| Form ID: 1040                 |  | Persor                         | nal Information                 |                              |               | 1                          |
|-------------------------------|--|--------------------------------|---------------------------------|------------------------------|---------------|----------------------------|
| Filing (Marital               | ) status code (1 = Single, 2 = Married | filing joint, 3 = Married fili | ng separate, 4 = Head of househ | old, 5 = Qualifying survivir | g spouse)     | [1]                        |
|                               | ere married but living apart all       | •                              |                                 |                              |               | [2]                        |
| Mark if your n                | onresident alien spouse does n         | ot have an Individua           | al Taxpayer Identification      | n Number (ITIN)              |               | [3]                        |
| Casial assumit                |  |                                | Taxpayer                        |                              | Sp            | ouse                       |
| Social security<br>First name | number                                 | <del></del>                    | [4]                             | _                            |               | [5]                        |
| Last name                     |  |                                | [6]<br>[8]                      |                              |               | [7]<br>[9]                 |
| Occupation                    |  |                                | <sup>[0]</sup>                  |                              |               | [11]                       |
| •                             | 00 to the presidential election o      | campaign fund? (1 = )          |                                 |                              |               | [14]                       |
| _                             | dent of another taxpayer               |                                | [15]                            |                              |               | [16]                       |
| Taxpayer with                 | income less than 1/2 support a         | age 18 or 19 - 23 ful          | I-time student? (Y, N17]        |                              |               |                            |
| Mark if legally               | <sup>,</sup> blind                     |                                | [20]                            |                              |               | [21]                       |
| Date of birth                 |  | _                              | [22]                            |                              |               | [24]                       |
| Date of death                 |  | _                              | [26]                            |                              |               | [27]                       |
| -                             | e telephone number/ext numbe           | er                             | [28][29]                        |                              | [3            | 0][31]                     |
|                               | g telephone number                     | <u> </u>                       | [32]                            |                              | -             | [33]                       |
| Do you author                 | rize us to discuss your return w       | ith the IRS? (Y, N)            | [34]                            |                              |               |                            |
|                               |  | Present                        | Mailing Address                 |                              |               |                            |
| Address                       |  |                                |                                 |                              |               | [40]                       |
| Apartment nu                  |  |                                |                                 |                              |               | [41]                       |
| • • •                         | stal code, zip code                    |                                |                                 | [42]                         | [43]          | [44]                       |
| Foreign count                 | · ·                                    |                                |                                 |                              |               | [46]                       |
| Foreign phone                 |  |                                |                                 |                              |               | [49]                       |
| In care of addi               | ressee                                 |                                |                                 |                              |               | [51]                       |
|                               |  | Depend                         | dent Information                |                              |               |                            |
|                               | (*P                                    | lease refer to Depe            | ndent Codes located at          | the bottom)                  | 0.4 4  - * *# | Care                       |
|                               |  |                                |                                 |                              | in Co         | Dep expenses odes paid for |
| First Name                    | € <sup>52</sup> ] Last Name            | Date of Birth                  | Social Security No.             | Relationship                 | home *        | ** dependent               |
|                               |  | -                              |                                 |                              |               |                            |
|                               |  |                                | · <u> </u>                      |                              |               | <del>-</del>               |
|                               |  |                                |                                 |                              |               | · <del>-</del>             |
|                               |  | <u> </u>                       | · <u> </u>                      |                              |               | · — —                      |
|                               |  | -                              | · <del></del>                   |                              |               | · <del>-</del>             |
|                               |  | -                              | · <del></del>                   |                              |               | · <u> </u>                 |
|                               |  |                                |                                 |                              |               | · <del>-</del>             |
|                               |  |                                | · <del></del>                   |                              |               | · <del>-</del>             |
|                               |  |                                |                                 |                              |               |                            |
|                               |  |                                |                                 |                              |               |                            |
|                               |  |                                |                                 |                              |               | <u> </u>                   |
|                               |  |                                |                                 |                              |               |                            |
|                               | who lived with you but is not y        | our dependent                  |                                 |                              |               | [53]                       |
| Social security               | number of qualifying person            |                                |                                 |                              |               | [54]                       |
|                               |  | Dep                            | endent Codes                    |                              |               |                            |
| *Basic                        | 1 = Child who lived with you           |                                | **Other 1 = Stude               | ent (Age 19 - 23)            |               |                            |
|                               | 2 = Child who did not live wi          | th you due to divor            |                                 | -                            |               |                            |
|                               | 3 = Other dependent                    |                                | •                               | endent who is both           | a student an  | d disabled                 |
|                               | 4 = Other dependents, but d            |                                | =                               | ents (ODC)                   |               |                            |
|                               | 5 = Qualifying child for Earne         |                                | -                               |                              |               |                            |
|                               | 6 = Children who lived with            | •                              |                                 |                              |               |                            |
|                               | 7 = Children who lived with            |                                |                                 |                              | _             | _                          |
| de de de -                    | 8 = Children who lived with            | •                              | alify for Child Tax Credit      | Credit for Other I           | Dependents/E  | Earned Income C            |
| ***Month                      | is77 = Reported on odd year r          |                                |                                 |                              |               |                            |
|                               | 88 = Reported on even year             |                                |                                 |                              |               |                            |
|                               |  |                                |                                 |                              |               |                            |
|                               | 99 = Not reported on return            |                                |                                 |                              |               |                            |
|                               | 99 = Not reported on return            |                                |                                 |                              |               | Form ID: 1040              |

## **Client Contact Information**

#### 2

#### **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   |  | <br>[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   |  | [23     |
| Other:   |  | [24     |
| Telephone number   | <br>[16]                                 | [25     |
| Extension  |  | [26     |
| Preferred method of contact:   |  |         |
| Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2              | [18]                                     | [27     |

# Questions

Please check the appropriate box and include all necessary details and documentation.

|    |   | Yes | No |
|----|---|-----|----|
| Pe | rsonal Information  |     |    |
|    | Did your marital status change during the year?   |     |    |
|    | If yes, explain:  | _   | _  |
|    | Did you live separately from your spouse during the last six months of the year?<br>Do you have a separate decree, instrument, or agreement and are not living in the |     |    |
|    | same household by the end of the year?  |     |    |
|    | Did your address change from last year?   |     |    |
|    | Can you be claimed as a dependent by another taxpayer?  |     |    |
|    | Did you change any bank accounts, or did routing transit numbers (RTN) and/or   |     |    |
|    | bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority    |     |    |
|    | during the tax year?  |     |    |
|    | Do you, your spouse (if applicable), and any dependents have a taxpayer   | _   | _  |
|    | identification number (SSN, ITIN, or ATIN)?   |     |    |
|    | Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been   | _   | _  |
|    | a victim of identity theft? If yes, attach the IRS letter for filing returns in 2022. Did you reside in or operate a business in a Federally declared disaster area?  |     |    |
|    | The Federally declared disaster areas include victims of hurricanes, tropical storms,   | _   | _  |
|    | floods, as well as wildfires.   |     |    |
|    |   |     |    |
| C  | OVID-19 Information   |     |    |
|    | Did you receive State and Local Fiscal Recovery Funds (SLFR) under a program to support those negatively impacted by the COVID-19 pandemic for helping you with       |     |    |
|    | your mortgage insurance and/or home purchases, such as funds to pay some or all   |     |    |
|    | of the down payment and closing costs associated with your purchase of a home?  |     |    |
|    | Did you receive a Paycheck Protection Program (PPP) loan?   |     |    |
|    | If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?   |     |    |
|    | Are you a telecommuting employee that was required to "shelter in place" due to   |     |    |
|    | local COVID-19 protocols while working in a state that was not your home state? Did you pay emergency sick leave wages to a household employee?                       | ä   |    |
|    | Did you pay emergency family leave wages to a household employee?   | _   | _  |
|    | Did you receive any special unemployment benefits or compensation under the   |     |    |
|    | Coronavirus Relief Act during the year?   |     |    |
| n. | an and and Information  |     |    |
| D  | ependent Information  | П   | _  |
|    | Were there any changes in dependents from the prior year?  If yes, explain:   |     |    |
|    | Do you have any children under age 19 or a full-time student under age 24 with  |     |    |
|    | unearned income in excess of \$2,300?   |     |    |
|    | Do you have dependents who must file a tax return?  |     |    |
|    | Did you provide over half the support for any other person(s) other than your   |     | _  |
|    | dependent children during the year?  Did you pay for child care while you worked, looked for work, or while a   | ш   |    |
|    | full-time student?  |     |    |
|    | Is there any other person(s) who lived with you more than half the year but not   |     |    |
|    | claimed by you last year?   |     |    |
|    | Did you pay any expenses related to the adoption of a child during the year?  If you are diversed or separated with child(ran), do you have a diverse decree          |     |    |
|    | If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?    |     |    |
|    | of other form of separation agreement which establishes custodial responsibilities:   | _   | _  |

| Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter for use during 2022   | _        | _      |
|---|----------|--------|
| 2022  | _        | _      |
| Purchases, Sales and Debt Information  Did you start a new business or purchase rental property during the year?  Did you sell, exchange, or purchase any assets used in your trade or business?  Did you acquire a new or additional interest in a partnership or S corporation?  Did you sell, exchange, or purchase any real estate during the year?  Did you purchase or sell a principal residence during the year?  Did you foreclose or abandon a principal residence or real property during the year?  Did you acquire or dispose of any stock during the year?  Did you take out a home equity loan this year?  Did you refinance a principal residence or second home this year?  Did you sell an existing business, rental, or other property this year?  Did you lend money with the understanding of repayment and this year it became totally uncollectable?  Did you have any debts canceled or forgiven this year, such as a home mortgage or  | 00000000 |        |
| student loan(s)?  |          |        |
| Did you purchase a qualified plug-in electric drive vehicle this year?  |          |        |
| Income Information  Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? Did you receive any income from property sold prior to this year? Did you receive any unemployment benefits during the year? Did you receive any disability income during the year? Did you receive any Medicaid waiver payments as difficulty of care during the year? Did you receive tip income not reported to your employer this year? Did any of your life insurance policies mature, or did you surrender any policies? Did you receive any awards, prizes, hobby income, gambling or lottery winnings? Did you receive any income considered to be nonemployee compensation? Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy? Do you expect a large fluctuation in income, deductions, or withholding next year? Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services?  Retirement Information |          |        |
| Are you an active participant in a pension or retirement plan?  Did you receive any Social Security benefits during the year?   |          |        |
| Did you nake any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?  If yes, were any withdrawals due to a Federally declared disaster?  If you received any qualified disaster retirement plan distributions, did you repay  |          |        |
| any of the distributions in 2022?   |          |        |
| Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?  |          |        |
| Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?   | _        |        |
| 401(k), or other quantied retirement plan?  | _        | _      |
| Education Information  Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?  Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?  | _<br>_   | _<br>_ |

|     | Better Life Experience) account?  Did you make any contributions to an education savings or 529 Plan account?  Did you pay any student loan interest this year?   | _<br>_<br>_ |   |
|-----|---|-------------|---|
|     |   |             |   |
| H   | ealth Care Information  Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family?  |             |   |
|     | "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.   |             |   |
|     | Did you enroll for lower cost Marketplace Coverage through healthcare.gov under   | _           | _ |
|     | the Affordable Care Act?  Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in   |             |   |
|     | your family?  Did you make any contributions to a Health savings account (HSA) or Archer MSA?  Did you receive any distributions from a Health savings account (HSA), Archer  |             |   |
|     | MSA, or Medicare Advantage MSA this year?  Did you pay long-term care premiums for yourself or your family?   |             |   |
|     | Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?   |             |   |
|     | Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?  |             |   |
|     | If you are a business owner, did you pay health insurance premiums for your   | _           | _ |
|     | employees this year?  |             |   |
| Ite | emized Deduction Information  |             |   |
|     | If yes, did the loss occur in a Federally declared disaster area?  Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?  Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?  If yes, please provide evidence such as a receipt from the donee organization, a | 0           |   |
|     | Did you pay real estate taxes for your primary home and/or second home?  Did you pay any mortgage interest on an existing home loan?  Did you incur interest expenses associated with any investment accounts you held?   |             |   |
| M   | iscellaneous Information  |             |   |
|     |   |             |   |
|     | you wanted and an your second second Fack second  |             |   |
|     | Did you retire or change jobs this year?  |             |   |
|     | Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?   |             |   |
|     |   |             |   |

| Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?  Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?  Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?  Did you receive correspondence from the State or the IRS?  If yes, explain:  Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?  Do you want to designate \$3 to the Presidential Election Campaign Fund? If you |  |
|--|--|
| check yes, it will not change your tax or reduce your retuine.   |  |
|  |  |
|  |  |

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| Form I | D: Ban | k |
|--------|--------|---|
|--------|--------|---|

#### **Direct Deposit/Electronic Funds Withdrawal Information**

3

Form ID: Bank

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.

| Primary account: Financial institution routing transit number   |  |  |
|---|--|--|
| 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 ac  |  | <u>[</u> 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] <b>or</b> 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   | count)   | [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] <b>or</b> 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 ac  | count)   | [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   |  |  |
| efunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be   | e accepted by the bank or financial institut   |  |
| Refund - U.S. Series I Savings Bond Purch   | nases  |  |
| Refund - U.S. Series I Savings Bond Purch tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicate ease note you may enter only one name per registration (with exception of married filingme, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would list  | nases  If for up to three different persole, please complete the following joint returns) and must enterties the following joint returns and must enter the following joint returns and must enterties the following joint returns and must enter the following joint returns and must enterties the following join | sons. If you we<br>ving informat<br>er the party's p   |
| Refund - U.S. Series I Savings Bond Purch tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicate ease note you may enter only one name per registration (with exception of married filing time, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would little bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered.  | nases  If for up to three different persole, please complete the following joint returns) and must enterties the following joint returns and must enter the following joint returns and must enterties the following joint returns and must enter the following joint returns and must enterties the following join | sons. If you we<br>ving informat<br>er the party's p   |
| Refund - U.S. Series I Savings Bond Purch tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicate ease note you may enter only one name per registration (with exception of married filingme, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would light bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered to the name(s) and use the fields provided below.   | d for up to three different persole, please complete the following joint returns) and must enterinke used to purchase bonds stered in both names listed on the return.   | sons. If you we<br>ving informat<br>er the party's p   |
| Refund - U.S. Series I Savings Bond Purch tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicate ease note you may enter only one name per registration (with exception of married filing time, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would list the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be register the bonds separately, leave these fields blank and use the fields provided below.   | nases  If for up to three different persole, please complete the following joint returns) and must enterties the following joint returns and must enter the following joint returns and must enterties the following joint returns and must enter the following joint returns and must enterties the following join | sons. If you we<br>ving informat<br>er the party's p   |
| Refund - U.S. Series I Savings Bond Purch tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable ease note you may enter only one name per registration (with exception of married filing me, do not use nicknames.  **Colicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return for married filing joint returns this means the bonds will be registered to the name (s) on the return for married filing joint returns this means the bonds will be registered to the name (s) on the return for married filing joint returns this means the bonds will be registered to the name (s) on the return | d for up to three different persole, please complete the following joint returns) and must enterinke used to purchase bonds stered in both names listed on the return.   | sons. If you we wing informater the party's a  |
| Refund - U.S. Series I Savings Bond Purch cax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicate case note you may enter only one name per registration (with exception of married filing me, do not use nicknames.  Alicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return.  | d for up to three different persole, please complete the following joint returns) and must entering ike used to purchase bonds stered in both names listed on the return.  [15] or Percent (xxx.xx)  | sons. If you we wing informater the party's a  |
| Refund - U.S. Series I Savings Bond Purch cax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicate case note you may enter only one name per registration (with exception of married filing me, do not use nicknames.  Sicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this married filing in the proving the proving the proving the proving t | d for up to three different persole, please complete the following joint returns) and must entering ike used to purchase bonds stered in both names listed on the return.  [15] or Percent (xxx.xx)  [19] or Percent (xxx.xx)  | sons. If you we wing informater the party's party is garage.   |
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| Refund - U.S. Series I Savings Bond Purch tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicate tase note you may enter only one name per registration (with exception of married filing me, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered to the name (s) on the return. For married filing joint returns this means the bonds will be registered 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   | d for up to three different persole, please complete the following joint returns) and must entering ike used to purchase bonds stered in both names listed on the return.  [15] or Percent (xxx.xx)  [19] or Percent (xxx.xx)  | sons. If you we wing informater the party's party is garage.   |
| Refund - U.S. Series I Savings Bond Purch tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicate ease note you may enter only one name per registration (with exception of married filin ime, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would li the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be 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  and 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  Owner's name (First Last)  Co-owner or beneficiary (First Last)  Mark if the name listed above is a beneficiary  | d for up to three different persole, please complete the following joint returns) and must entering ike used to purchase bonds stered in both names listed on the return.  [15] or Percent (xxx.xx)  [19] or Percent (xxx.xx)  | sons. If you we wing informater the party's p  |
| Refund - U.S. Series I Savings Bond Purch tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicate ease note you may enter only one name per registration (with exception of married filin ime, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would li the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be 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  ond 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 Owner's name (First Last)  Co-owner or beneficiary (First Last)  Mark if the name listed above is a beneficiary   | d for up to three different persole, please complete the following joint returns) and must enterinke used to purchase bonds stered in both names listed on the return.  [15] or Percent (xxx.xx)  [19] or Percent (xxx.xx)   | sons. If you we ving informater the party's party is garage. [16]  |
| Refund - U.S. Series I Savings Bond Purch tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicate ease note you may enter only one name per registration (with exception of married filing ime, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would lit the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be register 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  and 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  Co-owner or beneficiary (First Last)  Mark if the name listed above is a beneficiary  and 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  | d for up to three different persole, please complete the following joint returns) and must entering ike used to purchase bonds stered in both names listed on the return.  [15] or Percent (xxx.xx)  [19] or Percent (xxx.xx)  [40] [42]   | sons. If you we wing informater the party's party is greatly in the party's party is greatly in the party in the |
| Refund - U.S. Series I Savings Bond Purch tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicate ease note you may enter only one name per registration (with exception of married filling ame, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would li The bonds will be registered to the name(s) on the return. For married filling joint returns this means the bonds will be 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  Ond information for someone other than taxpayer and spouse, if married filling jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Owner's name (First Last)  Mark if the name listed above is a beneficiary  Owner's name (First Last)  Ond information for someone other than taxpayer and spouse, if married filling jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Owner's name (First Last)  | d for up to three different persole, please complete the following joint returns) and must entering ike used to purchase bonds stered in both names listed on the return.  [15] or Percent (xxx.xx)  [19] or Percent (xxx.xx)  [40] [42] [53] or Percent (xxx.xx)  | Sons. If you wowing informater the party's part  |

| IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file the To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS 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)  If 1 or 2, please provide email address 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] |
| 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] |

**Electronic Filing** 

6

# **NOTES/QUESTIONS:**

Form ID: ELF

| Form ID: IDAuth                    | 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              |  | <br>[12 |
| Issue date                         |  | [13     |
| Expiration date (mm/dd/yyyy)       |  | [14     |
| Location of issuance (State issued | only)  | [15     |
| Document number (Now York only     | d.   | [14     |

| Form ID: Est                            |                   | E                          | stima          | ted Taxes          |              |                                      | 8                 |
|---|-------------------|----------------------------|----------------|--------------------|--------------|--------------------------------------|-------------------|
| If you have an overn                    | avment of 2022    | ! taxes, do you want the o | ACOCC.         |                    |              |                                      |                   |
| Refunded                                | ayınıcını or 2022 | taxes, do you want the t   | EXCESS.        |                    |              |                                      | [52]              |
| Applied to 202                          | 3 estimated tax   | liability                  |                |                    |              |                                      | [53]              |
| •                                       | _                 | e in your 2023 income? (   | Y, N)          |                    |              |                                      | [54]              |
| If yes, please explain                  | any differences   | s:                         |                |                    |              |                                      |                   |
|   |                   |                            |                |                    |              |                                      | [55]              |
|   |                   |                            |                |                    |              |                                      | [56]<br>[57]      |
|   |                   |                            |                |                    |              |                                      | [58]              |
| Do you expect a cons                    | siderable chang   | e in your deductions for   | 2023? (Y       | , N)               |              |                                      | [59]              |
| If yes, please explain                  | any differences   | s:                         |                |                    |              |                                      |                   |
|   | -                 |                            |                |                    |              |                                      | [60]              |
|   |                   |                            |                |                    |              |                                      | [61]              |
|   |                   |                            |                |                    |              |                                      | [62]<br>[63]      |
| Do you expect a con                     | siderable chang   | e in the amount of your    | 2023 wi        | thholding? (Y, N)  |              |                                      | [64]              |
| If yes, please explain                  | _                 |                            |                | J. (, ,            |              |                                      |                   |
|   |                   |                            |                |                    |              |                                      | [65]              |
|   | -                 |                            |                |                    |              |                                      | [66]              |
|   |                   |                            |                |                    |              |                                      | [67]              |
| Do you expect a chai                    | nge in the numb   | per of dependents claime   | d for 20       | 1237 (V NI)        |              |                                      | [68]<br>[69]      |
| If yes, please explain                  | -                 |                            | u 101 20       | 23. (1,14)         |              |                                      | [03]              |
|   |                   |                            |                |                    |              |                                      | [70]              |
|   |                   |                            |                |                    |              |                                      | [71]              |
|   |                   |                            |                |                    |              |                                      | [72]              |
| Payment method use                      | ad to pay your e  | estimated taxes (1=Electr  | onic For       | loral Tay Paymon   | t System (F  | ETDS): 2-Direct Payl                 | [73]              |
| r ayment method us                      | ed to pay your e  | estimated taxes (1-Liecti  | Offic 1 ec     | ierai rax rayinen  | it System (L | 11 11 3 <sub>1</sub> , 2-Direct 1 ay | [74]              |
|   |                   | 2022 Fodo                  | ral Ect        | imated Tax P       | avmonts      |                                      |                   |
|   |                   | ZUZZ FEUE                  | iai LSL        | illiateu Tax P     | ayınıcınıs   | )                                    |                   |
| 2021 overpayment a                      | pplied to 2022    | estimates                  |                |                    |              | +                                    | [1]               |
| Mark if you paid the                    | calculated amo    | unts on the dates due in   | dicated        | below. Skip the r  | emaining f   | ields.                               | [5]               |
|   |                   |                            |                |                    |              |                                      |                   |
| the actual date and a                   |                   | ot made on the date due    | or were        | for an amount of   | ther than th | ne calculated amount bel             | low, please enter |
| the actual date and t                   | imount paid.      |                            |                |                    |              |                                      |                   |
|   | Date Due          | Date Paid if After Date    | Due            | <b>Amount Paid</b> | Γ            | Calculated Amount                    | Method*           |
| 1st quarter payment                     |                   | [6]                        | +_             |                    | [7]          |                                      |                   |
| 2nd quarter paymen                      |                   | [8]                        |                |                    |              |                                      |                   |
| 3rd quarter payment 4th quarter payment |                   | [10]                       |                |                    |              |                                      |                   |
| Additional payment                      | . 1/1//23         | [12]<br>[14]               | Ť-             |                    | [13]<br>[15] |                                      |                   |
| Additional payment                      |                   | [14]                       | · <del>-</del> |                    | [13]         |                                      |                   |
|   |                   | *Method of                 | payme          | nt indicated in p  | rior year    |                                      |                   |
|   |                   | onic funds withdrawal      |                |                    | Federal Ta   | ax Payment System                    |                   |
|   | Voucher = Fo      | rm 1040-ES estimated t     | ax payn        | nent voucher       |              |                                      |                   |
|   |                   |                            |                |                    |              |                                      |                   |
| NOTES/QUESTIC                           | ONS:              |                            |                |                    |              |                                      |                   |
|   |                   |                            |                |                    |              |                                      |                   |
|   |                   |                            |                |                    |              |                                      |                   |

Control Totals+

Form ID: Est

## Wages and Salaries #1

| Please pr  | ovide all copies of Form W-2.<br>2022 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]     |                        |
| Mark if this is your current employer                                |   |                        |
| 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]   | <u></u>                |
| Box 13 -   |   |                        |
| Statutory employee   | [29]  |                        |
| Retirement plan  | [30]  |                        |
| Third-party sick pay   | [31]  |                        |
| State postal code (Box 15)   | <br>[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.<br>2022 Info | rmation  | Prior Year Information |
|---|--------------------------------------|----------|------------------------|
| Taxpayer/Spouse (T, s)  |                                      | [1]      |                        |
| Employer name   |                                      | [3]      |                        |
| Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farr | ming / Fishing, 4 = National Guard   | )[5]     |                        |
| Mark if this your current employer  |                                      | <br>_[6] |                        |
| 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 -  | <del>-</del>                         |          |                        |
| 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+ |  |
|--|-----------------|--|
|  |                 |  |

13

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<br>Code (**s | See codes be | elow)    | Interest [1]<br>Income | Tax Exempt<br>Income | Penalty on<br>Early Withdrawal | U.S. Obligations<br>\$ or % | * Tax Exempt*<br>\$ or % | Foreign Taxes<br>Paid | Prior Year Information |
|-------|-------------------|--------------|----------|------------------------|----------------------|--------------------------------|-----------------------------|--------------------------|-----------------------|------------------------|
|       |                   | <b>1</b> Pa  | ayer     |                        |                      |                                |                             |                          |                       |                        |
|       | •                 |              | mounts + |                        |                      |                                |                             |                          |                       |                        |
|       |                   | <b>2</b> Pa  | ayer     |                        |                      |                                |                             |                          |                       |                        |
|       | 1                 | _            | mounts + |                        |                      |                                |                             |                          |                       |                        |
|       |                   | <b>3</b> Pa  | ayer     |                        |                      |                                |                             |                          |                       |                        |
|       | •                 |              | mounts + |                        |                      |                                |                             |                          |                       |                        |
|       |                   | <b>4</b> Pa  | ayer     |                        |                      |                                |                             |                          |                       |                        |
|       |                   |              | mounts + |                        |                      |                                |                             |                          |                       |                        |
|       |                   | 5 Pa         | ayer     |                        |                      |                                |                             |                          |                       |                        |
|       | •                 |              | mounts + |                        |                      |                                |                             |                          |                       |                        |
|       |                   | <b>6</b> Pa  | ayer     |                        |                      |                                |                             |                          |                       |                        |
|       | •                 |              | mounts + |                        |                      |                                |                             |                          |                       |                        |
|       |                   | <b>7</b> Pa  | ayer     |                        |                      |                                |                             |                          |                       |                        |
|       |                   | ·            | mounts + |                        |                      |                                |                             |                          |                       |                        |
|       |                   | <b>8</b> Pa  | ayer     |                        |                      |                                |                             |                          |                       |                        |
|       | `                 |              | mounts + |                        |                      |                                |                             |                          |                       |                        |
|       |                   | <b>9</b> Pa  | ayer     |                        |                      |                                |                             |                          |                       |                        |
|       | •                 |              | mounts + |                        |                      |                                |                             |                          |                       |                        |
|       | 1                 | 10 Pa        | ayer     |                        |                      |                                |                             |                          |                       |                        |
|       |                   |              | mounts + |                        |                      |                                |                             |                          |                       |                        |

|                          | **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 |
|------------------|--------------|
|------------------|--------------|

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<br>S<br>J | Type<br>Code ( | Total U.S. Foreign<br>Ordinary [2] Qualified Cap Gain 28% Tax Exempt Obligations* Tax Exempt* Taxes Prior Yo<br>(**See codes below) Dividends Dividends Distributions Section 1250 Sec. 199A Capital Gain Dividends \$ or % \$ or % Paid Informa | ear<br>ation |
|-------------|----------------|--|--------------|
|             | 1              | Payer  |              |
|             | 2              | Payer  |              |
|             | 3              | Payer Amounts Amounts  |              |
|             | 4              | Payer  |              |
|             | 5              | Payer Amounts +  |              |
|             | 6              | Payer Amounts Amounts  |              |
|             | 7              | Payer Amounts +  |              |
|             | 8              | Payer  |              |
|             | 9              | Payer  |              |
|             | 1              | O Payer Amounts + Amounts  |              |

| **Div         | idend Codes |
|---------------|-------------|
| Blank = Other | 3 = Nominee |

| Control Totals +   Form ID: B-2 |
|---------------------------------|
|---------------------------------|

|              |  | Securities, and Oth        |                |  | 17                  |
|--------------|--|----------------------------|----------------|--|---------------------|
| Did you have | Please pro<br>e any securities become worthless during 2 | vide copies of all Forms 1 | 1099-B and 109 | 9-8  | [9]                 |
|              | e any debts become uncollectible during 20               |                            |                |  | [5]<br>[10]         |
|              | e any commodity sales, short sales, or strac             |                            |                |  |                     |
|              | lange any securities or investments for son              |                            | Y, N)          |  | [13]                |
|              | ive, sell, exchange, or otherwise dispose o              |                            |                | s? (Y, N)                                    | [4]                 |
|              |  |                            |                | Cuasa Calas Duisa                            |                     |
| T/S/J        | Description of Property 1]                               | Date Acquired              | Date Sold      | Gross Sales Price<br>(Less expenses of sale) | Cost or Other Basis |
|              |  |                            |                | +  | +                   |
|              |  |                            |                | +  | +                   |
|              |  |                            |                | +  | +                   |
|              |  |                            |                | +  | +                   |
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Control Totals+

Form ID: D

Form ID: InfoD

# Sales of Stocks, Securities, and Other Investment Property

#### Please provide copies of all Forms 1099-B and 1099-S

| T/S/J   | Description of Property 1] | Date Acquired | Date Sold | Gross Sales Price<br>(Less expenses of sale) | Cost or Other Basis |
|---------|----------------------------|---------------|-----------|--|---------------------|
|         |                            | <u> </u>      |           |  |                     |
|         |                            |               |           |  |                     |
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| NOTES/Q | JESTIONS:                  |               |           |  |                     |
|         |                            |               |           |  |                     |

|                  | me                             |  |          | Other Income           |                      | 18  |
|------------------|--------------------------------|--|----------|------------------------|----------------------|---|
| ate and          | local income                   | tax refunds  |          | +                      | 2022 Information [5] | Prior Year Information                                      |
| mony re          | eceived                        |  | T/S      | Agreement Date         | 2022 Information [3] | Prior Year Information                                      |
|                  |                                |  | _        |                        | [3]                  |   |
|                  |                                | efits are taxable income and ithheldYou may need to go t |          |                        |                      | d show both the amount receive<br>1099-G from your account. |
|                  |                                |  |          | Taxpayer               | Spouse               | Prior Year Information                                      |
|                  | ment compe                     |  | +        | [9] +                  | [10                  |   |
|                  |                                | ensation federal withholding                             |          |                        |                      |   |
|                  | •                              | ensation state withholding                               |          |                        | [10                  |   |
|                  |                                | ensation repaid  |          |                        | [13                  |   |
| iska Per         | manent Fun                     | d dividends  | +        | [18] +                 | [19                  |   |
| En<br>I<br>T/S/J | Self-<br>mployment<br>Income ? | Other income, such as: Com                               | ımissior | as lury nav Director f | 2022 Information     | Prior Year Information                                      |
|                  | <u></u>                        | Other income, such as. Com                               |          |                        | ·[15]                |   |
| _                | <u> </u>                       |  |          | +                      |                      |   |
| _                | _                              |  |          | +                      |                      |   |
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| _                | _                              |  |          | +                      |                      |   |
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| _                | _                              |  |          | +                      |                      |   |
| _                | <del>-</del>                   |  |          | +                      |                      |   |
| _                | _                              |  |          |                        | ·                    |   |
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| _                | _                              |  |          | +                      | ·                    |   |
| _                | _                              |  |          | +                      | ·                    |   |
| _                |                                |  |          | +                      | ·                    |   |
| _                |                                |  |          | +                      |                      |   |
| _                | _                              |  |          | +                      |                      |   |
| _                | _                              |  |          | +                      |                      |   |
|                  |                                |  |          | +                      |                      |   |
|                  |                                |  |          | +                      |                      |   |
| _                |                                |  |          | +                      |                      |   |
|                  |                                |  |          |                        |                      |   |
| _<br>_<br>_      | _<br>                          |  |          | +                      | ·                    |   |
| _<br>_<br>_      |                                |  |          | +<br>+                 |                      |   |

Form ID: Income

Control Totals+

#### Please provide all Forms 1099-MISC Preparer use only 2022 Information **Prior Year Information** Name of payer Taxpayer/Spouse/Joint (T, S, J) \_\_[5] State postal code [6] Rents (Box 1) [13] Royalties (Box 2) Other income (Box 3) Federal income tax withheld (Box 4) 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) Fish purchased for resale (Box 11) Section 409A deferrals (Box 12) Excess golden parachute payments (Box 14) [42] Nonqualified deferred compensation (Box 15) [44] State tax withheld (Box 16)

**Control Totals+** 

#### Miscellaneous Income #2

[46]

[48]

[49]

Please provide all Forms 1099-MISC Preparer use only 2022 Information **Prior Year Information** Name of payer 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) 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) 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]

#### **NOTES/QUESTIONS:**

State/Payer's state no. (Box 17)

State income (Box 18)

**Control Totals+** 

| Form ID: 1099NEC Nonemploy                                   | ee Compensati        | on #1                | 18b                       |
|--|----------------------|----------------------|---------------------------|
|  | vide all Forms 1099- | NEC                  |                           |
| Preparer use only  |                      | _                    |                           |
|  |                      | 2022 Information     | Prior Year Information    |
| Name of payer  |                      | [3]                  |                           |
| Taxpayer/Spouse/Joint (τ, s, J)                              |                      | <u>     [</u> 5]     |                           |
| State postal code  |                      | [6]                  |                           |
| Nonemployee compensation (Box 1)                             | +                    | [13]                 | · ·                       |
| Payer made direct sales of \$5,000 or more of consumer produ |                      | _[15]                | <u>—</u>                  |
| 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]                 |                           |
| T  | Control Totals+      |                      |                           |
|  | CONTROL TOTALS+      |                      |                           |
|  |                      |                      |                           |
| Nonemploy  | ee Compensati        | on #2                |                           |
| Please prov  | vide all Forms 1099- | NEC                  |                           |
| Preparer use only  |                      |                      |                           |
| riepaiei use only  |                      | 2022 Information     | Prior Year Information    |
| Name of payer  |                      | 2022 IIIIOIIIIatioii | Filor real illiorillation |
| Taxpayer/Spouse/Joint (T, S, J)                              |                      | [5]<br>[5]           |                           |
| State postal code  |                      | [6]                  |                           |
| Nonemployee compensation (Box 1)                             | +                    | [13]                 |                           |
| Payer made direct sales of \$5,000 or more of consumer produ | rcts (Box 2)         | [15]                 |                           |
| Federal income tax withheld <b>(Box 4)</b>                   | +                    | [15]<br>[17]         | <del>-</del>              |
| State tax withheld (Box 5)                                   | · —                  | [19]                 |                           |
| State/Payer's state no. (Box 6)                              | ' <del></del>        |                      |                           |
| State income (Box 7)   | +                    | [21]                 |                           |
|  | · <u> </u>           | [22]                 |                           |
|  | Control Totals+      |                      |                           |

Form ID: 1099NEC

| Form ID: 1099PATR Taxable   | Distribut | tions Received from Cooperative | es #1    | 18c          |
|---|-----------|---------------------------------|----------|--------------|
| Preparer use only   | Please    | provide all Forms 1099-PATR     |          |              |
| Freparer use only   |           |                                 |          |              |
| Name of payer   |           |                                 |          | [3]          |
| Taxpayer/Spouse/Joint (T, 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)  |           |                                 | <u> </u> | [29]         |
| Patron's AMT adjustments Other credits and deductions #1 (Box 12)                 |           |                                 |          | [31]         |
| Other credits and deductions #1 (Box 12) Other credits and deductions #2 (Box 12) |           |                                 | <u>+</u> | [33]         |
| Specified Coop (Box 13)   |           |                                 | T        | [35]         |
| Specified Coop (Box 13)   |           |                                 |          | [37]         |
|   |           | Control Totals+                 |          |              |
|   |           |                                 | ·        |              |
| F ID 40000ATD   |           |                                 |          |              |
| Form ID: 1099PATR Taxable   | Distribut | tions Received from Cooperative | es #2    |              |
|   | Please    | provide all Forms 1099-PATR     |          |              |
| Preparer use only   |           |                                 |          |              |
|   |           |                                 |          |              |
| Name of payer   | -         |                                 |          | [3]          |
| Taxpayer/Spouse/Joint (T, S, J) State postal code                                 |           |                                 |          | _[5]         |
| Patron dividends ( <b>Box 1</b> )   |           |                                 | ı        | [6]          |
| Nonpatronage distributions (Box 2)  |           |                                 | <u> </u> | [10]         |
| Per-unit retain allocations (Box 3)   |           |                                 | <u> </u> | [12]<br>[14] |
| Federal income tax withheld <b>(Box 4)</b>  |           |                                 | <u> </u> |              |
| Redeemed nonqualified notices (Box 5)   |           |                                 | <u> </u> | [16]<br>[18] |
| Section 199A(g) deduction (Box 6)   |           |                                 | <u>'</u> |              |
| Qualified payments (Section 199A(b)(7) <b>(Box 7)</b>                             |           |                                 | <u> </u> | [23]<br>[24] |
| Section 199A(a) qual items (Box 8)  |           |                                 | <u>'</u> | [24]         |
| Section 199A(a) SSTB items (Box 9)  |           |                                 | ·        | [25]         |
| 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)   |           |                                 | ·        | [33]<br>[37] |
| . , ,   |           |                                 |          | ,            |
|   |           | Control Totals                  |          |              |

| Form ID: 1099C   | Cancellation of Debt, Abandonment #1   | 19           |
|--|--|--------------|
|  | Please provide all Forms 1099-C and 1099-A   | <u>,</u>     |
| 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 (τ, s, J)  |  | [5]          |
| State postal code  |  | [6]          |
| Name of creditor/lender  | Form 1099-C Cancellation of Debt   | [3]          |
| Date of identifiable event (Box 1)   | Form 1099-C Cancellation of Debt   | [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]         |
|  | = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate | _            |
| · -  | = Decision to discontinue collection, H = Other actual discharge)                                      | [14]         |
| Fair market value of property (Box 7)  | +  | [15]         |
|  | 1099-A Acquisition or Abandonment of Secured Property  |              |
| Date of lender's acquisition or knowledge of a                                 | abandonment (Box 1)  | [16]         |
| Balance of principal outstanding (Box 2) Fair market value of property (Box 4) | <u>+</u>   | [17]         |
| Personally liable for repayment of the debt (if                                | checked) (Box 5)   | [18]<br>[19] |
| resonant habie for repayment of the debt (ii                                   | Checkey (20x0)   |              |
|  | Control Totals+  |              |
|  |  |              |
|  | Cancellation of Debt, Abandonment #2   |              |
|  | Please provide all Forms 1099-C and 1099-A   |              |
| Preparer use only  | 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:                           |              |
|  |  | [51]         |
| T/C/1-1-1  |  |              |
| Taxpayer/Spouse/Joint (T, S, J) State postal code                              |  | _[5]         |
| Name of creditor   |  | [6]          |
| Name of Creditor   | Form 1099-C Cancellation of Debt   | [3]          |
| Date of identifiable event (Box 1)   | 10111 1000 Cancellation of Debt  | [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 |              |
|  | = Decision to discontinue collection, H = Other actual discharge)                                      | [14]         |
| Fair market value of property (Box 7)  | +  | [15]         |
|  | 1099-A Acquisition or Abandonment of Secured Property  |              |
| Date of lender's acquisition or knowledge of a                                 | abandonment ( <b>Box 1</b> )   | [16]         |
| Balance of principal outstanding (Box 2) Fair market value of property (Box 4) | <u></u>  | [17]         |
| Personally liable for repayment of the debt (if                                |  | [18]         |
| repayment of the debt (ii  | Circuica, (DON 3)  | [19]         |
|  | Control Totals+  |              |

| Ple                                    | ase provide all copies of Form W-2G. |                        |
|--|--------------------------------------|------------------------|
|  | 2022 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+                      |                        |

## Gambling Winnings #2

|  | Please provide all copies of Form W-2G.  2022 Information | Prior Year Information |
|--|---|------------------------|
| Taxpayer/Spouse (т, 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)              |   |                        |

# NOTES/QUESTIONS:

|  | Form ID: W2G |
|--|--------------|

**Control Totals+** 

| Form ID: 1099R Pension, Ann                                     | uity, and IRA Distributi  | ons #1        | 24                     |
|---|---------------------------|---------------|------------------------|
| Please  | provide all Forms 1099-R. |               |                        |
|   | 2022                      | nformation    | 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 retiremen      | it 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, Ann  | uity, and IRA Distributi  | ons #2        |                        |
| Please  | provide all Forms 1099-R. | nformation    | Prior Year Information |
| Taxpayer/Spouse (T, s)  | 2022                      | [1]           | Ther real information  |
| Name of payer   |                           | [3]           |                        |
| State postal code   |                           | [5]           |                        |
| 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 retiremen      | nt plan                   | <u>—</u> [17] | _                      |

| Control Totals+ |  |
|-----------------|--|
|                 |  |

#### Pension, Annuity, and IRA Distributions #3

[22]

[24]

Please provide all Forms 1099-R. 2022 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) 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) Amount of rollover [22] Mark if distribution was due to a pre-retirement age disability \_\_[24]

#### **NOTES/QUESTIONS:**

State withholding (Box 14)
Local withholding (Box 17)
Amount of rollover

Mark if distribution was due to a pre-retirement age disability

|  | Form ID: 1099F     |
|--|--------------------|
|  | . FULIII ID. 1033R |

**Control Totals+** 

| Form | ID: | SSA | -1 | 099 |
|------|-----|-----|----|-----|
|      |     |     |    |     |

#### Social Security, Tier 1 Railroad Benefits

| 1 | _ |
|---|---|
| , | - |

| Please provide a copy of Form(  | s) SSA-10               | 99 or RRB-1099                      |                        |
|---|-------------------------|-------------------------------------|------------------------|
| Taxpayer/Spouse (T, S) State postal code  |                         | [1]<br>[3]                          |                        |
| Social Security   | Benefi                  | ts                                  |                        |
| 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  Prescription drug (Part D) premiums  Net Benefits for 2022 (Box 3 minus Box 4) (Box 5)  Voluntary Federal Income Tax Withheld (Box 6) | on:<br>+<br>+<br>+<br>+ | 2022 Information  [7] [9] [12] [14] | Prior Year Information |
| Tier 1 Railroad   | Benefi                  | ts                                  |                        |
| If you received a Form RRB - 1099, please complete the following information Net Social Security Equivalent Benefit:  Portion of Tier 1 Paid in 2022 (Box 5) Federal Income Tax Withheld (Box 10) Medicare Premium Total (Box 11)   | +                       | [22] [25] [27]                      | Prior Year Information |
| Additional Information Ab   | out Be                  | nefits Received                     |                        |
| Additional information about the benefits received not reported above. For benefits in 2022. This information will be reported in the SSA-1099 DESCRI   | -                       |                                     |                        |
|   |                         |                                     | [43                    |
|   |                         |                                     | [41                    |

| 1  |  |  | 26  |
|--|--|--|---|
| Taxpayer   |  | Spouse   |   |
|  |  |  |   |
|  | [1]  |  | [2]   |
| amount? If   |  |  |   |
|  | [3]  |  | [4]   |
| +  | [5]  | +  | [6]   |
|  |  |  |   |
| Taxpayer   |  | -  |   |
| +  | [5]  |  | [6]   |
| +  |  |  |   |
| +  | [17]   | +  | [18   |
|  |  |  |   |
| +  | [19]   |  |   |
| +  | _  |  |   |
| +  |  |  |   |
| +  | _  | +  |   |
| +  | _  | <u>+</u>   |   |
| <u>+</u>   | _  | +  |   |
|  | _  | +  |   |
|  |  | <u>+</u>   |   |
| <u>+</u>   |  | <u> </u>   |   |
| +  |  | +  |   |
|  | d by th  |  |   |
| Taxpayer   | [20]   | Spouse   | [30]  |
| +  | _  | +  | _   |
| +  |  |  |   |
|  |  |  |   |
|  |  |  |   |
| +  | [45]   | +  | [46]  |
| +  |  |  |   |
| +  | [45]<br>[47]   |  | [46]<br>[48]  |
| + + + +  | [47]   |  | [48]  |
| + + + + + +  | [47]   | +  | [48]  |
| +<br>+<br>+<br>+<br>+<br>+   | [47]   | +  | [48]  |
| +<br>+<br>+<br>+<br>+<br>+<br>+  | [47]   | +  | [48]  |
| +<br>+<br>+<br>+<br>+<br>+<br>+<br>+   | [47]   | +  | [48]  |
| +<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+                                    | [47]   | +  | [48]  |
| +<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+                          | [47]   | +  | [48]  |
| +<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+                | [47]   | +  | [48]  |
| +<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+           | [47]   | +  | [48]  |
| +<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+ | [47]   | +  | [48]  |
| +<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+ | [47]   | +  | [48]  |
| +<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+      | [47]   | +  | [48]  |
|  | Taxpayer  amount? If  +  Taxpayer  + + + + + + + + + + + + + + + + + + | Taxpayer [1] amount? If  +[3] +[5]  Taxpayer  +[5] +[7] +[17]  +[19] + + + + + + + + + + + + + + + + + + +   59] | Taxpayer Spouse [1] amount? If  +[3] +[5] +  Taxpayer Spouse  +[7] + +[17] +  +[17] +  +[19] + + + + + + + + + + + + + + +  Form 8606 not prepared by this office |

| Form ID: Keogh Keogh, SEP, SIMPLE Contributions  |                         | 27          |
|--|-------------------------|-------------|
| Preparer use only  |                         |             |
| Business activity or profession name   |                         | [3]         |
| Taxpayer/Spouse (T, S)   |                         | [4]         |
| State postal code  |                         | <u></u> [5] |
| Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE 401(k), 6 = SIMPLE 401(k), | IPLE IRA 6 = SARSEP)    | [6]         |
| Plan contribution rate. Enter in xx.xx format (Limitation percentage)  | 11 LE 11A, 0 - SAISEI / | [7]         |
| Enter the total amount of contributions made to a Keogh plan in 2022   | _                       | [8]         |
| Enter the total amount of contributions made to a Solo 401(k) plan in 2022   | <u>.</u>                | [8]<br>[9]  |
| Enter the total amount of contributions made to a SEP plan in 2022   | <u>'</u>                | [10]        |
| Enter the total amount of contributions made to a SARSEP plan in 2022  | <u> </u>                | [11]        |
| Enter the total amount of contributions made to a defined benefit plan in 2022   | <u> </u>                |             |
| Enter the total amount of contributions made to a defined benefit plan in 2022  Enter the total amount of contributions made to a profit-sharing plan in 2022  |                         | [12]        |
| · · · · · · · · · · · · · · · · · · ·  | <u> </u>                | [13]        |
| Enter the total amount of contributions made to a money purchase plan in 2022  | +                       | [14]        |
| Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2022   | <u> </u>                | [15]        |
| Enter the total amount of contributions to a SIMPLE IRA plan in 2022   | +                       | [16]        |
| Catch-up Contributions   |                         |             |
| Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2022   | +                       | [17]        |
| Enter the amount of catch-up contributions made to a SIMPLE Plan in 2022   | +                       | [18]        |
| Elective Deferrals   |                         |             |
|  |                         |             |
| Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2022   | +                       | [19]        |
| Enter the amount of elective deferrals designated as Roth contributions in 2022  | +                       | [20]        |

| Preparer use only                            |                                     |                                |                               |
|--|-------------------------------------|--------------------------------|-------------------------------|
|  |                                     | 2022 Information               | Prior Year Information        |
| Taxpayer/Spouse/Joint (T, S, J)              |                                     | [2]                            |                               |
| Employer identification number               |                                     | [3]                            |                               |
| Business name                                |                                     | <br>[5]                        |                               |
| Principal business/profession                |                                     | [6]                            |                               |
| Business code                                |                                     | [12]                           |                               |
| Business address, if different from ho       | me address on Organizer Form ID: 10 |                                |                               |
| Address                                      |                                     | [15]                           |                               |
| City/State/Zip                               |                                     | [17][18]                       |                               |
| Accounting method (1 = Cash, 2 = Accrual, 3  |                                     |                                |                               |
| =  | . = Other)                          | _[19]                          | _                             |
| If other:                                    | <del></del>                         | [21]                           |                               |
| Inventory method (1 = Cost, 2 = LCM, 3 = Oth | ner)                                | [22]                           | <u></u> -                     |
| If other enter explanation:                  |                                     |                                |                               |
|  |                                     | [24]                           |                               |
|  |                                     |                                |                               |
| Enter an explanation if there was a ch       | ange in determining your inventory: |                                |                               |
|  |                                     | [25]                           |                               |
|  |                                     |                                |                               |
| Did you "materially participate" in this     | s business? (Y. N)                  | [26]                           |                               |
| If not, number of hours you did sig          |                                     | [28]                           | _                             |
| Mark if you began or acquired this but       |                                     |                                |                               |
| Did you make any payments in 2022 t          |                                     | _[30]                          |                               |
|  |                                     | <del>-</del>                   | <del>-</del>                  |
| If "Yes", did you or will you file all       |                                     | _[33]                          | <u> </u>                      |
| Mark if this business is considered rela     | •                                   |                                |                               |
| Did you receive wages as a statutory of      |                                     | employee, 2 = Minister)[37]    | <u> </u>                      |
| Medical insurance premiums paid by           |                                     | +[40]                          |                               |
| Long-term care premiums paid by this         | activity                            | +[44]                          |                               |
| Amount of wages received as a statut         | ory employee                        | +[47]                          |                               |
|  | Business Inc                        | ome                            |                               |
|  | Business inc                        | Offic                          |                               |
|  |                                     | 2022 Information               | <b>Prior Year Information</b> |
| Gross receipts and sales                     |                                     |                                |                               |
|  |                                     | +[52]                          |                               |
|  |                                     | +                              |                               |
|  |                                     | +                              |                               |
|  |                                     | +                              |                               |
| Returns and allowances                       |                                     | '                              | -                             |
|  |                                     | +[55]                          |                               |
| Other income:                                |                                     |                                |                               |
|  |                                     | +[57]                          |                               |
|  |                                     | +                              |                               |
|  |                                     |                                |                               |
|  |                                     | +                              |                               |
|  |                                     | +                              |                               |
|  | Cost of Good                        | +                              |                               |
|  | Cost of Good                        | s Sold                         | Prior Voar Information        |
| Poginning inventory                          | Cost of Good                        | s Sold 2022 Information        | Prior Year Information        |
| Beginning inventory                          | Cost of Good                        | s Sold  2022 Information +[59] | Prior Year Information        |
| Purchases                                    | Cost of Good                        | s Sold 2022 Information        | Prior Year Information        |
|  | Cost of Good                        | +                              | Prior Year Information        |
| Purchases                                    | Cost of Good                        | +                              | Prior Year Information        |
| Purchases                                    | Cost of Good                        | +                              |                               |
| Purchases                                    | Cost of Good                        | +                              |                               |
| Purchases<br>Labor:                          | Cost of Good                        | +                              |                               |
| Purchases Labor:  Materials                  | Cost of Good                        | +                              |                               |
| Purchases Labor:  Materials                  | Cost of Good                        | +                              |                               |
| Purchases Labor:  Materials                  | Cost of Good                        | +                              |                               |
| Purchases Labor:  Materials Other costs:     |                                     | +                              |                               |
| Purchases Labor:  Materials Other costs:     | Cost of Good                        | +                              |                               |

| Preparer use only                     |  |                  |      |                        |
|---------------------------------------|--|------------------|------|------------------------|
| Principal business or profession      |  |                  | _    |                        |
|                                       |  | 2022 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 Sm | nall Employer Health Ins Premiums credit | ):               |      |                        |
|                                       | +  | -                | [18] |                        |
|                                       | +  | ·                | _    |                        |
| Insurance (Other than health):        |  |                  |      |                        |
|                                       | +  | -                | [20] |                        |
|                                       | +  | -                | _    |                        |
| Interest:                             |  |                  |      |                        |
| Mortgage (Paid to banks, etc.)        |  |                  |      |                        |
|                                       | +  | ·                | [22] |                        |
|                                       | +  | ·                | _    |                        |
|                                       | +  | ·                | _    |                        |
| Other:                                |  |                  |      |                        |
|                                       | +  | ·                | [24] |                        |
|                                       |  | -                | _    |                        |
| Legal and professional services       | +  | ·                | [26] |                        |
| Office expense                        | +  | -                | [29] |                        |
| Pension and profit sharing:           |  |                  |      |                        |
|                                       | +  | -                | [31] |                        |
|                                       | +  | -                | _    |                        |
| Rent or lease:                        |  |                  |      |                        |
| Vehicles, machinery, and equipment    | t +                                      |                  | [33] |                        |
| Other business property               | +  | -                | [35] |                        |
| Repairs and maintenance               | +  | -                | [37] |                        |
| Supplies                              | +  | -                | [39] |                        |
| Taxes and licenses:                   |  |                  |      |                        |
|                                       | +  | -                | [41] |                        |
|                                       | +  | -<br>-           | _    |                        |
|                                       | +  | -                | _    |                        |
|                                       | +  | -                | _    |                        |
|                                       | +  | -                | _    |                        |
| Travel and meals:                     |  |                  |      |                        |
| Travel                                | +  | -                | [43] |                        |
| Meals (Enter 100% subject to 50% li   |  | -                | [45] |                        |
| Meals (Enter 100% subject to DOT 8    | 0% limit) +                              | -                | [47] |                        |
| Meals (Fully deductible)              | +  | - <u> </u>       | [49] |                        |
| Utilities                             | +  | -                | [51] |                        |
| Wages (Less employment credit):       |  |                  |      |                        |
|                                       | +  | -                | [53] |                        |
|                                       | +  | -                | _    |                        |
| Other expenses:                       |  |                  |      |                        |
|                                       | +  | - <u> </u>       | [55] |                        |
|                                       | +  | =                | _    |                        |
|                                       | +  | -                | _    |                        |
|                                       | +  | -                |      |                        |
|                                       | +  | -                |      |                        |
|                                       | +  | -                | _    |                        |
|                                       | +  | -                | _    |                        |
|                                       | +  | -                | _    |                        |
|                                       | +  | -                | _    |                        |
|                                       | +  | <u> </u>         |      |                        |
|                                       | Control Totals+                          |                  |      | Form ID: C-2           |

| Form ID: C-3                                       | Schedule C - Carryovers | 30 |
|--|-------------------------|----|
| Preparer use only Principal business or profession |                         |    |

| _ Preparer use only       |     |              |   |               |   |      |
|---------------------------|-----|--------------|---|---------------|---|------|
| Carryovers                | No  | on-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/lo | ss+ | [31]         | + | [32]          | + | [33] |
| Section 179               | +   | [34]         | + | [35]          | + | [36] |

| Form ID: Rent Rent and Ro  | oyalty Property - G                   | eneral Informat            | ion        | 3                        |
|--|---------------------------------------|----------------------------|------------|--------------------------|
| Preparer use only  |                                       | 2022 Informa               | ntion      | Prior Year Information   |
| Description  |                                       | 2022 111011116             | [2]        | Prior real illiorillatio |
| Taxpayer/Spouse/Joint (τ, s, J) [3]  |                                       | State postal code          | ( ;<br>[5] |                          |
| Physical address: Street   |                                       |                            | [6]        |                          |
|  | [7]                                   | [8]                        |            |                          |
| Foreign country  |                                       |                            | (11]       |                          |
| Foreign province/county  |                                       |                            |            |                          |
| Foreign postal code  |                                       |                            | [13]       |                          |
| Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Comme  | <br>ercial. 5=Land. 6=Rovalty. 7=Self | -rental. 8=Other. 9=Person |            |                          |
| Description of other type (Type code #8)   |                                       |                            | [15]       |                          |
| Did you make any payments in 2022 that require you to  | file Form(s) 1099? (y N)              |                            | [16]       |                          |
| If "Yes", did you or will you file all required Forms 10!  |                                       |                            | [18]       |                          |
| Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Us   |                                       |                            | [20]       |                          |
| Percentage of ownership if not 100%  | = .o,pc o,                            |                            | [22]       |                          |
| Business use percentage, if not 100% (Not vacation hom   | ne nercentage)                        | <del></del>                | [24]       |                          |
|  |                                       |                            |            |                          |
|  | Rent and Royalty In                   |                            |            |                          |
| Rents and royalties  | 2022 Info                             | rmation                    |            | Prior Year Informat      |
|  | +                                     | [33]                       |            |                          |
|  | <del></del>                           |                            |            |                          |
| R  | ent and Royalty Ex                    | nancac                     |            |                          |
| in the state of th |                                       |                            | f not 100% | Prior Year Informati     |
| Advertising  | +                                     |                            | [36]       |                          |
| Auto   |                                       | [38]                       |            |                          |
| Travel   | +                                     |                            | [42]       |                          |
| Cleaning and maintenance   | +                                     | [44]                       | [15]       |                          |
| Commissions:   | · <del></del>                         | ,                          | []         |                          |
|  | +                                     | [47]                       | [49]       |                          |
|  | ·                                     | [4/]                       | [43]       |                          |
| Insurance:   | '                                     |                            |            |                          |
| madranee.  | _                                     | [EO]                       | ובטו       |                          |
|  | T                                     | [50]                       | [52]       |                          |
| Logal and professional fees  | T                                     | [[ 4]                      | [[=]       |                          |
| Legal and professional fees  | +                                     | [54]                       | [55]       | -                        |
| Management fees:   |                                       | r1                         |            |                          |
|  |                                       | [57]                       | [59]       |                          |
| Mostgago interest poid to be the state (Forms 1000)  | +                                     |                            |            |                          |
| 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]       |                          |

Control Totals+

Taxes:

Utilities

Depletion

Depreciation

Other expenses:

[78]

[81]

[84]

[87]

[90]

[80]

[82]

[85]

[88]

Form ID: Rent

| Form ID: Educate2 | Student Loan Interest Paid | 53 |
|-------------------|----------------------------|----|
|-------------------|----------------------------|----|

Complete this section if you paid interest on a qualified student loan in 2022 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 2022. The amounts reported by the lender may differ from the amounts you actually paid.

| TS | Qualified loan interest recipient/lender |   | 2022<br>Interest Paid | Prior Year<br>Information |
|----|--|---|-----------------------|---------------------------|
|    |  | + | [1                    | ]                         |
|    |  | + |                       |                           |
|    |  | + |                       |                           |
|    |  | + |                       |                           |
|    |  |   |                       | •                         |

| Control Totals+ | Form ID: Educate2 |
|-----------------|-------------------|

Form ID: Educ3

#### **Education Credits and Tuition and Fees Deduction**

Please provide all copies of Form 1098-T.

llege, tion.

54

| 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 add   | ress and federal id                           | entification number of th |
| Institution's federal identification number  |   | [                         |
| Institution's name   |   | '                         |
|  |   | -                         |
| Institution's street address   |   |                           |
| Institution's street address Institution's city, state, zip code   |   |                           |
|  | ion   |                           |
| Institution's city, state, zip code  | r the student durin<br>22.                    |                           |
| Tuition Paid and Related Informat  Amounts reported in Box 1 may not reflect the actual amount paid fo  Enter the amount actually paid during 202  | r the student durin<br>22.<br>2022 Informatio |                           |
| Tuition Paid and Related Informat  Amounts reported in Box 1 may not reflect the actual amount paid fo  Enter the amount actually paid during 202  Tuition paid (Enter only the amount actually paid) (Box 1)  | r the student durin<br>22.                    |                           |
| Tuition Paid and Related Informat  Amounts reported in Box 1 may not reflect the actual amount paid fo Enter the amount actually paid during 202  Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (Box 3)   | r the student durin<br>22.<br>2022 Informatio |                           |
| Tuition Paid and Related Informat  Amounts reported in Box 1 may not reflect the actual amount paid fo Enter the amount actually paid during 202  Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (Box 3) Adjustments made for a prior year (Box 4)   | r the student durin<br>22.<br>2022 Informatio |                           |
| Tuition Paid and Related Informat  Amounts reported in Box 1 may not reflect the actual amount paid fo Enter the amount actually paid during 202  Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5)  | r the student durin<br>22.<br>2022 Informatio |                           |
| Tuition Paid and Related Informat  Amounts reported in Box 1 may not reflect the actual amount paid fo Enter the amount actually paid during 202  Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (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)   | 2022 Informatio - [8]                         |                           |
| Tuition Paid and Related Informat  Amounts reported in Box 1 may not reflect the actual amount paid fo Enter the amount actually paid during 202  Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (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 2023 (Box  | 2022 Informatio - [8]                         |                           |
| Tuition Paid and Related Informat  Amounts reported in Box 1 may not reflect the actual amount paid fo Enter the amount actually paid during 202  Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (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 2023 (Box At least half-time student (Box 8)   | 2022 Informatio - [8]                         |                           |
| Tuition Paid and Related Informat  Amounts reported in Box 1 may not reflect the actual amount paid fo Enter the amount actually paid during 202  Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (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 2023 (Box  | 2022 Informatio - [8]                         |                           |
| Tuition Paid and Related Informat  Amounts reported in Box 1 may not reflect the actual amount paid for Enter the amount actually paid during 202  Tuition paid (Enter only the amount actually paid) (Box 1)  Educational institution changed its reporting method for 2022 (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 2023 (Box At least half-time student (Box 8)  Graduate student (Box 9) (1=Yes, 2=No)   | 2022 Informatio - [8]                         |                           |
| Tuition Paid and Related Informat  Amounts reported in Box 1 may not reflect the actual amount paid for Enter the amount actually paid during 202  Tuition paid (Enter only the amount actually paid) (Box 1)  Educational institution changed its reporting method for 2022 (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 2023 (Box At least half-time student (Box 8)  Graduate student (Box 9) (1=Yes, 2=No)  Insurance contract reimbursement/refund (Box 10) | 2022 Informatio - [8]                         |                           |

| Control Totals+ | Form ID: Educ3 |
|-----------------|----------------|

## **Schedule A - Medical and Dental Expenses**

|   | 2022 Information   | Prior Year Inforn |
|---|--|-------------------|
| Medical and dental expenses, such as: Doctors, Dentists, Hospital/  |  |                   |
| Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insu   | rance reimbursements received  |                   |
|   | _ +[2]   |                   |
| -   | _  | -                 |
|   |  |                   |
|   | _ +  | -                 |
|   | _ +  |                   |
|   | _ +  |                   |
| Medical insurance premiums you paid:  |  |                   |
| Do not include pre-tax amounts paid by an employer-sponsored plan or amounts er<br>self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered of |  | rour              |
|   |  |                   |
| -   |  | -                 |
|   |  |                   |
|   | _ +  |                   |
|   | _ +  |                   |
| Long-term care premiums you paid:   | According to the second |                   |
| Do not include pre-tax amounts paid by an employer-sponsored plan or amounts er self-employed business (Sch C, Sch F, Sch K-1, etc.)                                    | itered eisewhere, such as amounts paid for y   | our               |
|   | ارع) <b>+</b>  |                   |
|   | <del>-</del>   | -                 |
| Prescription medicines and drugs:   | <u> </u>   |                   |
| •   | + [14]   |                   |
|   |  |                   |
|   | _ <u> </u>   |                   |
| Miles daison for an disalitares (1/1/22 C/20/22 10 sents)   | _ +  | -                 |
| Miles driven for medical items (1/1/22 - 6/30/22, 18 cents)   | [14]   |                   |
| Miles driven for medical items (7/1/22 - 12/31/22, 22 cents)  | [17]   |                   |
| Schedule A - Ta   | k Expenses   |                   |
|   |  |                   |
|   | 2022 Information   | Prior Year Inforn |
| State/local income taxes paid:  |  |                   |
|   |  |                   |
|   | _ +  |                   |
|   | _ +  |                   |
|   | +  |                   |
|   | +  |                   |
| 2021 state and local income taxes paid in 2022:   |  |                   |
| ·   | + [22]   |                   |
| -   | +  |                   |
|   | +  |                   |
| Real estate taxes paid:   | <del></del>  |                   |
|   | + [25]   |                   |
|   | [23]   |                   |
| -   |  | -                 |
| Degrand property toyon  |  |                   |
| Personal property taxes:  |  |                   |
|   |  |                   |
| 0.1   | _ +  |                   |
| Other taxes, such as: foreign taxes and State disability taxes  |  |                   |
|   | _ +[31]  |                   |
|   | _ +  |                   |
|   | +  |                   |
| Sales tax paid on major purchases:  |  |                   |
|   | +[37]  |                   |
|   | +  |                   |
| Sales tax paid on actual expenses:  |  |                   |
|   | + [40]   |                   |
|   |  | -                 |
|   | _ ·  |                   |
|   |  | •                 |
| Control Totals+   |  | Form ID           |

| T/S/J   |                       | <b>2022</b><br>Interest Pai <b>d</b> 2] | 2022<br>Points Paid | Type*Prior Year Informat   |
|---|-----------------------|---|---------------------|----------------------------|
| Home mortgage interest: From Form 1098  |                       | interest raiq <sub>2</sub>              | r offics r afu      | Type Filor real illiorinat |
| [1]   | +                     | +                                       |                     |                            |
|   | +                     | +                                       |                     |                            |
| _   | +                     | +                                       |                     |                            |
|   | +                     | +                                       |                     | . <u> </u>                 |
|   | +                     | +                                       |                     |                            |
| _   | +                     | +                                       |                     | <u> </u>                   |
|   | +                     | +                                       |                     |                            |
|   | +                     | +                                       |                     |                            |
|   | +                     | +                                       |                     |                            |
|   | *Mortgage 1           | ypes                                    |                     |                            |
| Blank = Used to buy, build or improve main/qua  | alified second home 1 | = Not used to buy,                      | build, improve      | home or investment         |
|   |                       |   |                     |                            |
| T/S/J Payee's Name Other, such as: Home mortgage interest pai   | SSN or                | EIN 2022                                | Information         | Prior Year Informatio      |
| [4]   | la to individuals     | +                                       | [5]                 |                            |
| Address   | •                     | ·                                       |                     |                            |
| City, state and zip code  |                       |   |                     |                            |
|   |                       | +                                       |                     |                            |
| Address   |                       |   |                     |                            |
| City, state and zip code  |                       |   |                     |                            |
| City/State/Zip code  Refinancing Points paid in 2022 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer us Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022  Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer us Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 |                       | +                                       | [11                 |                            |
| <sup>-</sup> /S/J   |                       | 2022                                    | Information         | Prior Year Informatio      |
| Investment interest expense, other than on S  | chedule(s) K-1·       | 2022                                    | oiillauUll          | riivi teal intormatto      |
| _[15]   |                       | +                                       | [16                 | 1                          |
|   |                       |   |                     |                            |
| _   |                       |   | _                   |                            |
|   |                       | _                                       |                     |                            |
|   |                       |   |                     |                            |
|   |                       |   |                     |                            |
|   |                       | +                                       |                     |                            |
|   |                       | +                                       |                     |                            |
|   |                       |   |                     |                            |
|   |                       |   |                     |                            |
| Control Total   | als+                  |   |                     | Form ID: A-2               |

Form ID: A-3

| (              |   |                                       |                            |
|----------------|---|---------------------------------------|----------------------------|
|                | 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 c |                                       |                            |
|                | Individual contributions of \$250 or more must be accompanied by a written acknowledgm      | ent from the charity to claim the coi | ntribution on your return. |
| 2]             |   | +[:                                   | 3]                         |
|                |   | +                                     |                            |
|                |   | +                                     |                            |
|                |   | +                                     |                            |
|                |   | ·                                     | -                          |
|                |   | <u> </u>                              | -                          |
|                |   | +                                     |                            |
|                |   | +                                     | -                          |
|                |   | +                                     |                            |
|                |   | +                                     |                            |
|                |   | +                                     |                            |
|                |   | +                                     |                            |
|                |   |                                       |                            |
|                |   | +                                     | -                          |
|                |   | +                                     | -                          |
|                |   | +                                     |                            |
|                |   | +                                     |                            |
|                |   | +                                     |                            |
| 5] \           | Volunteer miles driven  |                                       | 6]                         |
| ١              | Noncash items, such as: Goodwill/Salvation Army/clothing/household g                        | oods                                  |                            |
| 3]             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | +[9                                   | 91                         |
| اد             |   |                                       |                            |
|                |   | +                                     |                            |
|                |   | +                                     | -                          |
|                |   | +                                     |                            |
|                |   | +                                     |                            |
|                |   | +                                     |                            |
|                | <u> </u>  | +                                     |                            |
|                |   | +                                     |                            |
|                |   |                                       |                            |
|                |   | +                                     |                            |
|                |   | +                                     | -                          |
|                |   | +                                     |                            |
|                |   | +                                     |                            |
|                |   | +                                     |                            |
|                | Miscellaneous Dec   | +                                     |                            |
| <br>'J         | Miscellaneous Dec   | tuctions                              | Prior Year Informa         |
|                |   | +                                     | Prior Year Informa         |
| (              | Other expenses  | ductions 2022 Information             |                            |
| (              |   | +<br>+<br>                            | Prior Year Informa         |
| (              | Other expenses  | +                                     |                            |
| (              | Other expenses  | +                                     |                            |
| (              | Other expenses  | +                                     |                            |
| (              | Other expenses  | +                                     |                            |
| (              | Other expenses  | +                                     |                            |
| (              | Other expenses  | +                                     |                            |
| (12]           | Other expenses  | +                                     |                            |
| (12]           | Other expenses  | +                                     | 13]                        |
| (12]           | Other expenses  | +                                     |                            |
| (12]           | Other expenses  Gambling losses: (Enter only if you have gambling income)                   | +                                     | 13]                        |
| (12]           | Other expenses  Gambling losses: (Enter only if you have gambling income)                   | +                                     | 13]                        |
| (12]           | Other expenses  Gambling losses: (Enter only if you have gambling income)                   | +                                     | 13]                        |
| 12]            | Other expenses  Gambling losses: (Enter only if you have gambling income)                   | +                                     | 13]                        |
| (12]           | Other expenses  Gambling losses: (Enter only if you have gambling income)                   | +                                     | 13]                        |
| (112]<br>(115] | Other expenses  Gambling losses: (Enter only if you have gambling income)                   | +                                     | 13]                        |

Control Totals+

|   |  |  | Auto  | Worksheet                  |   |                        |             |   | 68          |
|---|--|--|---|----------------------------|---|------------------------|-------------|---|-------------|
|   | If you used y  | our automobil  | e for business  | ourposes, pleas            | se complete t   | he following i         | informatio  | n.  |             |
|   | Preparer   | use only   |   |                            |   |                        |             |   |             |
| Description of busin  |  | =  |   |                            |   |                        |             |   | [3]         |
|   |  |  | V/-   | hidas                      |   |                        |             |   | <u> </u>    |
|   |  |  | Ve  | hicles                     |   |                        |             |   |             |
| Vehicle 1 - Date  | placed in service  | <b>!</b>   |   |                            |   |                        |             |   | [4]         |
| Desc  | ription  |  |   |                            |   |                        |             |   | [5]         |
|   | ments  |  |   |                            |   |                        |             |   |             |
|   | placed in service  | !  |   |                            |   |                        |             |   | [9]         |
|   | ription  |  |   |                            |   |                        |             |   | [10         |
|   | ments<br>placed in service   |  |   |                            |   |                        |             |   |             |
|   | ription  | :  |   |                            |   |                        |             |   | [14<br>[1!  |
|   | ments  |  |   |                            |   |                        |             |   | [1.         |
|   | placed in service  | <b>!</b>   |   |                            |   |                        |             |   | [19         |
|   | ription  |  |   |                            |   |                        |             |   | <br>[20     |
| Comi  | ments  |  |   |                            |   |                        |             |   |             |
|   |  |  |   |                            |   |                        |             |   |             |
|   |  |  | Vehicle   | e Questions                |   |                        |             |   |             |
|   |  |  |   | Vehicle Prio               |   | Prior Vehicle          |             | Vehicle   |             |
| If you used your outo   | mahila far wark  | aurnacae anciu   | or the fellowing  | 1 Year                     | r 2 \   | Year 3                 | Year        | 4   | Year        |
| If you used your autor<br>Was the vehicle a   |  |  |   |                            | [62]  | [64]                   |             | [66]  |             |
|   |  | uty personai usi   |   | [60]                       | _ [62]  | _  [64]                | <del></del> | [66]<br>[74]  | _           |
|   |  | nersonal use? (v   | ' NI)   | 1681                       |   |                        |             | [, -,]  |             |
| Was another vehic   | cle available for p  |  |   | [68]                       | -   — <sup>[70]</sup>   |                        |             |   |             |
| Was another vehice Do you have evide  | cle available for pence to support y   |  |   | [76]                       | [78]  | [80]                   | _           | [82]  | _           |
| Was another vehic   | cle available for pence to support y   |  |   |                            |   |                        | _           |   | _<br>_<br>_ |
| Was another vehice Do you have evide  | cle available for pence to support y   |  |   | [76]                       | [78]  | [80]                   | _           | [82]  | —<br>—<br>— |
| Was another vehice Do you have evide  | cle available for pence to support y   |  | Y (Y, N)  | [76]<br>[84]               | [78]  | [80]                   | _           | [82]  |             |
| Was another vehice Do you have evide  | cle available for pence to support y   |  | Y (Y, N)  | [76]                       | [78]  | [80]                   | _           | [82]  | _<br>_<br>_ |
| Was another vehice Do you have evide  | cle available for pence to support y<br>ritten? (Y, N)   | our deduction?   | Vehicl  | e Expenses                 | [78]<br>[86]  |                        | _           | [82]<br>[90]  | ior Year    |
| Was another vehic<br>Do you have evide<br>Is this evidence wi   | cle available for pence to support y<br>ritten? (Y, N)<br>Vehicle 1  | Prior Year   | Vehicle 2   | [76]<br>[84]<br>e Expenses | [78]<br>[86]<br>Vehicle 3   |                        | _           | [82]<br>[90]<br>Pr<br>4 Inf   | ior Year    |
| Was another vehic<br>Do you have evide<br>Is this evidence wi   | cle available for pence to support y ritten? (Y, N)  Vehicle 1  [32]   | Prior Year   | Vehicle 2   | e Expenses                 | [78]<br>[86]<br>  |                        | _           | [82]<br>[90]<br>4   |             |
| Was another vehic<br>Do you have evide<br>Is this evidence wi<br>Total miles for year<br>Commuting miles  | cle available for pence to support yritten? (Y, N)  Vehicle 1  [32]  | Prior Year   | Vehicle 2  [34] [42]  | e Expenses                 | Vehicle 3  [36]  [44]   |                        | _           | [82]<br>[90]<br>4   |             |
| Was another vehice Do you have evide Is this evidence with Total miles for year Commuting miles Business miles before   | Vehicle 1  [32] [40] [48]  | Prior Year   | Vehicle 2  [34] [42] [50]   | e Expenses                 | Vehicle 3  [36]  [44]  [52]   |                        | _           | [82]<br>[90]<br>Pr<br>4 Int<br>[38]<br>[46]   |             |
| Was another vehic<br>Do you have evide<br>Is this evidence wi<br>Total miles for year<br>Commuting miles<br>Business miles before<br>Business miles after 6   | Vehicle 1  | Prior Year Information   | Vehicle 2  [34] [42] [50] [57]  | e Expenses                 | Vehicle 3  [36] [44] [52] [58]  |                        | _           | [82]<br>[90]<br>Pr<br>4 Inf<br>[38]<br>[46]<br>[54]   |             |
| Was another vehic<br>Do you have evide<br>Is this evidence wi<br>Total miles for year<br>Commuting miles<br>Business miles before<br>Business miles after 6<br>Parking fees   | Vehicle 1  Vehicle 1  [32]  [40]  7/1  [48]  /30  [56]  [92]   | Prior Year<br>Information  | Vehicle 2  [34] [42] [50] [57] [94]   | e Expenses                 | Vehicle 3  [36]  [44]  [52]   | Prior Year Information | _           | [82]<br>[90]<br>Pr<br>4 Int<br>[38]<br>[46]   |             |
| Was another vehic<br>Do you have evide<br>Is this evidence with<br>Total miles for year<br>Commuting miles<br>Business miles before<br>Business miles after 6<br>Parking fees<br>Tolls  | Vehicle 1  | Prior Year Information   | Vehicle 2  [34] [42] [50] [57] [94]   | e Expenses                 | Vehicle 3  [36]  [44] [52] [58] [96]  | Prior Year Information | _           | [82]<br>[90]<br>Pr<br>4 Inf<br>[38]<br>[46]<br>[54]<br>[59]<br>[98]   |             |
| Was another vehic<br>Do you have evide<br>Is this evidence with<br>Total miles for year<br>Commuting miles<br>Business miles before<br>Business miles after 6<br>Parking fees<br>Tolls<br>Gasoline  | Vehicle 1  [32] [40]  7/1 [48] /30 [56] + [92]   | Prior Year Information ++++++++++++++++++++++++++++++++++++  | Vehicle 2  [34] [42] [50] [57] [94] [102]   | e Expenses                 | Vehicle 3  [36] [44] [52] [58] [96] [104]   | Prior Year Information | _           | [82]<br>[90]<br><b>Pr</b><br><b>4 Inf</b><br>[38]<br>[46]<br>[54]<br>[59]<br>[98]<br>[106]  |             |
| Was another vehic<br>Do you have evide<br>Is this evidence with<br>Total miles for year<br>Commuting miles<br>Business miles before<br>Business miles after 6<br>Parking fees<br>Tolls<br>Gasoline<br>Oil   | Vehicle 1  [32] [40]  7/1 [48] /30 [56] + [92] + [100]   | Prior Year Information ++  | Vehicle 2  [34] [42] [50] [57] [94] [102] [110]   | e Expenses                 | Vehicle 3  [36] [44] [52] [58] [96] [104] [112]   | Prior Year Information | _           | [82]<br>[90]<br><b>Pr</b><br><b>4 Inf</b><br>_[38]<br>[46]<br>[54]<br>[59]<br>[98]<br>[106]<br>[114]  |             |
| Was another vehic<br>Do you have evide<br>Is this evidence with<br>Total miles for year<br>Commuting miles<br>Business miles before<br>Business miles after 6<br>Parking fees<br>Tolls<br>Gasoline<br>Oil<br>Repairs  | Vehicle 1  [32] [40]  7/1 [48] /30 [56] + [100] + [116]  | Prior Year Information  + + + + + + + + + + + + + + + + + + +                                      | Vehicle 2  [34] [42] [50] [57] [94] [102] [118]   | e Expenses                 | Vehicle 3  [36] [44] [52] [58] [96] [104] [112] [120]   | Prior Year Information | _           | [82]<br>[90]<br><b>Pr</b><br><b>4 Inf</b><br>[38]<br>[46]<br>[54]<br>[59]<br>[106]<br>[114]<br>[122]  |             |
| Was another vehic<br>Do you have evide<br>Is this evidence with<br>Total miles for year<br>Commuting miles<br>Business miles before<br>Business miles after 6<br>Parking fees<br>Tolls<br>Gasoline<br>Oil<br>Repairs<br>Maintenance   | Vehicle 1  Vehicle 1  [32]  [40]  7/1  [48] /30  [56]  +  [106]  +  [116]  +  [116]  +  [124]  | Prior Year Information  +  | Vehicle 2  [34] [42] [50] [57] [94] [102] [118] [126]   | e Expenses                 | Vehicle 3  [36] [44] [52] [58] [96] [104] [112] [120] [128]   | Prior Year Information | _           | [82]<br>[90]<br>4 Pr<br>[114]<br>[46]<br>[54]<br>[59]<br>[98]<br>[106]<br>[114]<br>[122]<br>[130]   |             |
| Was another vehic<br>Do you have evide<br>Is this evidence with<br>Total miles for year<br>Commuting miles<br>Business miles before<br>Business miles after 6<br>Parking fees<br>Tolls<br>Gasoline<br>Oil<br>Repairs<br>Maintenance<br>Tires<br>Car washes  | Vehicle 1  Vehicle 1  [32]  [40]  7/1  [48]  /30  [56]  +  [100]  +  [116]  +  [116]  +  [112]  +  [132]   | Prior Year Information  ++   | Vehicle 2  [34] [42] [50] [57] [94] [102] [110] [118] [126] [134]   | e Expenses                 | Vehicle 3  [36] [44] [52] [58] [96] [104] [112] [120] [128] [136]   | Prior Year Information | _           | [82]<br>[90]<br>Pr<br>4 Inf<br>[38]<br>[46]<br>[54]<br>[59]<br>[98]<br>[106]<br>[114]<br>[122]<br>[130]<br>[138]  |             |
| Was another vehic<br>Do you have evide<br>Is this evidence with<br>Total miles for year<br>Commuting miles<br>Business miles before<br>Business miles after 6<br>Parking fees<br>Tolls<br>Gasoline<br>Oil<br>Repairs<br>Maintenance<br>Tires<br>Car washes  | Vehicle 1  [32] [40]  7/1 [48] /30 [56] + [92] + [100] + [116] + [124] + [134] + [146] + [146] + [156]   | Prior Year Information  + + + + + + + + + + + + + + + + + + +                                      | Vehicle 2  [34] [42] [50] [57] [94] [102] [110] [118] [126] [134] [142] [150]   | e Expenses                 | Vehicle 3  [36] [44] [52] [58] [96] [104] [112] [120] [128] [136] [144]   | Prior Year Information | _           | [82]<br>[90]<br>Pr<br>4 Inf<br>[38]<br>[46]<br>[54]<br>[59]<br>[98]<br>[106]<br>[114]<br>[122]<br>[130]<br>[138]<br>[146]   |             |
| Was another vehic<br>Do you have evide<br>Is this evidence with<br>Total miles for year<br>Commuting miles<br>Business miles before<br>Business miles after 6<br>Parking fees<br>Tolls<br>Gasoline<br>Oil<br>Repairs<br>Maintenance<br>Tires<br>Car washes<br>Insurance   | Vehicle 1  [32] [40] 7/1 [48] /30 [56] + [92] + [100] + [116] + [124] + [132] + [140] + [156] + [146] + [156]  | Prior Year Information  + +  | Vehicle 2  [34] [42] [50] [57] [94] [102] [110] [118] [126] [134] [142] [150] [158]                                     | e Expenses                 | Vehicle 3  [36] [44] [52] [58] [96] [104] [112] [120] [128] [136] [144] [152] [160] [168]                               | Prior Year Information | _           |   |             |
| Was another vehic<br>Do you have evided<br>Is this evidence with<br>Is this evidence with<br>Commuting miles<br>Business miles before<br>Business miles after 6<br>Parking fees<br>Tolls<br>Gasoline<br>Oil<br>Repairs<br>Maintenance<br>Tires<br>Car washes<br>Insurance<br>Interest<br>Registration   | Vehicle 1  [32] [40]  7/1 [48] /30 [56] + [100] + [116] + [116] + [124] + [132] + [146] + [146] + [146] + [146] + [146] + [156] + [164] + [164] + [164]  | Prior Year Information  + + + + + + + + + + + + + + + + + + +                                      | Vehicle 2  [34] [42] [50] [57] [94] [102] [110] [118] [126] [134] [142] [150] [158]                                     | e Expenses                 | Vehicle 3  [36] [44] [52] [58] [96] [104] [112] [120] [128] [136] [144] [152] [160] [160] [168] [176]                   | Prior Year Information | _           |   |             |
| Was another vehic<br>Do you have evided<br>Is this evidence with<br>Is this evidence with<br>Commuting miles<br>Business miles before<br>Business miles after 6<br>Parking fees<br>Tolls<br>Gasoline<br>Oil<br>Repairs<br>Maintenance<br>Tires<br>Car washes<br>Insurance<br>Interest<br>Registration<br>Licenses   | Vehicle 1  [32] [40]  7/1 [48] /30 [56] + [92] + [100] + [116] + [116] + [140] | Prior Year Information  + + + + + + + + + + + + + + + + + + +                                      | Vehicle 2  [34] [42] [50] [57] [94] [110] [118] [126] [134] [142] [150] [158] [166] [174]                               | e Expenses                 | Vehicle 3  [36] [44] [52] [58] [96] [104] [112] [120] [128] [136] [144] [152] [160] [168] [176]                         | Prior Year Information | _           | [82]<br>[90]<br>4 Pr<br>[14]<br>[38]<br>[46]<br>[54]<br>[59]<br>[98]<br>[106]<br>[114]<br>[122]<br>[130]<br>[138]<br>[146]<br>[154]<br>[154]<br>[162]<br>[170]<br>[178]<br>[178]                            |             |
| Was another vehic<br>Do you have evide<br>Is this evidence with<br>Is this evidence with<br>Commuting miles<br>Business miles before<br>Business miles after 6<br>Parking fees<br>Tolls<br>Gasoline<br>Oil<br>Repairs<br>Maintenance<br>Tires<br>Car washes<br>Insurance<br>Interest<br>Registration<br>Licenses  | Vehicle 1  Vehicle 1  [32]  [40]  7/1 [48]  /30 [56]  + [92]  + [100]  + [1124]  + [1324]  + [140]  + [140]  + [150]  + [150]  + [150]  + [150]  + [164]  + [150]  + [164]   | Prior Year Information  + +  | Vehicle 2  [34] [42] [50] [57] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166] [174] [182]                   | e Expenses                 | Vehicle 3  [36] [44] [52] [58] [96] [104] [112] [120] [128] [136] [144] [152] [160] [168] [176] [184] [192]             | Prior Year Information | _           | [82] [90]  Pr 4 Inf [38] [46] [54] [59] [98] [106] [114] [122] [130] [138] [146] [154] [162] [170] [178] [186] [194]  |             |
| Was another vehic<br>Do you have evide<br>Is this evidence with<br>Is this evidence with<br>Commuting miles<br>Business miles before<br>Business miles after 6<br>Parking fees<br>Tolls<br>Gasoline<br>Oil<br>Repairs<br>Maintenance<br>Tires<br>Car washes<br>Insurance<br>Interest<br>Registration<br>Licenses<br>Property taxes                          | Vehicle 1  [32] [40]  7/1 [48] /30 [56] + [92] + [100] + [116] + [124] + [146] + [146] + [156] + [164] + [164] + [166] + [172] + [180] + [180]   | Prior Year Information  + 10 + 11 + 12 + 13 + 14 + 15 + 16 + 17 + 18 + 18 + 18 + 18 + 18 + 18 + 18 | Vehicle 2  [34] [42] [50] [57] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166] [174] [182] [190]             | e Expenses                 | Vehicle 3  [36] [44] [52] [58] [96] [104] [112] [120] [128] [136] [144] [152] [160] [168] [176] [184] [192] [200]       | Prior Year Information | _           | [82]<br>[90]<br>Pr Inf [38]<br>[46]<br>[54]<br>[59]<br>[98]<br>[106]<br>[114]<br>[122]<br>[130]<br>[138]<br>[146]<br>[154]<br>[154]<br>[162]<br>[170]<br>[178]<br>[170]<br>[178]<br>[186]<br>[194]<br>[202] |             |
| Was another vehic<br>Do you have evide<br>Is this evidence with<br>Is this evidence with<br>Commuting miles<br>Business miles before<br>Business miles after 6<br>Parking fees<br>Tolls<br>Gasoline<br>Oil<br>Repairs<br>Maintenance<br>Tires<br>Car washes<br>Insurance<br>Interest<br>Registration<br>Licenses<br>Property taxes<br>Other vehicle expense | Vehicle 1  [32] [40]  7/1 [48] /30 [56] + [92] + [100] + [116] + [124] + [146] + [156] + [164] + [156] + [164] + [186] + [186] + [186] + [186] + [196] + [196]   | Prior Year Information  + + + + + + + + + + + + + + + + + + +                                      | Vehicle 2  [34] [42] [50] [57] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166] [174] [182] [190] [198]       | e Expenses                 | Vehicle 3  [36] [44] [52] [58] [96] [104] [112] [120] [128] [136] [144] [152] [160] [168] [176] [184] [192] [200] [208] | Prior Year Information | _           | [82] [90]  Pr Inf [38] [46] [54] [59] [98] [106] [114] [122] [130] [138] [146] [154] [154] [162] [170] [178] [186] [194] [202] [210]  |             |
| Was another vehice Do you have evide  | Vehicle 1  [32] [40]  7/1 [48] /30 [56] + [92] + [100] + [116] + [124] + [146] + [156] + [164] + [156] + [164] + [186] + [186] + [186] + [186] + [196] + [196]   | Prior Year Information  + + + + + + + + + + + + + + + + + + +                                      | Vehicle 2  [34] [42] [50] [57] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166] [174] [182] [190] [198] [206] | e Expenses                 | Vehicle 3  [36] [44] [52] [58] [96] [104] [112] [120] [128] [136] [144] [152] [160] [168] [176] [184] [192] [200]       | Prior Year Information | _           | [82]<br>[90]<br>Pr Inf [38]<br>[46]<br>[54]<br>[59]<br>[98]<br>[106]<br>[114]<br>[122]<br>[130]<br>[138]<br>[146]<br>[154]<br>[154]<br>[162]<br>[170]<br>[178]<br>[170]<br>[178]<br>[186]<br>[194]<br>[202] |             |

Form ID: Auto

Control Totals+

#### **Medical and Health Savings Account Contributions**

#### Please provide all Forms 5498-SA.

|  | 2022 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:                                    | <del></del>          |                        |
| HSA  | [6]                  |                        |
| Archer MSA   |                      |                        |
| MA (Medicare Advantage) MSA  | <u>—</u><br>[9]      |                        |
| Total HSA/MSA contributions made   | _                    |                        |
| for 2022 (Enter all amounts contributed, including through employer cafeteria plans)   | + [10]               |                        |
| Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, | 2 = Family) [12]     |                        |
| Number of months in qualified high deductible health plan in 2022                      | [13]                 |                        |
| Mark if you want to contribute the maximum allowable health or                         | <del></del>          |                        |
| medical savings account contribution amount  | [14]                 |                        |
| Total HSA/MSA contribution to be made for 2022   | + [15]               |                        |
| Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)                  | + [16]               |                        |
| Excess contributions for 2021 taken as constructive contributions for 2022             | + [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 acc  | ount is an HSA       |                        |
| Was the high deductible health plan in effect for December 2022? (Y, N)                | _[33]                |                        |

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# **Health, Medical Savings Account Distributions** Please provide all Forms 1099-SA.

|  |     | 2022 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   |     | <br>[15]         |                        |
| All distributions were used to pay unreimbursed qualified medical expenses     |     | [17]             |                        |
| If some distributions were used to pay for other than qualified medical expens | es, | <del>_</del>     |                        |
| enter the unreimbursed qualified medical expenses for 2022                     | +   | [19]             |                        |
| Withdrawal of excess contributions by the due date of the return               | +   | [21]             |                        |
| Amount of distribution rolled over for 2022                                    | +   | [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 12/31/21             | +   | [27]             |                        |
| For HSA accounts:  |     |                  |                        |
| Was the high deductible health plan coverage started in 2021 and               |     |                  |                        |
| in effect for the month of December 2021? (Y, N)                               |     | [29]             |                        |
| Was the high deductible health plan coverage ended before 12/31/22? (Y, N      | )   | [30]             |                        |

# **Long Term Care (LTC) Service and Contracts**

|   | Please provide all Forms 1099-LTC.<br>2022 Information | on Prior Year Information |
|---|--|---------------------------|
| Name of the insured chronically ill individual        |  | [39]                      |
| Social security number of insured                     |  | <br>[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 payn     | nents during 2022? (Y, N)                              | [52]                      |
| If the insured is terminally ill, were payments recei | ived on account of terminal illness? (Y, N)            | [53]                      |
| Number of days during the long-term care period       |  | [54]                      |
| Cost incurred for qualified long-term care services   | during the   |                           |
| long-term care period                                 | +  | [55]                      |

| Control Totals+ | Form ID: 1099SA |
|-----------------|-----------------|

#### **Child and Dependent Care Expenses**

Please enter all amounts paid in 2022 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 2022 g                         | grace period +                  | [3] +                                 | [4]                                 |
| Employer-provided dependent care benefits that were forfeited in 20                       | )22 +                           | [5] +                                 | [6]                                 |
| Total qualified expenses incurred in 2022   |                                 | <u></u>                               | [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]                                |
| P. de constant of the Mari  | -                               |                                       | -                                   |
| Business name of provider   |                                 |                                       |                                     |
| First and last name of provider   |                                 |                                       |                                     |
| Street address of provider  City State and 7 in code                                      |                                 |                                       |                                     |
| City, State and Zip code Social security number OR Employer identification number         |                                 | <del></del>                           |                                     |
| Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign C           | Caro Providor 2 - Providor mov  | —<br>wed and unable to get TIN, 4 = D | rovidor refuses to give TINI        |
| Amount paid to care provider in 2022  | ale Flovider, 3 – Flovider mov  | +                                     | [7]                                 |
| Foreign province or state of provider   |                                 | · <del></del>                         |                                     |
| 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 C           | Care Provider, 3 = Provider mov | ed and unable to get TIN, 4 = Pr      | rovider refuses to give TIN)        |
| Amount paid to care provider in 2022  |                                 | +                                     |                                     |
| 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  |                                 | <del>_</del>                          |                                     |
| City, State and Zip code  |                                 |                                       |                                     |
| Social security number OR Employer identification number                                  | -                               | <del></del>                           |                                     |
| Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign C           | Care Provider, 3 = Provider mov | ed and unable to get TIN, 4 = P       | rovider refuses to give TIN)        |
| Amount paid to care provider in 2022  |                                 | +                                     | _                                   |
| Foreign province or state of provider   |                                 |                                       |                                     |
| Foreign country and Foreign postal code of provider                                       |                                 |                                       |                                     |
| Ductions about of any data  |                                 |                                       |                                     |
| 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                                  |                                 | <del></del>                           |                                     |
| Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign C           | `are Provider. 3 = Provider mov | ${}$                                  | rovider refuses to give TIN)        |
| Amount paid to care provider in 2022  | are rioriaer, so rioriaer mer   | +                                     | orider reliases to give imi         |
| 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 C           | are Provider, 3 = Provider mov  | ed and unable to get TIN, 4 = Pr      | ovider refuses to give <u>TIN</u> ) |
| Amount paid to care provider in 2022  |                                 | +                                     |                                     |
| Foreign province or state of provider Foreign country and Foreign postal code of provider | -                               |                                       | <u> </u>                            |
| Control Totals+   | 1                               |                                       | Form ID: 2441                       |
| 00111101101101  |                                 |                                       | 1                                   |