Michael T. Dulin, CPA, PA P.O. Box 1099 Matthews, NC 28106 704-847-0874

NC

Dear First:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2023 personal income tax return. To help you complete the Organizer, when available, certain information from your 2022 personal income tax return is provided.

Enter 2023 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please delete it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

Please answer all applicable questions and use the Notes to Preparer screen to enter additional information not provided in the Tax Organizer. The Notes to Preparer screen is also available for any questions that you may have for our office.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, etc.
- Brokerage statements showing investment transactions for stocks, bonds, digital assets, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements and receipts supporting qualified educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- Statements from U.S. Department of Education supporting federal student loan forgiveness.
- All Forms 1095(A, B, and/or C) related to health care coverage or the Premium Tax Credit.
- Forms 1099-QA and/or 5498-QA related to ABLE (Achieving a Better Life Experience) account.
- All Forms 1099-H related to Health Coverage Tax Credit (HCTC) advance payments.
- Statements supporting deductions for mortgage interest (Forms 1098), taxes, and charitable contributions (including any Form 1098-C).
- Statements supporting the receipt, exchange, sale, use, or other disposition of a digital asset.
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Six-digit Identity Protection PIN for use during calendar year 2023, if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

The IRS doesn't *initiate* contact with taxpayers by email, phone, text messages or social media channels to request personal or financial information. This includes requests for PIN numbers, passwords or similar access information for credit cards, banks or other financial accounts. Phishing is a scam typically carried out through unsolicited email and/or websites that pose as legitimate sites and lure unsuspecting victims to provide personal and financial information. If you receive such an email from the IRS, forward the email as-is to phishing@irs.gov. Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic,

that you receive from the IRS. Additional information can be found at: https://www.irs.gov/privacy-disclosure/report-phishing>.

Thank you for the opportunity to serve you. In order to meet filing deadlines, we need to receive your complete tax information by March 29, 2024. An extension may need to be filed if tax information is received after this date.

Sincerely,

Michael T. Dulin, CPA, PA

Please provide to us your preferences for the following:

Preferred con	tact person:	
Provide the confiction communication	ontact information for your ation:	preferred method
email:		
Phone numbe	er:	
•	, how do you prefer to have vided to you? <i>Please circle</i>	1 • •
Paper	PDF on Flash Drive	Email/Onvio
	2024 ORGANIZERS	
If you prefer to have with your e-mail add E-mail add		ext year, please provide us

If you complete your e-mail address *here*, you will <u>not</u> receive an Organizer in the mail. Instead, it will be **e-mailed** to you and password protected. Do not complete your address here if you want to continue receiving organizers in the mail. Advise us of any address

changes during the year.

ENGAGEMENT LETTER

December 31, 2023

NC

Dear First:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following:

We will prepare your 2023 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. It is your responsibility to retain all the documents, canceled checks and other data that form the basis of income and deductions reported in the tax returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. As a business practice, we do not regularly make copies of all client documents for our files when preparing tax returns. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them. By this engagement, we assume no responsibility for the payment of any amounts due.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

Michael T. Dulin, CPA, PA will rely on you to provide information and representations to us in the performance of our professional services and in consideration of the fees that we charge. Because we will be relying on your representations, you agree to indemnify Michael T. Dulin, CPA, PA and its partners and employees, and hold them harmless from all claims, liabilities, losses, and costs arising in circumstances where there has been a knowing misrepresentation by you, your employee or your agent, regardless of whether such an employee or agent was acting in your interest. This indemnification will survive termination of this letter.

We will use our professional judgment in preparing tax returns and providing other tax services. If an applicable tax law is unclear or there are conflicting interpretations of the law, we will explain the possible positions that may be taken on the return. We will follow the position you request on the return so long as it is consistent with tax codes, regulations, and interpretation. If the Internal Revenue Service or other taxing authority should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. The law provides various penalties that may be imposed when taxpayers understate their tax liability. We assume no liability for any such additional penalties or assessments. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

This engagement does not include responding to government inquiries, notices or examinations.

In the event of a government audit or examination, we recommend that you consult with us prior to responding to the tax authority. Any proposed adjustments by an examining agent are subject to certain rights of appeal. We will be available upon request to represent you in such matters.

A taxpayer may authorize the Internal Revenue Service and state taxing authorities to discuss the taxpayer's return with the CPA who signed the return as "preparer". With this authorization, the "preparer" can handle the inquiry, notice, or examination for you. As a business practice, we routinely check the "yes" box in the signature area of the tax return that makes an irrevocable election to grant this authority for that specific tax return. The authorization is valid for one year. If you do not wish to grant this authority, please notify us.

We are required by professional standards and federal law to keep all information about our engagement confidential. We will not disclose any information about you unless we have your approval through written consent or are required/permitted by law. This applies even if you are no longer a client.

The working papers for this engagement are the property of Michael T. Dulin, CPA, PA and constitute confidential information. Any requests for access to our working papers will be discussed with you prior to making them available to requesting parties. In the event we are requested or authorized by you or required by governmental regulation, subpoena, or other legal process to produce our working papers or our personnel as witnesses with respect to our engagement with you, you will, so long as we are not a party to the proceeding in which the information is sought, reimburse us for our professional time and expense, as well as the fees and expenses of our counsel, incurred in responding to such request.

We are committed to the safekeeping of your confidential information, and we maintain physical, electronic, and procedural safeguards to protect your information. In general, it is our firm's policy to keep copies of tax returns, working papers and other records related to this engagement for no more than five years from the date we issue your tax returns.

Our fee for these services will be based in part upon the amount of time required at our standard billing rates for the personnel working on the engagement, plus out-of-pocket expenses. All invoices are due and payable upon presentation. Amounts not paid within 30 days from the invoice date will be subject to a late payment charge of 1.5% per month (18% per year). For your convenience, we accept Mastercard, Visa, Discover, and American Express as payment.

If the foregoing fairly sets forth your understanding, please note that you are affirming to Michael T. Dulin, CPA, PA your understanding of, and agreement to, the terms and conditions of this engagement letter by any one of the following actions: returning your signed engagement letter to our firm, returning your income tax information to us for use in the preparation of your returns, the submission of the tax returns we have prepared for you to the taxing authorities, or the payment of our return preparation fees. If there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Michael T. Dulin, CPA, PA

Ι (we)	agree	to	the	business	terms	as	stated	in	the	enclosed	letter.
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Taxpayer	signature	Date:
	_	
Spouse	signature	Date:

Memo to File 2023 Tax Return

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?		
If yes, explain:		
Did you live separately from your spouse during the last six months of the year?		
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? (<i>Please provide check copy to prevent delays.</i>)		
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,	Ш	Ц
floods, as well as wildfires and other disaster situations.		
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? 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?		
Dependent Information	_	
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 \$2,500?		
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		
full-time student? (Provide name, address & ID# of provider, and amount paid per child)		
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 divorced or separated with child(ren), do you have a divorce decree	Ш	ш
or 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 2023.		
· ·		

Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year? Did you have onwership interest in any type of business? 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 new or previously owned Clean vehicle this year that is eligible		
for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer. (Please provide closing statements and loan information for any of the above transaction.)		
Income Information Did you have any foreign income or pay any foreign taxes during the year, directly	П	
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? (A digital asset is anything in digital form that can create value. Digital as inclue but are not limited to videos, photos, documents, digital books, and cryp		ies.)
**WE MUST HAVE AN ANSWER TO THIS QUESTION-IT IS ON PAGE 1 OF YOU Retirement Information	R RETU	RN*
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 2023?		
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? Did you make any qualified charitable distributions (QCD) during the year?		

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,		Ш
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?	age	
"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 unde		
the Affordable Care Act and share a policy with anyone who is not included in	1	
your family?		
Did you make any contributions to a Health savings account (HSA) or Archer MS	SA? □	
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 OR receive any withdrawals from an ABLE	_	_
(Achieving a Better Life Experience) account? (Please provide amounts.)		
If you are a business owner, did you pay health insurance premiums for your employees this year?		
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?(Attach Form 1098-C)		
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 perso	n)	

for which the seller did not collect state sales or use tax?

Miscellaneous Information		
Did you make gifts of more than \$17,000 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	ınt	
such as a bank account, securities account, or brokerage account, located in a	_	_
foreign country?		Ц
Do you have any foreign financial accounts, foreign financial assets, or hold	П	
interest in a foreign entity? Are you an owner or do you control 25% of a company's ownership interest for	_	Ш
company registered with a secretary of state or similar office before	а	
January 1, 2024?		
Do you plan to become an owner or control at least 25% of a company's owners.	— hin	_
interests for a company registered with a secretary of state or similar office for		
first time after January 1, 2024?		
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.		

"IP PIN"

<u>IDENTITY PROTECTION PERSONAL IDENTIFICATION NUMBER</u> "IP PIN"

If you received an IP Pin in the past, you should receive a new one this year. Your number changes every year and MUST be provided to us for electronically filing your return. If you receive your number in the mail, please provide the letter to us with your tax information. If you did not receive a letter, you will need to go on-line at www.irs.gov to retrieve your number using your login information from last year. This applies to you only if you have had an IP PIN in the past or if you have had identity theft issues or concerns.

IMPORTANT NOTICE REGARDING E-MAILS FROM THE IRS!!!!

The IRS does NOT send out unsolicited emails requesting detailed personal information. Such authentic-looking emails are called "phishing" emails and responding may expose you to identity theft. If you receive such an email from the IRS, send a copy of the email to phishing@irs.gov. Please do not respond to the email unless it is verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS.

Business Expenses

	Yes	No
Do you have the required documentation for any deductions claimed for busines	S	
travel, gifts or listed property expenses?		
1099 Questions on Business Returns:		
Generally, any trade or business that makes payments in the course of that busin interest, compensations, remuneration for services, etc. aggregating \$600 or more a single payee is required to report the payments to the IRS and the recipient by 1099. These reporting requirements generally apply only to payments made to A Form 1099 is generally required to be filed with the recipient and with the IRS	e for the filing Fo non-corp	year to orm porations.
If your Form 1040 includes a Schedule C or Schedule F, we must answer two que the filing of Forms 1099 when we prepare your return. Please let us know.	uestions	regarding
	Yes	No
 Did you make any payments in 2023 that would require you to file Form 1099? If "Yes", did you or will you file all required Forms 1099? 		

If you need us to assist you in the preparation of these forms, please provide us with the amount paid, the name, address, and social security number of the payee. If the payee is a partnership or LLC, we will need the federal identification number. If you obtained a Form W-9 from the payees, forward a copy of it to our office.

If you are unsure whether payments you made require filing a Form 1099, please discuss with us. The penalties for not filing or for filing late can be significant.

FAMILY AND FINANCIAL PLANNING ITEMS TO CONSIDER:

- **LAST WILL AND TESTAMENT -** If you do not have a will, we highly recommend that you have one prepared. If you do have one, you may need to have it reviewed and updated. This is **NOT** a service that we can provide to you; it is a legal matter for which you will need a lawyer.
- * DESIGNATED BENEFICIARIES Have you reviewed the designated beneficiaries on your IRAs, pensions or other deferred comp plans? As situations change, your beneficiaries may need to as well

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) Mark if you were married but living apart all year Taxpayer Spouse Social security number First name Last name Coccupation Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) Mark if legally blind Mark if legally blind Mark if legally blind Mark if dependent of another taxpayer Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) Date of birth Date of death Work/daytime telephone number/ext number Do you authorize us to discuss your return with the IRS (Y, N) General: 1040, Contact Present Mailing Address Address Apartment number City/State postal code/Zip code Foreign country name Foreign phone number Home/evening telephone number Taxpayer email address Spouse email address Spouse email address Spouse email address Spouse email address
Social security number First name Last name Occupation Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) Mark if legally blind Mark if dependent of another taxpayer Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y. N) Date of birth Date of death Work/daytime telephone number/ext number Do you authorize us to discuss your return with the IRS (Y. N) General: 1040, Contact Present Mailing Address Address Apartment number City/State postal code/Zip code Foreign country name Foreign phone number Home/evening telephone number Taxpayer email address Spouse email address
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Taxpayer email address Spouse email address General: 1040 Dependent Information
Spouse email address General: 1040 Dependent Information
General: 1040 Dependent Information
Dependent Information
_
Care Months expenses
in paid for
First Name Last Name Date of Birth Social Security No. Relationship home dependent
Credits: 2441 Child and Dependent Care Expenses
Provider information:
Business name
Business name First and Last name
Business name First and Last name Street address
Business name First and Last name Street address City, state, and zip code
Business name First and Last name Street address City, state, and zip code Social security number OR Employer identification number
Business name First and Last name Street address City, state, and zip code Social security number OR Employer identification number Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)
Business name First and Last name Street address City, state, and zip code Social security number OR Employer identification number Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) Amount paid to care provider in 2023
Business name First and Last name Street address City, state, and zip code Social security number OR Employer identification number Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) Amount paid to care provider in 2023 Taxpayer Spouse
Business name First and Last name Street address City, state, and zip code Social security number OR Employer identification number Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) Amount paid to care provider in 2023
Business name First and Last name Street address City, state, and zip code Social security number OR Employer identification number Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) Amount paid to care provider in 2023 Taxpayer Spouse

W-2/1099-R/K-1/W-2G/1099-Q Income: W2 **Salary and Wages** Please provide all copies of Form W-2 that you receive. Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box. **Prior Year** Mark if no longer Description Information applicable Retirement: 1099R Pension, IRA, and Annuity Distributions Please provide all copies of Form 1099-R that you receive. Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box. Mark if no longer **Prior Year** T/S Description Information applicable Income: K1, K1T Schedules K-1 Please provide all copies of Schedule K-1 that you receive. Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box. Mark if no longer T/S/J Description **Form** applicable Income: W2G Gambling Income Please provide all copies of Form W-2G that you receive. Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box. **Prior Year** Mark if no longer Information T/S Description applicable Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S Description Prior Year Mark if no longer Information applicable

NOTES/QUESTIONS:

Income: B1	Interest Income								
	Please provide all copies of F	orm 109	99-INT or other state	ments reporting inter					
T/S/J	Payer	Name			Interest Income	Prior Year Information			
_									
Income: B3	Selle	er Fina	nced Mortgage	Interest					
T, S, J Payer'	Payer's name s address, city, state, zip code			Payer's social securi	ty number				
Amoui	nt received in 2023	2022							
Income: B2	2	Di	vidend Income						
	Please provide copies of all F	orm 109	9-DIV or other stater						
T/S/J	Payer Name			Ordinary Dividends	Qualifie Dividend				
_									
Sales of Stocks, Securities, and Other Investment Property									
	Please prov	ride cop	ies of all Forms 109						
T/S/J	Description of Property		Date Acquired		Gross Sales I Less expenses of				
Income: Inc	nome.								
			Other Income	decumentation					
		ue copi	es of all supporting	2023 Inform	ation	Prior Year Information			
State	and local income tax refunds								
Alimor	ny received	T/S	Agreement Date	2023 Inform	ation	Prior Year Information			
Allinoi	iy received								
Unem	ployment compensation		Taxpayer	Spouse 		Prior Year Information			
	ployment compensation repaid security benefits			·					
Medic	are premiums to be reported on Schedule A	_							
Railro	ad retirement benefits				ation	Prior Year Information			
173/	Other Income:			2020 111101111		roar miorination			
_			-						
			Lite-3	INTEREST/DIVIDEND	S/CAPITAL (SAINS/OTHER INCOME			

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statem	ents for each account at	nd any Form 8606 no	t prepared by this office
ricase provide year end statem	ciilo iui cacii accuuiil ai	iu aily Follii oooo iio	L prepared by tills dilice

				,	Taxpayer	Spouse
Tradition	al IR	Contributions for	2023 -			
f you war	nt to c	ontribute the maxim	um allowable traditional IRA contribution	on amount,		
		•	eductible only, 2 = Both deductible and nondeduct	ible)	_	
			butions made for use in 2023			
		ributions for 2023				
-			naximum Roth IRA contribution		_	
Enter the	totai i	Roth IRA Contribution	ns made for use in 2023			
Educate: E	Educate	2	Higher Education	Deductions and/or C	redits	
	Co	mplete this section	n if you paid interest on a qualified s your spouse, or a person who was			expenses for you,
T/S		1	Qualified student loan interest paid		023 Information	Prior Year Information
_	_					
	Quali		te this section if you paid qualified on the control of the contro			
_			Please provide	all copies of Form 1098-T.		D.C. W
	d Exp ode*		Student's First Name	Student's Last Nan	ne Qualified Ex	Prior Year penses Information
	_ =					
The stu	ıdent	qualifies for the A	Code: 1 = American opportunity cre merican opportunity credit when en completed the first 4 years of post-s	rolled at least half-time in a	program leading to a de	egree, certificate, or
1040 Adj:	3903		Job Relate	ed Moving Expenses		
		Con	plete this section if you moved to a	new home due to service i	n the armed forces.	
Descriptio	n of n	nove		_		
	•	se/Joint (T, S, J)				
			e in the armed forces			_
		s from old home to r	•			
		s from old home to	•			
			es or its possessions			_
-		and storage expens ing (not including m				
		eimbursed for movin				
i otai airio	unit ic	ambursea for movin	g expenses		,	
1040 Adj:	OtherA	dj	Other Adju	stments to Income		
Alimony	Paid	:				
T/S	Da		Recipient name	Recipient SSN	2023 Information	Prior Year Information
Street a	addre	ss ———				_
City, St	ate a	nd Zip code	<u></u>			
*Enter the	divorce	e/separation agreement da	te			
				Taxpayer	Spouse	Prior Year Information
Educato	or exp	enses:				
Other a	djustn	nents:				
					Lite-4 AI	DJUSTMENTS/EDUCATE

- 1	TEN	ハリフ	ΈD	DE	וח=	116	`ТΙ	\cap	N	¢

				ITEMIZED DEDUCTIONS
Itemized:	Medical a	and Dental Expense	es	
T/S/J	_		2023 Information	Prior Year Information
_	Medical and dental expenses			
_	Medical insurance premiums you paid***			
_	Long-term care premiums you paid***			
_	Prescription medicines and drugs			
_	Miles driven for medical items (22 cents)			
	***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts	ounts paid for your self-employed	d business, or Medicare premiums e	entered on Form Lite-3
Itemized:	-A1 T (ax Expenses		
T/S/J			2023 Information	Prior Year Information
_	State/local income taxes paid			
_	2022 state and local income taxes paid in 2023			
_	Sales tax paid on actual expenses			
_	Real estate taxes paid			
_	Personal property taxes			
	Other taxes			
Itemized:	^{A2} Inte	rest Expenses		
T/S/J			2023 Information	Prior Year Information
_	Home mortgage interest From Form 1098			
	Other home mortgage interest paid to individuals:			
T/S/J	Payee's Name	SSN or EIN	2023 Information	Prior Year Information
_				
	Address		City	State Zip Code
,,				
T/S/J	lavoratora anti-internat average at the other and Oak K Ass		2023 Information	Prior Year Information
_ Define	Investment interest expense, other than on Sch K-1s: ncing Information: Refinance #1		Refinance	
T/S/J	3		Kelinani	ce #2
	pient/Lender name	_		_
-	I points paid at time of refinance			
	of refinance			
	n of new loan (in months)			
	orted on Form 1098 in 2023			
Itemized:	. 40	ble Contributions		
	- Charles			- · · · · · · ·
T/S/J			2023 Information	Prior Year Information
_	Contributions made by cash or check			
_	Volunteer miles driven			
_	Noncash items, such as: Goodwill, Salvation Army			
Itemized:	A3, A-St Miscella	neous Deductions	3	
T/S/J			2023 Information	Prior Year Information
_	Other expenses			
_	Gambling losses (enter only if you have gambling income)	_		
	***STATE USE ONLY - Complete the following field	ds only if you file a stat	te return in AL. AR. CA. H	I. MN. NY or PA
T/S/J		, ,	2023 Information	Prior Year Information
1/0/0			2023 Illioilliation	Thor real information
	Unreimbursed expenses***			
-	•			
_	Unreimbursed expenses*** Union dues, other than amounts reported on Form W-2*** Tax preparation fees***			
_ _ _	Union dues, other than amounts reported on Form W-2*** Tax preparation fees***			
- - -	Union dues, other than amounts reported on Form W-2***			
- - -	Union dues, other than amounts reported on Form W-2*** Tax preparation fees***			
-	Union dues, other than amounts reported on Form W-2*** Tax preparation fees***			
-	Union dues, other than amounts reported on Form W-2*** Tax preparation fees*** Other expenses, subject to 2% AGI limitation***:	s) 1099-DIV/INT***		

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

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

Primary account number Name of financial institution Your account number Name of financial institution for scripp based (but seeds in the terrical jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Delaw or Percent (xxx.xx) Secondary account #1: Financial institution for scripp based (but seeds in the terrical jurisdiction of the United States) Financial institution routing transit number Name of financial institution in territory and process of the script of the decay and spouse names are on the account Mark if financial institution in recipi based (but costed in the terrical jurisdiction of the United States) Financial institution from the scripp hased (but costed in the terrical jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Delaw or Percent (xxx.xx) Secondary account #2: Financial institution in cripp transit number Name of financial institution in cripp transit number Name of financial institution in scripp hased (but costed in the terrical jurisdiction of the United States) Financial Institution routing transit number Name of financial institution is scripp; 2 - Checking, 3 - IRA1) Mark if financial institution is foreign based (but costed in the terrical jurisdiction of the United States) Financial Institution is foreign based (but costed in the terrical jurisdiction of the United States) Financial Institution is foreign based (but costed in the terrical jurisdiction of the United States) Financial Institution is foreign based (but costed in the terrical jurisdiction of the United States) Financial Institution is foreign based (but costed in the terrical jurisdiction of the United States) Financial Institution is foreign based (but costed in the terrical jurisdiction of the United States) Financial Institution for the terrical jurisdiction of the United States (but financial institution is foreign based (but costed in the terrical jurisdiction of the United States (but financial institution is fore	Mark to verify all accounts listed below have been reviewed, updated as	needed, and are correct.	
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Secondary account #2: Financial institution routing transit number Name of financial institution Your account number Type of account (1 = Savings, 2 = Checking, 3 = IRA*) Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar "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. Electronic Filing: ID Auth Identity Authentication Taxpayer - Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification not provided) Identification number Issue date Expiration date Location of issuance Document number (New York only) Spouse - Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) Identification number Issue date Expiration date Location of issuance Document number (New York only)	Mark if financial institution is foreign based (Not located in the territorial jurisdict	ion of the United States)	_
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Identification number Issue date Expiration date Location of issuance	Spouse -		
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Expiration date Location of issuance	Identification number		
Location of issuance			
<u> </u>	Expiration date		
Document number (New York only)			_
	Document number (New York only)		

NOTES/QUESTIONS:

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically 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.	etronically.
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

NOTES/QUESTIONS:

Form ID: ELF

6

Form ID: St Pmt		2023 State E	stim	ated Tax Payments			9
Taxpayer/Spouse/Joint (T, S, J) State postal code							[1] [2]
Amount paid with 2022 return 2022 overpayment applied to '2 Treat calculated amounts as pa						+	
Dat	te Paid			Amount	Paid	Calculated A	Amount_
·	[9]				[10]		
	[11]				[12]		
	[13]			+			
	[15] [17]			+	[16] [18]	-	
	· ·					•	
		2023 City E	stima	nted Tax Payments			
Ci	ty #1				City #2		
City name			[28]	City name			[50
Amount paid with 2022 return	+		[31]	Amount paid with 2022		+	[53
2022 overpayment applied to '2			[32]	2022 overpayment appli		+	
Treat calculated amounts as pa	aid		_ [36]	Treat calculated amount	ts as paid		_[58
Dat	te Paid	Amount Paid			Date Paid	Amount Pa	aid
1st quarter payment	[37] +		[38]	1st quarter payment	[59]	+	[60
2nd quarter payment			[40]	2nd quarter payment	[61]	+	
3rd quarter payment	[41] +		[42]	3rd quarter payment	[63]	+	[64
4th quarter payment	[43] +		[44]	4th quarter payment	[65]	+	[66
Cald	culated Amount				Calculated Amoun	nt	
1st quarter payment			1	1st quarter payr			
2nd quarter payment				2nd quarter pay			_
3rd quarter payment				3rd quarter pay			_
4th quarter payment			ı	4th quarter payr	ment		
	ty #3		r=01	City name	City #4		ro
City name Amount paid with 2022 return			[72] [75]	City name Amount paid with 2022	return	+	[94 [97
2022 overpayment applied to '2			—[75] [76]	2022 overpayment appli		+	[97 [98
Treat calculated amounts as pa			_[80]	Treat calculated amount			[10
Dat	te Paid	Amount Paid			Date Paid	Amount Pa	aid
1st quarter payment		Amount Faid	[82]	1st quarter payment	[103]	+	[10
2nd quarter payment			—[84]	2nd quarter payment	[105]	+	
3rd quarter payment	[85] +		[86]	3rd quarter payment	[107]	+	[10
4th quarter payment	[87] +		[88]	4th quarter payment	[109]	+	[11
Calc	culated Amount				Calculated Amoun	nt	
1st quarter payment			Ì	1st quarter payr		-	$\overline{}$
2nd quarter payment			1	2nd quarter pay			_
3rd quarter payment			1	3rd quarter pay			_
4th quarter payment			l	4th quarter payr			

Payments

Form ID: St Pmt

Control Totals +

Form ID: NC North Carolina Ge	eneral Information	
!		
County of residence		[1]
Contr	ibutions	
Amount of charitable c	ontributions you wish to make to:	
Endangered Wildlife Fund		[2]
Education Endowment Fund		[3]
Breast and Cervical Cancer Control Program		[4]
Part-year Resid	ent Information	
If you were a part-year resident during the tax y	ear, enter the dates you lived in North Carolina	
	Taxpayer	Spouse
Part-year residency dates:		
From	[5] _	[7]
То	[6]	[8]

NOTES/QUESTIONS:

Form ID: Notes	Notes to Preparer		
Taxpayer name(s)	Submit questions and provide additional information to $\underline{\&}$	your tax return preparer here.	
Social security number			
			Form ID: Notes