Last name..... Title/suffix..... Date of birth (m/d/y)..... Date of death (m/d/y) Date of adoption (m/d/y) . Social security number... Relationship..... Months lived at home....

ORGANIZER				
2023	1040	US	Tax Organizer	
	408 EAS CHARL Telepho Fax nur		ST STE 207	Tax Return Appointment Date: Time: Location:
	This	tax organizer of your 20	r will assist you in gathering informatio 23 tax return. Please enter all pertiner	on necessary for the preparation nt 2023 information.
of: school rec records, plac NOTE: If you or social serv	cords or statem ement agency r child is disab	ned income credi nent, landlord or statement, socia lled, please provi r program statem	it, please provide proof that your child is a residen property management statement, health care proval service records or statement, place of worship, lide one of the following forms of proof of disability nent.	of the United States. This proof is typically in the form wider statement, medical records, child care provider landian tribal office statement, or employer statement. concern the doctor statement, other health care provider statement,
First name a	and initial		Taxpayer	Spouse
	ity number			
	(m/d/y)			
	h (m/d/y)			
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		State		
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DEPEN	DENTS		Dependent No.	Dependent No.
First name				
Last name				
	(m/d/y)			
	n (m/d/y)			
	tion (m/d/y) .	<u> </u>		
	ity number			
Months lived	I at home	ļ.		
First name			Dependent No.	Dependent No.
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Tax	Orga	nızer

3	1040	US	lax	Orgar	nızer			
N A C		governme	nt form	r all perti for an it	inent 2023 in em, check t	nformati he box a	on. If you have attache nd do not enter a 2023	d amount.
	GES, SALA oyer name:	KIES AND	HP5				2023 Amount	2022 Amount
] .								
┧ .							Attach Forms W-2	
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NTF	REST INC	OME						
	name:	OIVIL						
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	name:	J111L						
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		A AND GAI	MBLING	INCOM	ΙE		Attach Forms 1099-R & W-2G	
ayer	name:							
Payer	name: Winnings not	reported on V	V-2G					
ayer	name: Winnings not Total gamblin	reported on V	V-2G					
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DTH	Winnings not Total gamblin ER GOVEF Form 1099-B Form 1099-M Form 1099-G Form 1099-G Form 1099-G Form 1099-Q Form 1099-Q Form 1099-Q Form 1099-Q Form 1099-Q Form 1099-Q Form 1099-G Form 1099-G Form 1099-G Form 1099-G	reported on V g losses RNMENT F - Sales of sto ISC - Miscella - Merchant ca - Sales of rea - State tax re 99 - Social se - Unemploym (529 Plan) V/5498-QA (AE	V-2G ORMS ck (also ineous income and and the all estate (also income curity because the composition of	- INCOM nclude trar come ird party n (also include) nefits pensation nefits nefits	IE nsaction history network paymen de closing stater	nts ments) .	Attach Forms 1099	Forms 1099
oppous a page of the control of the	Winnings not Total gamblin ER GOVEF Form 1099-B Form 1099-M Form 1099-S Form 1099-G ayer: Form SSA-10 Form 1099-Q	reported on Vg losses RNMENT F - Sales of sto ISC - Miscella - Merchant ca - Sales of rea - State tax re 99 - Social se - Unemploym (529 Plan) V5498-QA (AE	V-2G ORMS ck (also ineous income and the properties of the pr	- INCOM nclude tran come ird party n (also include) nefits pensation nefits pensation	IE nsaction history network paymen de closing stater	nts ments) .	Attach Forms 1099 Attach Forms 1099	Forms 1099

23	1040	US	Tax Organizer		
MISC	ELLANEOU				
	Taxpayer: Ali	-			
Other:	Spouse: Alim	ony received			
RETI	REMENT P	LAN CON	TRIBUTIONS	2023 Amount	2022 Amount
			utions (1=maximum)	2020 Amount	LULL PAHOUNC
	=		s (1=maximum)		
			E, & qualified plan contributions (1=maximum)		
Spous			outions (1=maximum)		
	Roth IRA	contributions	s (1=maximum)		
	Self-employ	ed, SEP, SIMPLE	E, & qualified plan contributions (1=maximum)		
ОТН	ER GOVER	NMENT F	ORMS - DEDUCTIONS		
Fc Fc	orm 1098-E - S	tudent Ioan i	interest	Attach Forms 1098	
Fc	orm 1098-T - T	uition and re	lated expenses	Attach Forms 1000	
AFFC	ORDABLE C	ARE ACT			
∐ Fo	orm 1095-A - He	ealth Insuranc	e Marketplace Statement	Attach Forms 1095	
ADJI	USTMENTS	TO INCO	ME		
Taxpa	-				
			ce premiums		
Ot	ther adjustmen	its to income			
	image paid [Desiminat man	aa g CCN		
	illiony palu - F	tecipient nan	ne & SSN		
 Spous	e:		<u> </u>		
Se	elf-employed h	ealth insuran	ice premiums		
Ed	ducator expens	ses			
Ot	ther adjustmen	ts to income	:		
_					
ΑI	imony paid - F	Recipient nam	ne & SSN		
MED	ICAL AND	DENTAL E	EXPENSES		
Prescr	ription medicin	es and drugs	5		
Doctor	rs, dentists and	d nurses			
Hospit	tals and nursin	g homes			
			ayer		
			se		
			ortation expenses		
		niles			
Other:					
ΤΔΥΙ	ES PAID			,	
		. 1/23 navmo	ent on 2022 state estimate		
State	micornic taxes	1123 payille	SIT OIT 2022 State estimate		

	1040	US	Tax Organizer		
TAXE	ES PAID (co	ontinued)		2023 Amount	2022 Amount
	•		2 state extension		
State i	ncome taxes -	paid with 202	2 state return		
State i	ncome taxes -	paid for prior	years and/or to other states		
City/loc	cal income taxe	es - 1/23 payn	nent on 2022 city/local estimate .		
City/Io	cal income tax	ces - paid wit	h 2022 city/local extension		
City/Io	cal income tax	ces - paid wit	h 2022 city/local return		
State a	and local sales	s taxes (exce	pt autos and special items)		
Use ta	ixes paid on 20	023 purchase	es		
Use ta	ixes paid on 20	022 state retu	ırn		
Sales	tax on autos n	not included a	above		
Sales	taxes paid on	boats, aircra	ft, and other special items		
Real e	estate taxes - p	orincipal resid	dence		
Real e	state taxes - p	property held	for investment		
Foreig	n income taxe	s			
\Box	ersonal propert	•	uding automobile fees in some states)	Attach Tax Notice	
	mortgage inte		nts paid:		
<u> </u>				Attach Forms 1098	
Home m	nortgage interest n	ot on Form 1098	(include name, SSN, & address of payee):		
	JJ.		, , , , , , , , , , , , , , , , , , , ,		
Points	not reported of	on Form 1098	3:		
Investr	ment interest ((interest on n	nargin accounts):		
_					
Passiv			nargin accounts):		
Passiv	ve interest H CONTRIE : No deduction	BUTIONS is allowed for		or maintains a bank record, or a te(s), and contribution amount(s	written communication
Passiv	ve interest H CONTRIE : No deduction	BUTIONS is allowed for	or cash or check contributions unless the don	or maintains a bank record, or a te(s), and contribution amount(s	written communication
Passiv CASI NOTE:	ve interest H CONTRIE : No deduction	BUTIONS is allowed for ee, showing t	or cash or check contributions unless the don the name of the organization, contribution da	or maintains a bank record, or a te(s), and contribution amount(s	written communication).
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Passiv CASI NOTE: Volunt Numbe NON NOTE: MISC Union Tax re Safe d Investr Estate	ve interest H CONTRIE : No deduction from the done deer expenses er of charitable CASH CON : No deduction a deduction f CELLANEO and profession turn preparation deposit box rer ment expenses	Gout-of-pocked miles	or cash or check contributions unless the don the name of the organization, contribution dated and the contribution dated and the contributions of clothing and household itervith minimal monetary value may be denied.	te(s), and contribution amount(s).
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Passiv CASI NOTE: Volunt Numbe NON NOTE: MISC Union Tax re Safe d Investr Estate	re interest H CONTRIE : No deduction from the done teer expenses er of charitable CASH CON : No deduction a deduction f CELLANEO and profession turn preparation teeposit box rer ment expenses e tax, section 6 inbursed emplo	Gout-of-pocked miles	or cash or check contributions unless the don the name of the organization, contribution dated and the contribution dated and the contributions of clothing and household itervith minimal monetary value may be denied.	te(s), and contribution amount(s).

2023	1040	US	Miscellaneous Questions
	lf any	of the foll app	owing items pertain to you or your spouse for 2023, please check the ropriate box and provide additional information if necessary.
YES	NO		ONAL INFORMATION marital status change during the year?
	П	Did your a	address change during the year?
		Could you	be claimed as a dependent on another person's tax return for \${Y+00}?
			NDENTS le any changes in dependents?
		Were any older if st	of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or udent) at the end of 2023?
		Did you h dividend i	ave any children under age 19 or full-time students under age 24 at the end of 2023, with interest and ncome in excess of \$1,250, or total investment income in excess of \$2,500?
		HEAL ⁻	TH CARE COVERAGE
		Did you re	eceive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.
П	П	INCON	NE eceive unreported tip income of \$20 or more in any month?
	П		ash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for
			your spouse, or your dependents? eceive any disability income?
		Did you h	ave any foreign income or pay any foreign taxes?
		Did you s	HASES, SALES AND DEBT tart a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, tion, trust, or REMIC?
			urchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any assets to business use?
		Did you b	uy or sell any stocks, bonds or other investment property in \${Y+00}?
		Did you p	urchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
		Did you m	nake any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel by sources?
		Did you h	ave any debts cancelled or forgiven?
		Does any	one owe you money which has become uncollectible?

2023	1040	US	Miscellaneous Questions (continued)
	If any	of the foll app	owing items pertain to you or your spouse for 2023, please check the ropriate box and provide additional information if necessary.
YES	NO		EMENT PLANS eceive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you m	nake a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you tr	ansfer or rollover any amount from one retirement plan to another retirement plan?
		EDUC Did you re	ATION seceive a distribution from an Education Savings Account or a Qualified Tuition Program?
		Did you, y vocationa	our spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or I school?
			ZED DEDUCTIONS neur a loss because of damaged or stolen property?
		Did you w	ork out of town for part of the year?
		Did you u	se your car on the job (other than to and from work)?
			ATED TAXES pply an overpayment of 2022 taxes to your 2023 estimated tax (instead of being refunded)?
		If you hav refunded)	e an overpayment of 2023 taxes, do you want the excess applied to your 2024 estimated tax (instead of being?
		Do you ex	spect your 2024 taxable income and withholdings to be different from 2023?
			ELLANEOUS ant to allocate \$3 to the Presidential Election Campaign Fund?
		Does your	spouse want to allocate \$3 to the Presidential Election Campaign Fund?
		May the IF	RS discuss your tax return with your preparer?
			ave an interest in or signature or other authority over a financial account in a foreign country, such as a bank securities account, or other financial account?

2023	1040	US	Miscellaneous Questions (continued)
	lf any	of the foll app	owing items pertain to you or your spouse for 2023, please check the ropriate box and provide additional information if necessary.
YES	NO	MISCE	ELLANEOUS (continued)
		Did you re	eceive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
		Was your	home rented out or used for business?
		Medicare	ave a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Advantage MSA because of the death of the account holder? Or, were you a policyholder who received under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life policy?
		Did you re	eceive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
			member of the Armed Forces of the United States on active duty who moved pursuant to a rder related to a permanent change of station?
		Did you e	ngage the services of any household employees?
		Were you	notified or audited by either the Internal Revenue Service or the State taxing agency?
		Did you o	r your spouse make any gifts to an individual that total more than \$17,000, or any gifts to a trust?
		Did your b	pank account information change within the last twelve months?
			ne during 2023, did you receive, sell, send, exchange, or otherwise acquire any financial interest in all currency?

			Plea	ase enter	all pertinent 2023 i	nformation.		
DIRE	CT DEPO	SIT / EL	ECTRO	NIC PAY	MENT (3)			
1=direct	t deposit of fed	deral tax refu	nd into bank	account				
1=electr	ronic payment	of balance d	ue					
1=electr	ronic payment	of estimated	tax					
R A NII	K INFORM	/ΛΤΙΩΝ						
DAN	K INFORI	MATION	Б	Percent to				Type of Type of
				Deposit				Account Invest.
	Name o	f Bank		(xx.xx)	Routing Number	Account N	umber	(Table 1) (Table 2
2023	ESTIMAT	ED TAX /	1040-ES	6 (6)				2023
Feder	al			Amo	ount Paid	Date Paid	TS	Voucher Amount
Overpay	yment applied	from 2022						
1st quai	rter payment							
	rter payment.							
•	rter payment.							
4th qua	rter payment.							
	A -1-1040 1 F-	. Li L I					-	
	Additional Es Tax Payn							
	,						-	
Paid wit	th extension							
	spouse SSN if		_					
		,						2023
State				Amo	ount Paid	Date Paid	TS	Voucher Amount
Overpay	ment applied f	rom 2022						
1st quar	ter payment							
2nd qua	rter payment .							
3rd quar	ter payment .							
4th quar	ter payment .							
	A -1 -1:4: 1 F	. 1: 1					-	
	Additional Es Tax Payn	and the second second						
	_						_	
Paid wit	h extension							
. GIG WIL	0/10/10/01/							
	1	T			2	T		
		Type of Acc			1 = Checking or savings (def	Type of Investment	oll covince s	rount (ESA)
		1 = Savings 2 = Checkin	g		2 = Taxpayer's IRA (next year 3 = Spouse's IRA (next year	ar limits) 7 = Other	ell savings acc er's IRA (curre	
					4 = Health savings account (5 = Archer MSA	HSA) 9 = Spouse	s IRA (current	ent year limits) t year limits)
					5 7.10.01 MO/1			

2023	1040	US	Health Savings Accounts (8889)	32.1
2023	1040	US	│ Health Savings Accounts (8889)	32.

Please enter all pertinent 2023 amounts & attach all 1099-SA forms. Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE:Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2023, a high deductible health plan is one with an annual deductible that is not less than \$1,500 for self-only coverage or \$3,000 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$7,500 for self-only coverage or \$15,000 for family coverage.

	2023 Am	ount	2022 Am	ount
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				
HSA DISTRIBUTIONS				
Total HSA distribution received (1099-SA, box 1)				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

32.1

23	1040	US	Child and Depo	endent Care	Expenses (F	orm 2441)	33.1,33
ease e	enter all pe	ertinent 202	3 information. Last ye r more dependents en	aṛ's amounts are	e provided for you	ır reference. You i	must have
paid	for the ca	are of one o	r more dependents en	abling you to wo	ork or attend scho	ol to qualify for th	nis credit.
DEP	PENDEN	T CARE E	XPENSES (33.1)	2023 A		2022 Amou	
			, ,	Taxpayer	Spouse	Taxpayer	Spouse
		xpenses incurre d benefits forfei	ed but not paid in 2023			-	
Emplo	byer-provided	a benents forter	teu III 2023 [
PER	RSONS A	AND EXPE	NSES QUALIFYIN	G FOR DEPEN	IDENT CARE C	REDIT	
No [· ·	d/y)				
No.		•	umber				
	Q in	ualified depend curred and paid	lent care expenses d in 2023			2022 amt:	
	1=	over age 12 & disa	abled at the time care was provided				
	1=	=spouse, 2=joir	nt				
	Fi	irst name					
	' '						
	Ti	itle or suffix					
_	Da	ate of birth (m/d	/y)				
No.	So	ocial security ทเ	mber				
	Qi	ualified depende curred and paid	ent care expenses in 2023			2022 amt:	
		•	abled at the time care was provided				
	1=	=spouse, 2=join	:				
PER			NIZATIONS PROVI	DING CARE (3	33.2)		
		•	r				
No.							
	Fo	oreign postal co	de				
			mber (SSN or EIN)			lana	
		•	care provider in 2023			2022 amt:	
	1=	=spouse, 2=joir	nt				

2023	1040	US	Report of Foreign Bank a	and Financial Acc	counts	82.1
	Please en	ter all pert	inent 2023 amounts. Last year's am	nounts are provided for	your reference.	
GEI	NERAL IN	IFORMAT	TION	2023 Amount	2022 Amount	
Canad	dian province	or Mexican st	ate			
Other	type of filer					
	n identification	1:				
Ta	axpayer:		Γ			
		-	INon			
S	pouse:		_			
	1=passpor	rt, 2=foreign TI	IN			
			on			
			······			
Tayra	-	issue				
Taxpa	-		Г			
Spous						
			Г			
					Г	
						82 1

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference. INFORMATION ON FINANCIAL ACCOUNTS 1=spouse Type of account: 1=bank account, 2=securities account, or specify Maximum value of account (-1 if unknown) Financial institution: Name of institution (Line 1) (mandatory) Name of institution (Line 2) Mailing address. Account number City State 2 P/postal code Country (if not US) Accounts owned plantly: Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer) Trix pagver identification number, if not joint filer Till type: 1=EIN, 2=SSN/TIN, 3=foreign , 4=unknown Last name. Middle initial. Address. City. State. 2 P/postal code. Country (if not US). Accounts where filer has no financial inforest: Last name or org. name (mandatory) First name. Middle initial. Taxpagver identification number Till type: 1=EIN, 2=SSN/TIN, 3=foreign , 4=unknown. Address. City. State. 2 P/postal code. Country (if not US).	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