

Preparer - Enter on Screen Contact

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

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [20]

Mobile telephone number _____ [12] _____ [21]

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

Pager number _____ [14] _____ [23]

Other: _____ [15] _____ [24]

 Telephone number _____ [16] _____ [25]

 Extension _____ [17] _____ [26]

Preferred method of contact: _____ [18] _____ [27]

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

NOTES/QUESTIONS:

Questions

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

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
COVID-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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay emergency sick leave wages to a household employee?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay emergency family leave wages to a household employee?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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

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 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 make 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?

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?

- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- If yes, were any of these withdrawals rolled over into an ABLE (Achieving a 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?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

Health 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?

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- 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 canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year?.
- 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?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$16,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- 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 pay any individual as a household employee during the year?

- Did you make energy efficient improvements to your main home this year?
- 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 refund.

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

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

Primary account:

Financial institution routing transit number _____ [3]

Name of financial institution _____ [4]

Your account number _____ [5]

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

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

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

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

Secondary account #1:

Financial institution routing transit number _____ [27]

Name of financial institution _____ [28]

Your account number _____ [29]

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

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

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

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

Secondary account #2:

Financial institution routing transit number _____ [33]

Name of financial institution _____ [34]

Your account number _____ [35]

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

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

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

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

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

Refund - U.S. Series I Savings Bond Purchases

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTES/QUESTIONS:

Taxpayer -

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

Spouse -

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

NOTES/QUESTIONS:

If you have an overpayment of 2022 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2023 estimated tax liability _____ [53]

Do you expect a considerable change in your 2023 income? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

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

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2023 withholding? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2023? (Y, N) _____ [69]

If yes, please explain any differences:

_____ [70]

_____ [71]

_____ [72]

_____ [73]

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

2022 Federal Estimated Tax Payments

2021 overpayment applied to 2022 estimates + _____ [1]

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

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

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/22	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/22	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/22	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/17/23	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]		

***Method of payment indicated in prior year**

EFTW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Wages and Salaries #1

Please provide all copies of Form W-2.

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			[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 -			
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+	
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Wages and Salaries #2

Please provide all copies of Form W-2.

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			[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 -			
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+	
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Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

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

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

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

	2022 Information	Prior Year Information
State and local income tax refunds	+ _____ [5]	

	T/S	Agreement Date	2022 Information	Prior Year Information
Alimony received	—	_____	+ _____ [3]	
	—	_____	+ _____ [3]	

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

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

	T/S/J	Self-Employment Income ? (Y, N)		2022 Information		Prior Year Information
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [15]		
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	
—	—	—	_____	+	_____	

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

	2022 Information	Prior Year Information
Name of payer	_____ [3]	
Taxpayer/Spouse/Joint (T, S, J)	_____ [5]	
State postal code	_____ [6]	
Rents (Box 1)	+ _____ [13]	
Royalties (Box 2)	+ _____ [15]	
Other income (Box 3)	+ _____ [17]	
Federal income tax withheld (Box 4)	+ _____ [19]	
Fishing boat proceeds (Box 5)	+ _____ [21]	
Medical and health care payments (Box 6)	+ _____ [23]	
Payer made direct sales of \$5,000 or more of consumer products (Box 7)	_____ [27]	
Substitute payments in lieu of dividends or interest (Box 8)	+ _____ [29]	
Crop Insurance proceeds (Box 9)	+ _____ [31]	
Gross proceeds paid to an attorney (Box 10)	+ _____ [36]	
Fish purchased for resale (Box 11)	+ _____ [38]	
Section 409A deferrals (Box 12)	+ _____ [40]	
Excess golden parachute payments (Box 14)	+ _____ [42]	
Nonqualified deferred compensation (Box 15)	+ _____ [44]	
State tax withheld (Box 16)	+ _____ [46]	
State/Payer's state no. (Box 17)	_____ [48]	
State income (Box 18)	+ _____ [49]	

Control Totals+

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

	2022 Information	Prior Year Information
Name of payer	_____ [3]	
Taxpayer/Spouse/Joint (T, S, J)	_____ [5]	
State postal code	_____ [6]	
Rents (Box 1)	+ _____ [13]	
Royalties (Box 2)	+ _____ [15]	
Other income (Box 3)	+ _____ [17]	
Federal income tax withheld (Box 4)	+ _____ [19]	
Fishing boat proceeds (Box 5)	+ _____ [21]	
Medical and health care payments (Box 6)	+ _____ [23]	
Payer made direct sales of \$5,000 or more of consumer products (Box 7)	_____ [27]	
Substitute payments in lieu of dividends or interest (Box 8)	+ _____ [29]	
Crop Insurance proceeds (Box 9)	+ _____ [31]	
Gross proceeds paid to an attorney (Box 10)	+ _____ [36]	
Fish purchased for resale (Box 11)	+ _____ [38]	
Section 409A deferrals (Box 12)	+ _____ [40]	
Excess golden parachute payments (Box 14)	+ _____ [42]	
Nonqualified deferred compensation (Box 15)	+ _____ [44]	
State tax withheld (Box 16)	+ _____ [46]	
State/Payer's state no. (Box 17)	_____ [48]	
State income (Box 18)	+ _____ [49]	

Control Totals+

NOTES/QUESTIONS:

Nonemployee Compensation #1

Please provide all Forms 1099-NEC

Preparer use only

2022 Information

Prior Year Information

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

Control Totals+

Nonemployee Compensation #2

Please provide all Forms 1099-NEC

Preparer use only

2022 Information

Prior Year Information

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

Control Totals+

NOTES/QUESTIONS:

Taxable Distributions Received from Cooperatives #1

Please provide all Forms 1099-PATR

Preparer 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)	+ _____	[29]
Patron's AMT adjustments	+ _____	[31]
Other credits and deductions #1 (Box 12)	+ _____	[33]
Other credits and deductions #2 (Box 12)	+ _____	[35]
Specified Coop (Box 13)	_____	[37]

Control Totals+

Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

Preparer 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)	+ _____	[29]
Patron's AMT adjustments	+ _____	[31]
Other credits and deductions #1 (Box 12)	+ _____	[33]
Other credits and deductions #2 (Box 12)	+ _____	[35]
Specified Coop (Box 13)	_____	[37]

Control Totals+

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

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

_____ [51]

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

State postal code _____ [6]

Name of creditor/lender _____ [3]

Form 1099-C Cancellation of Debt

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

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

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

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

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

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

Form 1099-A Acquisition or Abandonment of Secured Property

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

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

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

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

Control Totals+

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

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

_____ [51]

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

State postal code _____ [6]

Name of creditor _____ [3]

Form 1099-C Cancellation of Debt

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

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

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

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

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

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

Form 1099-A Acquisition or Abandonment of Secured Property

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

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

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

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

Control Totals+

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

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

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

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

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

	Control Totals+	
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Pension, Annuity, and IRA Distributions #3

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

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

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

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

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

Social Security Benefits

	2022 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information: From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [7]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Prescription drug (Part D) premiums	+ _____ [9]	
Net Benefits for 2022 (Box 3 minus Box 4) (Box 5)	+ _____ [12]	
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [14]	

Tier 1 Railroad Benefits

	2022 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2022 (Box 5)	+ _____ [22]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2022 or receive any prior year benefits in 2022. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9

	[40]
	[41]
	[42]
	[43]
	[44]

NOTES/QUESTIONS:

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Preparer use only

Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code _____ [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2022 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2022 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2022 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2022 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2022 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2022 + _____ [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 + _____ [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]

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

Preparer use only

	2022 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____	
Physical address: Street _____	[6]	
City, state, zip code _____ [7] ___ [8]	[9]	
Foreign country _____	[11]	
Foreign province/county _____	[12]	
Foreign postal code _____	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) [14]		
Description of other type (Type code #8) _____	[15]	
Did you make any payments in 2022 that require you to file Form(s) 1099? (Y,N) _____	[16]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]	_____
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]	
Percentage of ownership if not 100% _____	[22]	
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]	

Rent and Royalty Income

Rents and royalties	2022 Information	Prior Year Information
_____ + _____	[33]	_____
_____		_____

Rent and Royalty Expenses

	2022 Information	Percent if not 100%	Prior Year Information
Advertising + _____	[35]	[36]	_____
Auto + _____	[38]	[39]	_____
Travel + _____	[41]	[42]	_____
Cleaning and maintenance + _____	[44]	[45]	_____
Commissions: _____ + _____	[47]	[49]	_____
_____ + _____			_____
Insurance: _____ + _____	[50]	[52]	_____
_____ + _____			_____
Legal and professional fees + _____	[54]	[55]	_____
Management fees: _____ + _____	[57]	[59]	_____
_____ + _____			_____
Mortgage interest paid to banks, etc (Form 1098) _____ + _____	[60]	[62]	_____
_____ + _____			_____
Other mortgage interest + _____	[63]	[65]	_____
Qualified mortgage insurance premiums + _____	[66]	[67]	_____
Other interest: _____ + _____	[69]	[71]	_____
_____ + _____			_____
Repairs + _____	[72]	[73]	_____
Supplies + _____	[75]	[76]	_____
Taxes: _____ + _____	[78]	[80]	_____
_____ + _____			_____
Utilities + _____	[81]	[82]	_____
Depreciation + _____	[84]	[85]	_____
Depletion + _____	[87]	[88]	_____
Other expenses: _____ + _____	[90]		_____
_____ + _____			_____
_____ + _____			_____
_____ + _____			_____
_____ + _____			_____

Control Totals+

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 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="border: 1px solid black; background-color: #cccccc; padding: 5px;"> _____ _____ _____ </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

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

Preparer - Enter on Screen Educate2

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

Institution Information

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

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

Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2022.
 Enter the amount actually paid during 2022.

	2022 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	
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 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2022		

NOTES/QUESTIONS:

T/S/J	Home mortgage interest: From Form 1098	2022 Interest Paid ^[2]	2022 Points Paid	Type*	Prior Year Information
[1]	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	

***Mortgage Types**

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

T/S/J	Payee's Name Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2022 Information	Prior Year Information
[4]	_____	_____	+ _____ [5]	
Address _____				
City, state and zip code _____				
	_____	_____	+ _____	
Address _____				
City, state and zip code _____				

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

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2022 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2022 (**Preparer use only**) + _____ [12]
 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 use only**) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2022 _____

T/S/J	Investment interest expense, other than on Schedule(s) K-1:	2022 Information	Prior Year Information
[15]	_____	+ _____ [16]	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	

T/S/J

2022 Information

Prior Year Information

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

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

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

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

Miscellaneous Deductions

T/S/J

2022 Information

Prior Year Information

Other expenses

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

NOTES/QUESTIONS:

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

Preparer use only

Description of business or profession _____ [3]

Vehicles

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

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
--	------------------	-------------------	------------------	-------------------	------------------	-------------------	------------------	-------------------

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

Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="checkbox"/>	___ [62]	<input type="checkbox"/>	___ [64]	<input type="checkbox"/>	___ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="checkbox"/>	___ [70]	<input type="checkbox"/>	___ [72]	<input type="checkbox"/>	___ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="checkbox"/>	___ [78]	<input type="checkbox"/>	___ [80]	<input type="checkbox"/>	___ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	___ [84]	<input type="checkbox"/>	___ [86]	<input type="checkbox"/>	___ [88]	<input type="checkbox"/>	___ [90]	<input type="checkbox"/>

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]	<input type="checkbox"/>	_____ [34]	<input type="checkbox"/>	_____ [36]	<input type="checkbox"/>	_____ [38]	<input type="checkbox"/>
Commuting miles	_____ [40]	<input type="checkbox"/>	_____ [42]	<input type="checkbox"/>	_____ [44]	<input type="checkbox"/>	_____ [46]	<input type="checkbox"/>
Business miles before 7/1	_____ [48]	<input type="checkbox"/>	_____ [50]	<input type="checkbox"/>	_____ [52]	<input type="checkbox"/>	_____ [54]	<input type="checkbox"/>
Business miles after 6/30	_____ [56]	<input type="checkbox"/>	_____ [57]	<input type="checkbox"/>	_____ [58]	<input type="checkbox"/>	_____ [59]	<input type="checkbox"/>
Parking fees	+ _____ [92]	<input type="checkbox"/>	+ _____ [94]	<input type="checkbox"/>	+ _____ [96]	<input type="checkbox"/>	+ _____ [98]	<input type="checkbox"/>
Tolls	+ _____ [100]	<input type="checkbox"/>	+ _____ [102]	<input type="checkbox"/>	+ _____ [104]	<input type="checkbox"/>	+ _____ [106]	<input type="checkbox"/>
Gasoline	+ _____ [108]	<input type="checkbox"/>	+ _____ [110]	<input type="checkbox"/>	+ _____ [112]	<input type="checkbox"/>	+ _____ [114]	<input type="checkbox"/>
Oil	+ _____ [116]	<input type="checkbox"/>	+ _____ [118]	<input type="checkbox"/>	+ _____ [120]	<input type="checkbox"/>	+ _____ [122]	<input type="checkbox"/>
Repairs	+ _____ [124]	<input type="checkbox"/>	+ _____ [126]	<input type="checkbox"/>	+ _____ [128]	<input type="checkbox"/>	+ _____ [130]	<input type="checkbox"/>
Maintenance	+ _____ [132]	<input type="checkbox"/>	+ _____ [134]	<input type="checkbox"/>	+ _____ [136]	<input type="checkbox"/>	+ _____ [138]	<input type="checkbox"/>
Tires	+ _____ [140]	<input type="checkbox"/>	+ _____ [142]	<input type="checkbox"/>	+ _____ [144]	<input type="checkbox"/>	+ _____ [146]	<input type="checkbox"/>
Car washes	+ _____ [148]	<input type="checkbox"/>	+ _____ [150]	<input type="checkbox"/>	+ _____ [152]	<input type="checkbox"/>	+ _____ [154]	<input type="checkbox"/>
Insurance	+ _____ [156]	<input type="checkbox"/>	+ _____ [158]	<input type="checkbox"/>	+ _____ [160]	<input type="checkbox"/>	+ _____ [162]	<input type="checkbox"/>
Interest	+ _____ [164]	<input type="checkbox"/>	+ _____ [166]	<input type="checkbox"/>	+ _____ [168]	<input type="checkbox"/>	+ _____ [170]	<input type="checkbox"/>
Registration	+ _____ [172]	<input type="checkbox"/>	+ _____ [174]	<input type="checkbox"/>	+ _____ [176]	<input type="checkbox"/>	+ _____ [178]	<input type="checkbox"/>
Licenses	+ _____ [180]	<input type="checkbox"/>	+ _____ [182]	<input type="checkbox"/>	+ _____ [184]	<input type="checkbox"/>	+ _____ [186]	<input type="checkbox"/>
Property taxes	+ _____ [188]	<input type="checkbox"/>	+ _____ [190]	<input type="checkbox"/>	+ _____ [192]	<input type="checkbox"/>	+ _____ [194]	<input type="checkbox"/>
Other vehicle expenses	+ _____ [196]	<input type="checkbox"/>	+ _____ [198]	<input type="checkbox"/>	+ _____ [200]	<input type="checkbox"/>	+ _____ [202]	<input type="checkbox"/>
Vehicle rentals	+ _____ [204]	<input type="checkbox"/>	+ _____ [206]	<input type="checkbox"/>	+ _____ [208]	<input type="checkbox"/>	+ _____ [210]	<input type="checkbox"/>
Inclusion amt (Preparer only)	_____ [212]	<input type="checkbox"/>	_____ [214]	<input type="checkbox"/>	_____ [216]	<input type="checkbox"/>	_____ [218]	<input type="checkbox"/>
Depreciation	+ _____ [220]	<input type="checkbox"/>	+ _____ [222]	<input type="checkbox"/>	+ _____ [224]	<input type="checkbox"/>	+ _____ [226]	<input type="checkbox"/>

Control Totals+

Please provide all Forms 5498-SA.

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	_____ [4]	
State postal code _____	_____ [2]	
Indicate type of health or medical savings account:		
HSA	_____ [6]	
Archer MSA	_____ [7]	
MA (Medicare Advantage) MSA	_____ [9]	
Total HSA/MSA contributions made		
for 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 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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2022? (Y, N) _____ [33]

NOTES/QUESTIONS:

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	____ [15]	
All distributions were used to pay unreimbursed qualified medical expenses	____ [17]	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 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.

	2022 Information	Prior Year Information
Name of the insured chronically ill individual _____	____ [39]	
Social security number of insured _____	____ [40]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____ [42]	
Accelerated death benefits paid (Box 2)	+ _____ [44]	
Check one (Box 3)		
Per diem	____ [46]	
Reimbursed amount	____ [47]	
Qualified contract (Box 4)	____ [48]	
Check, if applicable (Box 5)		
Chronically ill	____ [49]	
Terminally ill	____ [50]	
Are there other individuals who received LTC payments during 2022? (Y, N)	____ [52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	____ [53]	
Number of days during the long-term care period _____	____ [54]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____ [55]	

NOTES/QUESTIONS:

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

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2022 + _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 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 _____

City, State and Zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 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 _____

City, State and Zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 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 _____

City, State and Zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2022 + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Control Totals+