)		+ + + + + + + + + +	[5] [6] [10] [12] [14] [16] [18] [23] [24] [25] [26]
State postal code Patron dividends (Box 1) Nonpatronage distributions (Box 2) Per-unit retain allocations (Box 3) Federal income tax withheld (Box 4) Redeemed nonqualified notices (Box 5) Section 199A(g) deduction (Box 6) Qualified payments (Section 199A(b)(7) (Box 7) Section 199A(a) qual items (Box 8) Section 199A(a) SSTB items (Box 9) Investment credit (Box 10)		+ + + + + + + + + + + + + + + + + + +	[5] [6] [12] [14] [14] [16] [18] [23] [24] [25] [26] [27]
State postal code Patron dividends (Box 1) Nonpatronage distributions (Box 2) Per-unit retain allocations (Box 3) Federal income tax withheld (Box 4) Redeemed nonqualified notices (Box 5) Section 199A(g) deduction (Box 6) Qualified payments (Section 199A(b)(7) (Box 7) Section 199A(a) qual items (Box 8) Section 199A(a) SSTB items (Box 9) Investment credit (Box 10) Work opportunity credit (Box 11)		+ + + + + + + + + + + + + + + + + + +	[5] [6] [10] [14] [16] [18] [23] [24] [25] [25] [26] [27] [29]
State postal code Patron dividends (Box 1) Nonpatronage distributions (Box 2) Per-unit retain allocations (Box 3) Federal income tax withheld (Box 4) Redeemed nonqualified notices (Box 5) Section 199A(g) deduction (Box 6) Qualified payments (Section 199A(b)(7) (Box 7) Section 199A(a) qual items (Box 8) Section 199A(a) SSTB items (Box 9) Investment credit (Box 10) Work opportunity credit (Box 11) Patron's AMT adjustments		+ + + + + + + + + + + + + +	[5] [6] [10] [14] [16] [18] [23] [24] [25] [26] [27] [29] [31]
State postal code Patron dividends (Box 1) Nonpatronage distributions (Box 2) Per-unit retain allocations (Box 3) Federal income tax withheld (Box 4) Redeemed nonqualified notices (Box 5) Section 199A(g) deduction (Box 6) Qualified payments (Section 199A(b)(7) (Box 7) Section 199A(a) qual items (Box 8) Section 199A(a) SSTB items (Box 9) Investment credit (Box 10) Work opportunity credit (Box 11) Patron's AMT adjustments Other credits and deductions #1 (Box 12)		+ +	[5] [6] [10] [12] [14] [16] [18] [23] [24] [25] [26] [27] [29] [31] [33]
State postal code Patron dividends (Box 1) Nonpatronage distributions (Box 2) Per-unit retain allocations (Box 3) Federal income tax withheld (Box 4) Redeemed nonqualified notices (Box 5) Section 199A(g) deduction (Box 6) Qualified payments (Section 199A(b)(7) (Box 7) Section 199A(a) qual items (Box 8) Section 199A(a) SSTB items (Box 9) Investment credit (Box 10) Work opportunity credit (Box 11) Patron's AMT adjustments		+ + + + + + + + + + + + + + + + + + +	[5] [6] [10] [12] [14] [14] [23] [24] [25] [26] [27] [29] [29] [31] [33] [35]
State postal code Patron dividends (Box 1) Nonpatronage distributions (Box 2) Per-unit retain allocations (Box 3) Federal income tax withheld (Box 4) Redeemed nonqualified notices (Box 5) Section 199A(g) deduction (Box 6) Qualified payments (Section 199A(b)(7) (Box 7) Section 199A(a) qual items (Box 8) Section 199A(a) SSTB items (Box 9) Investment credit (Box 10) Work opportunity credit (Box 11) Patron's AMT adjustments Other credits and deductions #1 (Box 12) Other credits and deductions #2 (Box 12)	Control Totals +	+ + + + + + + + + + + + +	[5]

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

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

T		re-
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 = Statue 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 Pro	operty	
Date of lender's acquisition or knowledge of abandonment (Box 1)	· · · _	[10
Balance of principal outstanding (Box 2)	+	[1]
Fair market value of property (Box 4)	+	[13
Personally liable for repayment of the debt (if checked) (Box 5)		[1
Control Totals +		
	I	

Please provide all Forms 1099-C and 1099-A

Preparer use only

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 1	099-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	t relief, C = Statue of limitations, D = Foreclosure	E = Debt relief from probate	_
F = By agreement, G = Decision to discont	tinue collection, H = Other actual discharge)		_[14]
Fair market value of property (Box 7)		+	[15]
Form 1099-A Acquisi	tion or Abandonment of Secured Pr	operty	
Date of lender's acquisition or knowledge of abandonment (I	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]
	1		
	Control Totals +		

Gambling Winnings #1

Please	provide all	copies of	Form	W-2G.
i icusc	provide un	copies of		

	2023 Information	Prior Year Information
Taxpayer/Spouse (T, s)	_[1]	
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 +

	Please provide all copies of Form W-2G. 2023 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_[1]	
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 +

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

Flease provide all		Information	Prior Year Information
Taxpayer/Spouse (т, 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]	

Control Totals +

Pension, Annuity, and IRA Distributions #2

Please provide	all Forms 1099-R.		
	202	23 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]	

Control Totals +

Pension, Annuity, and IRA Distributions #3

Please p	provide all Forms 109	9-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]	
	Control Totals +		

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) State postal code

_[1] [3]

Social Security Be	enef	fits	
		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]	
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]	

nefi	ts	
	2023 Information	Prior Year Information
+	[22]	
+	[25]	
+	[27]	
r	<u>efi</u> + +	+[22] +[25]

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:

Control Totals + Form ID: SSA-1099			Control Totals +		Form ID: SSA-1099
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25

Form ID: IRA Traditiona	IIRA				26
		Taxpayer		Spouse	
Are you or your spouse (if MFJ or MFS) covered by an employer's retireme	ent			-	
plan? (Y, N)		_[1]	l		_[2]
Do you want to contribute the maximum allowable traditional IRA contrib		nt? If			
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondedu	ctible)	_[3]	l		_[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 202	.3 +	[7]	+		[8]
Traditional IRA basis	+	[1]	7] +		[18]
Value of all your traditional IRA's on December 31, 2023:					
	+	[1	9] +		[20]
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+_		
	+		+		

Roth IRA

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

	Т	axpayer		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]
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	

Control Totals +	Form ID: IRA

Keogh, SEP, SIMPLE Contributions

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 Sole $401/k$) or SARSER made through elective deformation 2022		[40]
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:

		Control Totals +		Form ID: Keogh
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27

Form ID: C-1

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Ending inventory

Schedule C - General Information

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2	0

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: 1	.040	
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		
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 minist		—
Did you receive wages as a statutory employee or as a minister? (1 = Statuto	-	_
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 li		
	2023 Information	Prior Year Information
Gross receipts and sales	2023 mormation	Phor fear mormation
Gross receipts and sales	+ (52)	
	+[52]	
	+	
	+	
Detune and allowerses	+	
Returns and allowances	+[55]	
Other income:		
	+[57]	
	+	
	+	
	+	
Cost of Goo	ods Sold	
	2023 Information	Prior Year Information
Beginning inventory	+[59]	
Purchases	+[61]	
Labor:		
	+ [63]	
	+	
Materials	+ [65]	
Other costs:	·	
	+[67]	

[69]

+

+

Control Totals +

Form ID: C-1

Form ID: C-2	Schedule C - Expen	ises		29
Preparer use only				
Principal business or profession			_	
		2023 Information	_	Prior Year Information
Advertising	+		[6]	
Car and truck expenses			[8]	
Commissions and fees			[10]	
Contract labor			[12]	
Depletion	+		[14]	
Depreciation	+		[16]	
Employee benefit programs (Include Small Employer	Health Ins Premiums credit)	:		
	+		[18]	
	+		_	
Insurance (Other than health):				
	+		[20]	
	+		_	
Interest:				
Mortgage (Paid to banks, etc.)				
	+		_	
	+		_	
Other:				
	+		_	
Legal and professional services			[26]	
Office expense	+		[29]	
Pension and profit sharing:				
			[31]	
	+		_	
Rent or lease:				
Vehicles, machinery, and equipment			[33]	
Other business property				
Repairs and maintenance			[37]	
Supplies	+		[39]	
Taxes and licenses:				
	+		_	
	+	-	_	· · · · · · · · · · · · · · · · · · ·
			_	
T	+		_	
Travel and meals:				
Travel			_[43]	
Meals (Enter 100% subject to 50% limitation)			_[45]	
Meals (Enter 100% subject to DOT 80% limit)			_[47]	
Meals (Fully deductible)	+		_[49]	
Utilities	+	·	_[51]	
Wages (Less employment credit):			(50)	
			_[53]	
Other expenses:			_	· · · · · · · · · · · · · · · · · · ·
Other expenses.			[==]	
				-
	+			
	+			
	+			
	+			
	+			
	+ 		_	
	+	·		

+

Form ID: C-2

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]	+	[30]
Ordinary business gain/los	ss +	[31]	+	[32]	+	[33]
Section 179	+	[34]	+	[35]	+	[36]

Control Totals +	Form ID: C-3
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Rent and Royalty Property - General Information

2023 Information

Preparer use only

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 ppt <u>y)</u> [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 For	ms 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	n home percentage) [24]

	Rent and R	oyalty 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 1	.098)			
	+		[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]	
	+ _			
	+ _			
	+			
Con	trol Totals +			Form ID: Rent

_

Partnerships and S Corporations

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	Operating	[16]	[17]	[18]
on K1-7	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	5 [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	Operating	[16]	[17]	[18]
on K1-7	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	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	Operating	[16]	[17]	[18]
on K1-7	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	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. Employer lachtfication number						
Employer identification number	Taypayor/C	Please provi	de all copies of Schedules	K-1 showing income from	estates and trusts.	[2]
Name of activity		-				
State postal code						[3]
Propage use only Non-QBI & Tax For QBI & Tax AMT Enter - on K1-3 Operating 128 129 201 28% rate capital 223 128 129 121 28% rate capital 223 128 129 121 28% rate capital 223 128 129 121 Cordinary business gain/loss 120 123 122 Ordinary business gain/loss 120 123 122 Employer identification number		-				[4]
Cirryovers Non-QBI & Tax For QBI & Tax AMT enter on K1T-3 Short-term capital [23] [24] [22] 28% rate capital [27] [28] [29] Ordinary business gain/losis [30] [31] [32] Taxpayer/Spouse//oint (r. s. /i Employer identification number [3] [3] [3] State postal code [3] [3] [3] [3] Taxpayer/Spouse//oint (r. s. /i Employer identification number [3] [3] [3] Name of activity [4] [3] [3] [3] State postal code [3] [3] [3] [3] Taxpayer/Spouse//oint (r. s. /i Enter on K1T-3 Non-QBI & Tax For QBI & Tax AMT Enter on K1T-3 Operating [1] [2] [2] [2] Zest postal code [2] [2] [2] [2] [2] Taxpayer/Spouse//oint (r. s.) [2] [2] [2] [2] Zest postal code [2] [2] [2] [2]	State posta	l code				[5]
Cirryovers Non-QBI & Tax For QBI & Tax AMT enter on K1T-3 Short-term capital [23] [24] [22] 28% rate capital [27] [28] [29] Ordinary business gain/losis [30] [31] [32] Taxpayer/Spouse//oint (r. s. /i Employer identification number [3] [3] [3] State postal code [3] [3] [3] [3] Taxpayer/Spouse//oint (r. s. /i Employer identification number [3] [3] [3] Name of activity [4] [3] [3] [3] State postal code [3] [3] [3] [3] Taxpayer/Spouse//oint (r. s. /i Enter on K1T-3 Non-QBI & Tax For QBI & Tax AMT Enter on K1T-3 Operating [1] [2] [2] [2] Zest postal code [2] [2] [2] [2] [2] Taxpayer/Spouse//oint (r. s.) [2] [2] [2] [2] Zest postal code [2] [2] [2] [2]		Preparer use only				
on K1T-3 Short-term capital Long-term capital Long-term capital Long-term capital Section 1231 loss Ordinary business gain/loss 1301 1313 1322 Tarpayer/Spouse/Joint (r. s. /) Enter on K1T-3 Short-term capital Long-term capital Carryovers Non-Q8I & Tax For Q8I & Tax Carryovers Non-Q8I & Tax For Q8I & Tax For Q8I & Tax Carryovers Non-Q8I & Tax For Q8I & Tax Carryovers Non-Q8I & Tax Carryovers			Non-QBI & Tax	For QBI & Tax	AMT	
on K3T-3 Short-term capital [23] [24] 28% rate capital [27] [28] [29] Ordinary business gain/Ods [30] [31] [32] Taxpayer/Spouse/Joint (r. s. // Ender we only [31] Preparer use only [32] Taxpayer/Spouse/Joint (r. s. // Enter Operating [31] [23] [24] 28% rate capital [27] [28] [29] Ordinary business gain/Ods [27] [28] [29] Ordinary business gain/Ods [20] [21] [22] Long-term capital [21] [22] [22] Long-term capital [27] [28] [29] Ordinary business gain/Ods [20] [31] [32] [24] 28% rate capital [27] [28] [29] Ordinary business gain/Ods [20] [31] [32] [26] State postal code [38] Taxpayer/Spouse/Joint (r. s. // Enter Operating [38] [27] [28] [29] Ordinary business gain/Ods [20] [31] [32] [26] Exter postal code [38] Taxpayer/Spouse/Joint (r. s. // Enter Operating [38] [39] [31] [32] [32] [32] Taxpayer/Spouse/Joint (r. s. // Enter Operating [38] [39] [31] [32] [32] [32] [33] [32] [33] [33] [32] [33] [33	Enter	Operating	[18]	[19]	[20]	
Iong-term capital [23] [24] 28% rate capital [23] [24] Section 123.1 loss [27] [28] Ordinary business gain/loss [a0] [31] Implayer identification number [38] Name of activity [49] State postal code [39] Carryovers Non-QBI & Tax [49] Ordinary business gain/loss [29] [20] Ordinary business gain/loss [29] [20] State postal code [39] Carryovers Non-QBI & Tax [49] Image of activity [40] State postal code [50] Carryovers Non-QBI & Tax [41] Image of activity [42] State postal code [50] Carryovers [21] [22] Ordinary business gain/loss [20] [23] State postal code [50] [51] Preparer use only [53] [52] Carryovers Non-QBI & Tax for QBI & Tax	on K1T-3			[21]	[22]	
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Section 1231 loss [27] [28] [29] Ordinary business gain/logs [30] [31] [32] Taxpayer/Spouse/Joint (r. s.)						
Ordinary business gain/loss jap jap jap Taxpayer/Spouse/Joint (r. 5, i)			[27]			
Taxpayer/Spouse/Joint (T, S, J)						
Employer identification number [3] Name of activity [4] State postal code [5]		Ordinary business gain/1035	[30]	[16]	[32]	
Employer identification number [3] Name of activity [4] State postal code [5]	Taypayor/C	nouse/leint (t.s.)				[2]
Name of activity						_
State postal code						
Preparer use only Non-QBI & Tax ANT Enter on K11-3 Operating [18] [19] [20] Short-term capital [23] [24] [24] Long-term capital [23] [24] [24] Short-term capital [23] [24] [24] Cordinary business gain/loss [30] [31] [32] Taxpayer/Spouse/Joint (r, S, J) [23] [31] [32] Employer identification number [3] [31] [32] Name of activity [3] [32] [3] State postal code [3] [32] [3] Enter Or K11-3 Operating [18] [19] [20] Short-term capital [21] [22] [22] 28% rate capital [23] [24] [24] 28% rate capital [23] [24] [24] 28% rate capital [23] [24] [24] 28% rate capital [25] [26] [26] Derding rule dentification number		,				
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Enter on K1T-3 Operating [18] [19] [20] Short-term capital [21] [22] Long-term capital [23] [24] 28% rate capital [27] [28] [29] Section 1231 loss [27] [28] [29] Ordinary business gain/loss [30] [31] [32] Taxpayer/Spouse/Joint (r, s, <i>J</i>)						
on K1T-3 Short-term capital Long-term capital 28% rate capital 28% rate capital 28% rate capital 28% rate capital 28% rate capital 20% rate capital			Non-QBI & Tax	For QBI & Tax	AMT	
Judy 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, I)			[18]	[19]	[20]	
28% rate capital (25) (26) Section 1231 loss (27) (28) (29) Ordinary business gain/loss (30) (31) (32) Taxpayer/Spouse/Joint (r, s, l)	ON K11-3	Short-term capital		[21]	[22]	
Section 1231 loss (27) (28) (29) Ordinary business gain/lo\$s (30) (31) (32) Taxpayer/Spouse/loint (r, s, l)		Long-term capital		[23]	[24]	
Ordinary business gain/loss (30) (31) (32) Taxpayer/Spouse/Joint (r, 5, i)		28% rate capital		[25]	[26]	
Taxpayer/Spouse/Joint (r, s, i)		Section 1231 loss	[27]	[28]	[29]	
Taxpayer/Spouse/Joint (r, s, i)		Ordinary business gain/loss	[30]	[31]	[32]	
Employer identification number [3] Name of activity [4] State postal code [5] Preparer use only [6] Carryovers Non-QBI & Tax For QBI & Tax AMT Enter Operating [13] [19] [20] Short-term capital [21] [22] [26] Long-term capital [25] [26] [26] Section 1231 loss [27] [28] [29] Ordinary business gain/loss [30] [31] [32] Taxpayer/Spouse/Joint (r, s, .) [2] [2] Employer identification number [3] [3] Name of activity [4] [3] State postal code [5] [6] Verparer use only [2] [2] Employer identification number [3] [3] Name of activity [4] [3] State postal code [5] [6] Verparer use only [5] [6] Carryovers Non-QBI & Tax For QBI & Tax AMT Inong-term capital [21]						
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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)			Non ODI 8 Tou		ANAT	
on K1T-3 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 [3] Preparer use only [4] State postal code [18] [19] [20] Operating [18] [19] [20] Short-term capital [21] [22] Long-term capital [22] [22] Short-term capital [23] [22] Long-term capital [23] [22] Short-term capital [23] [22] Short-term capital [23] [22] Carryovers [23] [24] [22] Short-term capital [23] [24] [22] Long-term capital [23] [24] [22] Short-term capital [23] [24] [22] Short-term capital [23] [24] [22] [26] Section 1231 loss [27] [28] [29]						
Shoreterm 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)			[18]		[20]	
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	UII KII-5	Short-term capital			[22]	
Section 1231 loss [27] [28] [29] Ordinary business gain/loss [30] [31] [32] Taxpayer/Spouse/Joint (r, s, J)		Long-term capital		[23]	[24]	
Ordinary business gain/loss [30] [31] [32] Taxpayer/Spouse/Joint (T, S, J)				[25]	[26]	
Taxpayer/Spouse/Joint (T, S, J) [2] Employer identification number [3] Name of activity [4] State postal code [5] Preparer use only			[27]	[28]	[29]	
Employer identification number [3] Name of activity [4] State postal code [5] Preparer use only [5] Carryovers Non-QBI & Tax For QBI & Tax AMT Enter on K1T-3 Operating [18] [19] [20] Short-term capital [21] [22] [24] 28% rate capital [25] [26] Section 1231 loss [27] [28] [29]		Ordinary business gain/loss	[30]	[31]	[32]	
Employer identification number [3] Name of activity [4] State postal code [5] Preparer use only [5] Carryovers Non-QBI & Tax For QBI & Tax AMT Enter on K1T-3 Operating [18] [19] [20] Short-term capital [21] [22] [24] 28% rate capital [25] [26] Section 1231 loss [27] [28] [29]						
Employer identification number [3] Name of activity [4] State postal code [5] Preparer use only [5] Carryovers Non-QBI & Tax For QBI & Tax AMT Enter on K1T-3 Operating [18] [19] [20] Short-term capital [21] [22] [24] 28% rate capital [25] [26] Section 1231 loss [27] [28] [29]						
Name of activity [4] State postal code [5] Preparer use only [5] Carryovers Non-QBI & Tax For QBI & Tax AMT Enter on K1T-3 Operating [18] [19] [20] Short-term capital [21] [22] [24] 28% rate capital [25] [26] Section 1231 loss [27] [28] [29]		-				_[2]
State postal code [5] Preparer use only [5] Preparer use only [5] Carryovers Non-QBI & Tax AMT Enter on K1T-3 Operating [18] [19] [20] Short-term capital [21] [22] [24] [24] [25] [26] [26] [27] [28] [29] [29] [29] [20]						[3]
Preparer use only CarryoversNon-QBI & TaxFor QBI & TaxAMTEnter on K1T-3Operating[18][19][20]Short-term capital[21][22]Long-term capital[23][24]28% rate capital[25][26]Section 1231 loss[27][28][29]		-				[4]
CarryoversNon-QBI & TaxFor QBI & TaxAMTEnter on K1T-3Operating[18][19][20]Short-term capital[18][19][21]Long-term capital[11][22][24]28% rate capital[11][25][26]Section 1231 loss[27][28][29]	State posta	l code				[5]
CarryoversNon-QBI & TaxFor QBI & TaxAMTEnter on K1T-3Operating[18][19][20]Short-term capital[18][19][21]Long-term capital[11][22][24]28% rate capital[11][25][26]Section 1231 loss[27][28][29]		Preparer use only				
Short-term capital [21] [22] Long-term capital [23] [24] 28% rate capital [25] [26] Section 1231 loss [27] [28] [29]		Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Short-term capital [21] [22] Long-term capital [23] [24] 28% rate capital [25] [26] Section 1231 loss [27] [28] [29]		Operating	[18]		[20]	
Long-term capital [23] [24] 28% rate capital [25] [26] Section 1231 loss [27] [28] [29]	on K1T-3					
28% rate capital [25] [26] Section 1231 loss [27] [28] [29]						
Section 1231 loss [27] [28] [29]						
			[27]			

Estates and Trusts

Form ID: K1T

39

Student Loan Interest Paid

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.

тs	Qualified loan interest recipient/lender		2023 Interest Paid		Prior Year Information
_		+		[1]	
		+			
_		+			
_		+		-	
_					

Control lotals+ Form ID: Educate2	
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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) 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 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]	
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	n before 2023	

NOTES/QUESTIONS:

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[8]

[8]

Control Totals + Form ID: Educ3

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	3 = ESA)	[6]
Relationship to account (1 = Beneficiary, 2 = A	ccount 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

	20	23 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:

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Control Totals +	Form ID: 1099Q

Schedule A - Medical and Dental Expenses

()	2	023 Information	Prior Year Informat
Medical and dental expenses, such as: Do	ctors, Dentists, Hospital/nursing hom	e fees, Lab/x-ray fees,	
Medical supplies, Hearing aids, Eyeglasses,		-	
1]	+	[2]	
·	+		
	+		
	+		
	+		
	+		
Medical insurance premiums you paid:			
Do not include pre-tax amounts paid by an employe self-employed business (Sch C, Sch F, Sch K-1, etc.) o	r Medicare premiums entered on Form SSA-10	99.	ır
l]	+	[5]	
	+		
	+		
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employe self-employed business (Sch C, Sch F, Sch K-1, etc.)	er-sponsored plan or amounts entered elsewher	re, such as amounts paid for you	r
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 pai	id in 2023:		
_[21]		+[22]	
		+	
		+	
Real estate taxes paid: [24]		+ [วะ]	
[24]		[25] 	
		+	
Personal property taxes:			
_[27]		+[28]	
	d Chata diashilitu tawas	+	
Other taxes, such as: foreign taxes an [30]		+ [31]	
		[51] 	
		+	
Sales tax paid on major purchases:			
_[36]		+[37]	
		+	
Sales tax paid on actual expenses: [39]		+ [40]	
		[40] +	
		+	
Con	trol Totals +		Form ID: A-1

Interest	Expenses		58
S/J Home mortgage interest: From Form 1098 [1]	2023 Interest Paid _{2]}	2023 Points Paid	Type*Prior Year Informati
	++		
	+		
	+		
	++	-	
	+		
	+		
			L
	tgage Types		
Blank = Used to buy, build or improve main/qualified second hor	me 1 = Not used to buy,	build, improve	home or investment
r/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	1 1		
City, state and zip code			
Address	T		
City, state and zip code			
	+	[11 [12 [12 [12	
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		_	
Investment interest expense, other than on Schedule(s) K-1:		Information	Prior Year Information
[15]	+	[16	
	+		

Control Totals + Form ID: A-2		
	Control Totals +	Form ID: A-2

Charitable Contributions

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 Noncash items, such as: Goodwill/Salvation Army/clothing/household goods	[6]
_[8] +	[9]
+ +	
+ +	
+	

Miscellaneous Deductions

....

. • . .

T/S/J	2023 Information	Prior Year Information
Other expenses		
_[12]	+[1	3]
	+	
	+	
	+	
<u> </u>	+	·
	+	· · · · · · · · · · · · · · · · · · ·
Gambling losses: (Enter only if you have gambling income)		
_[15]	+[1	6]
	+	
	+	
	+	

Control Totals +		Form ID: A-3
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Auto Worksheet

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession

	Vehicles		
Vehicle 1 -	Date placed in service Description Comments	[4] [5]	
Vehicle 2 -	Date placed in service Description Comments	[9] [10]	
Vehicle 3 -	Date placed in service Description Comments	[14] [15]	
Vehicle 4 -	Date placed in service Description Comments	[19] [20]	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the follow	ing questions	:	_					
Was the vehicle available for off-duty personal use? (Y, N)	_[60]		[62]	_	[64]		[66]	
Was another vehicle available for personal use? (Y, N)	_[68]		[70]	_	[72]	_	[74]	
Do you have evidence to support your deduction? (Y, N)	_[76]		[78]	_	[80]	_	[82]	
Is this evidence written? (Y, N)	_[84]	_	[86]	_	[88]	_	[90]	

	Vehicle Expenses	

	Vehicle 1	Prior Year Information	vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
T								
Total miles for year		2]	[34]		[36]		[38]	·
Commuting miles	[4	0]	[42]		[44]		[46]	
Business miles	[4	8]	[50]		[52]		[54]	
Parking fees	+ [9	2]	+ [94]	-	+ [96]	+	[98]	
Tolls	+[1	00]	+[102]	-	+[104]	+	[106]	
Gasoline	+[1	08]	+[110]		+[112]	+	[114]	
Oil	+[1	16]	+[118]	-	+[120]	+	[122]	
Repairs	+[1	24]	+[126]	-	+[128]	+	[130]	
Maintenance	+[1	32]	+[134]	-	+[136]	+	[138]	
Tires	+[1	40]	+[142]	-	+[144]	+	[146]	
Car washes	+[1	48]	+[150]	-	+[152]	+	[154]	
Insurance	+[1	56]	+[158]	-	+[160]	+	[162]	
Interest	+[1	64]	+[166]	-	+[168]	+	[170]	
Registration	+[1	72]	+[174]	-	+[176]	+	[178]	
Licenses	+[1	80]	+[182]	-	+[184]	+	[186]	
Property taxes	+ [1	88]	+ [190]	-	+ [192]	+	[194]	
Other vehicle expense	es+[1	96]	+[198]	-	+[200]	+	[202]	
Vehicle rentals	+[2	04]	+[206]		+[208]	+	[210]	
Inclusion amt (Preparer	otty) [2	12]	+[214]	-	+[216]	+	[218]	
Depreciation	+[2	20]	+[222]	-	+[224]	+	[226]	

Control Totals +	Form ID: Auto

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[3]

Medical and Health Savings Account Contributions

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-Or	nly, 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]

Control Totals + Form ID: 5498SA

Form ID: 1099SA

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 pro	vide all Forms 1099-LTC. 2023 In	formation	Prior Year Information
Name of the insured chronically ill individual	2023 11	[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 2	2023? (Y, N)	_[52]	
If the insured is terminally ill, were payments received on account	int of terminal illness? (Υ, Ν)	_[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]	

Control Totals +	Form ID: 1099SA

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 +		[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
Purcinees name of provider		
Business 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 = Provid		
Amount paid to care provider in 2023		
Foreign province or state of provider	*.	[7]
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 = Provid	er 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 = Provid	er moved and unable to get TIN, 4	= Provider refuses to give TIN)
Amount paid to care provider in 2023	+	<u> </u>
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 = Provid		—
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 = Provid	er 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 +		Form ID: 2442

Depreciation - Asset List

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Activity name

Preparer use only

HOW TO REPORT DISPOSALS: Use the blank line directly below the asset information to indicate any asset disposals. Enter the date of the disposal and/or sale proceeds, if applicable. Enter additional information regarding the asset disposal in the comments section, such as if the asset was sold on installment, traded for other asset(s), disposed of due to casualty, or sold to a related party. See the EXAMPLE asset below.

Asset No.	Description of Property	Date in Service	Cost or Basis
	Comments	Date Sold/Disposed	Sales Price
	Machinery and equipment (EXAMPLE ASSET)	11/21/14	42,500
	Collected in 5 equal payments over 2 yrs	03/09/23	20,000
			<u> </u>
			<u> </u>
		I	Form ID: Org

Activity name

Preparer use only

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPL	E 202 Comments:	23 Model T - (EXAMPLE ASSET)	03/09/23	25,750
	Comments:	22,500 job-related miles, 25,000 total mi		
1	Comments:			
2	Comments:		· · · · · · · · · · · · · · · · · · ·	
3				
	Comments:			
4	C			
	Comments:			
5	Comments:			
~				
6	Comments:		· · · · · · · · · · · · · · · · · · ·	
7				_
-	Comments:		Ι	
8	Commenter			
	Comments:			
9	Comments:			
10				
TO	Comments:			
11				
	Comments:		Ι	
12	Commenter			
	Comments:			
13	Comments:			
4.4	connentor			
14	Comments:			
15				
	Comments:			
16	Constants			
	Comments:			
17	Comments:			
10				
18	Comments:			
19				
	Comments:		Τ	
20	Comments			
	Comments:		1	
21	Comments:		I	<u> </u>
	connents.			
22	Comments:			
23				
	Comments:		1	
24	2			
	Comments:			
25	Comments:			
	comments:			Form ID: OrgD