Form ID: INDX

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) ___[1]
Mark if you were married but living apart all year ___[2]
Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) ___[3]

	Taxpayer	Spouse
Social security number	[4]	[5]
First name	[6]	[7]
Last name	[8]	[9]
Occupation	[10]	[11]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	[12]	[14]
Mark if dependent of another taxpayer	[15]	[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	[17]	
Mark if legally blind	[20]	[21]
Date of birth	[22]	[24]
Date of death	[26]	[27]
Work/daytime telephone number/ext number	[28] [29]	[30] [31]
Home/evening telephone number	[32]	[33]

Do you authorize us to discuss your return with the IRS? (Y, N) ___[34]

Present Mailing Address

Address [40]
Apartment number [41]
City, state postal code, zip code [42] [43] [44]
Foreign country name [46]
Foreign phone number [49]
In care of addressee [51]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name[52]	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep Codes *	**	Care expenses paid for dependent

Name of child who lived with you but is not your dependent [53]
Social security number of qualifying person [54]

Dependent Codes

***Basic**
1 = Child who lived with you
2 = Child who did not live with you due to divorce/separation
3 = Other dependent
4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)
5 = Qualifying child for Earned Income Credit only
6 = Children who lived with you, but do not qualify for Earned Income Credit
7 = Children who lived with you, but do not qualify for Child Tax Credit
8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit

****Other**
1 = Student (Age 19 - 23)
2 = Disabled dependent
3 = Dependent who is both a student and disabled

*****Months**
77 = Reported on odd year return
88 = Reported on even year return
99 = Not reported on return

Client Contact Information

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

NOTES/QUESTIONS:

Direct Deposit/Electronic Funds Withdrawal Information

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

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

Nonresident Alien - General Information

Please provide copies of all Forms 1042-S, SSA-1042S, 8288A, and 8805

Country where you are a citizen or national during the tax year _____ [2]

Foreign address to use for refund check, if different than mailing address entered on Screen 1040:

- Foreign address _____ [3]
- Foreign city _____ [4]
- Foreign country name _____ [6]
- Foreign province or county _____ [7]
- Foreign postal code _____ [8]

Country of permanent residence for tax purposes _____ [10]

Scholarships and fellowship grants received during tax year:

_____ + _____ [15]

U.S. real property interests that were disposed at a gain during the tax year + _____ [18]

Income Not Effectively Connected with a U.S. Trade or Business

Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations:			
_____	_____ +	_____ [21]	+ _____
_____	_____ +	_____	+ _____
Dividends paid by foreign corporations:			
_____	_____ +	_____ [23]	+ _____
_____	_____ +	_____	+ _____
Interest received on mortgages:			
_____	_____ +	_____ [27]	+ _____
_____	_____ +	_____	+ _____
Interest paid by foreign corporations:			
_____	_____ +	_____ [29]	+ _____
_____	_____ +	_____	+ _____
Other Interest received:			
_____	_____ +	_____ [31]	+ _____
_____	_____ +	_____	+ _____
Industrial royalties (patents, trademarks, etc.)			
_____	_____ +	_____ [33]	+ _____
Motion picture or T.V. copyright royalties			
_____	_____ +	_____ [35]	+ _____
Other royalties (copyrights, recording, publishing, etc.)			
_____	_____ +	_____ [37]	+ _____
Real property income and natural resources royalties			
_____	_____ +	_____ [39]	+ _____
Pensions and annuities:			
_____	_____ +	_____ [41]	+ _____
Gambling - Residents of Canada only:			
Winnings _____ [42] Losses _____ [44]			+ _____ [43]
Gambling - Residents of countries other than Canada:			
_____	_____ +	_____ [47]	+ _____
Other income:			
_____	_____ +	_____ [49]	+ _____
_____	_____ +	_____	+ _____

Capital Gains & Losses Not Effectively Connected with a U.S. Trade or Business

Description of Property [51]	Date Acquired	Date Sold	Sales Price	Cost/Basis	U.S. Fed W/H
_____	_____	_____ +	_____ +	_____ +	_____
_____	_____	_____ +	_____ +	_____ +	_____
_____	_____	_____ +	_____ +	_____ +	_____
_____	_____	_____ +	_____ +	_____ +	_____
_____	_____	_____ +	_____ +	_____ +	_____

Nonresident Alien - Other Information

Have you ever applied to be a green cared holder of the United States (Y, N) ___[1]
Were you ever a U.S. citizen? (Y, N) ___[2]
Were you ever a green card holder of the U.S? (Y, N) ___[3]
If you had a visa on December 31, 2022, enter your visa type _____[5]
If you did not have a visa, enter your U.S. immigration status on December 31, 2022 _____[6]
Date you first entered U.S. _____[7]
If you've ever changed your visa types (nonimmigrant status) or U.S. immigration status:
Date of visa change _____[9]
Nature of your visa change _____[10]
If you are a resident of Canada or Mexico **AND** commute to work in the U.S. at frequent intervals, enter 1 for Canada or 2 for Mexico ___[11]

List all dates you entered and left the United States during 2022 (NA for residents of Canada or Mexico)[12]:

Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left

Enter the total number of days (including vacation, nonworkdays, partial work days) you were present in the U.S. during:
2020 ____[13]
2021 ____[14]
2022 ____[15]

Latest U.S. income tax return you filed prior to 2022:
Year filed _____[16]
Type of return filed _____[17]

Did you receive total compensation of $250,000 or more during 2022 (Y, N) ___[18]
If "Yes" did you use an alternative method to determine the source of the compensation? (Y, N) ___[20]
If you used an alternative method to determine the source of the compensation, provide details in the space below.[19]

Complete the following if claiming exemption from income tax under a U.S. income tax treaty

Country Name[21]	Tax Treaty Article	Months Claimed in 2021	Exempt Income in 2022

Were you subject to tax in a foreign country on any of the income entered in the "Exempt income 2022" column (Y, N) ___[22]
Are you claiming treaty benefits pursuant to a Competent Authority determination. If yes, attach a copy of the determination (Y, N) ___[23]

If you paid any amounts related to your 2022 nonresident return (i.e. estimates, extension, Form 1040-C), enter the Internal Revenue Service office that received the payments _____[26]

Electronic Filing

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:

Estimated Taxes

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**

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

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

2022 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) [1]
State postal code [2]

Amount paid with 2021 return + [3]
2021 overpayment applied to '22 estimates + [4]
Treat calculated amounts as paid [8]

	Date Paid		Amount Paid		Calculated Amount
1st quarter payment	[9]	+	[10]		
2nd quarter payment	[11]	+	[12]		
3rd quarter payment	[13]	+	[14]		
4th quarter payment	[15]	+	[16]		
Additional payment	[17]	+	[18]		

2022 City Estimated Tax Payments

City #1

City name [28]
Amount paid with 2021 return + [31]
2021 overpayment applied to '22 estimates - [32]
Treat calculated amounts as paid [36]

	Date Paid		Amount Paid
1st quarter payment	[37]	+	[38]
2nd quarter payment	[39]	+	[40]
3rd quarter payment	[41]	+	[42]
4th quarter payment	[43]	+	[44]

Calculated Amount

1st quarter payment
2nd quarter payment
3rd quarter payment
4th quarter payment

City #2

City name [50]
Amount paid with 2021 return + [53]
2021 overpayment applied to '22 estimates - [54]
Treat calculated amounts as paid [58]

	Date Paid		Amount Paid
1st quarter payment	[59]	+	[60]
2nd quarter payment	[61]	+	[62]
3rd quarter payment	[63]	+	[64]
4th quarter payment	[65]	+	[66]

Calculated Amount

1st quarter payment
2nd quarter payment
3rd quarter payment
4th quarter payment

City #3

City name [72]
Amount paid with 2021 return + [75]
2021 overpayment applied to '22 estimates - [76]
Treat calculated amounts as paid [80]

	Date Paid		Amount Paid
1st quarter payment	[81]	+	[82]
2nd quarter payment	[83]	+	[84]
3rd quarter payment	[85]	+	[86]
4th quarter payment	[87]	+	[88]

Calculated Amount

1st quarter payment
2nd quarter payment
3rd quarter payment
4th quarter payment

City #4

City name [94]
Amount paid with 2021 return + [97]
2021 overpayment applied to '22 estimates - [98]
Treat calculated amounts as paid [102]

	Date Paid		Amount Paid
1st quarter payment	[103]	+	[104]
2nd quarter payment	[105]	+	[106]
3rd quarter payment	[107]	+	[108]
4th quarter payment	[109]	+	[110]

Calculated Amount

1st quarter payment
2nd quarter payment
3rd quarter payment
4th quarter payment

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A

Interest and Dividend Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if Foreign	1 = Attached 2 = N/A

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 +	

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 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 +	

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

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

	T/S/J	Type Code (**See codes below)			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 [2]	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

Seller Financed Mortgage Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

	2022 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)		
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)		
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)		
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)		
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)		
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)		
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)		
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	

	Control Totals +		**Form ID: B-3**

Income from REMICs

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J) __[1]
Name of activity _____
Employer identification number _____
State postal code ___

Taxpayer/Spouse/Joint (T, S, J) __[1]
Name of activity _____
Employer identification number _____
State postal code ___

NOTES/QUESTIONS:

Sales of Stocks, Securities, and Other Investment Property

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

Did you have any securities become worthless during 2022? (Y, N) __[9]

Did you have any debts become uncollectible during 2022? (Y, N) __[10]

Did you have any commodity sales, short sales, or straddles? (Y, N) __[11]

Did you exchange any securities or investments for something other than cash? (Y, N) __[13]

Did you receive, sell, exchange, or otherwise dispose of any financial interest in any digital assets? (Y, N) __[4]

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
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				+	+
				+	+

	Control Totals +		Form ID: D

Sales of Stocks, Securities, and Other Investment Property

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

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

NOTES/QUESTIONS:

Form ID: Broker

Consolidated Broker Statement

17b

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

☐ **Preparer use only**

T/S/J _____ Employer identification number _____

Broker Name _____ Margin interest _____

Account number _____ Investment management/advisory fees _____

***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.**

Type Code	1099-INT		Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer							
		Amounts	+						
	2	Payer							
		Amounts	+						
	3	Payer							
		Amounts	+						
	4	Payer							
		Amounts	+						
	5	Payer							
		Amounts	+						

Type Code	1099-DIV		Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	US Obligations* $ or %	Tax Exempt* $ or %	Foreign Tax Paid	Prior Year Information
	1	Payer											
		Amounts	+										
	2	Payer											
		Amounts	+										
	3	Payer											
		Amounts	+										
	4	Payer											
		Amounts	+										
	5	Payer											
		Amounts	+										

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
			+	+
			+	+
			+	+
			+	+
			+	+

Description of Account - Aggregate profit/-loss on contracts	-Loss/Gain Entire Yr	1099-B Adjustment	Net 1256 loss carryback

Other Income

		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]	

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

T/S/J	Self-Employment Income ? (Y, N)		2022 Information	Prior Year Information
__	__	______	+ ______ [15]	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
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__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	

NOTES/QUESTIONS:

	Control Totals +		Form ID: Income

Form ID: 1099M

Miscellaneous Income #1

18a

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:

Form ID: 1099NEC

Nonemployee Compensation #1

18b

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:

Form ID: 1099PATR

Taxable Distributions Received from Cooperatives #1

18c

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 +	

Form ID: 1099PATR

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 = Statue of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) __ [14]
Fair market value of property **(Box 7)** + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured 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 = Statue of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) __ [14]
Fair market value of property **(Box 7)** + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured 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:

Gambling Winnings #1

Please provide all copies of Form W-2G.

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Payer name	[3]	
State postal code	[4]	
Mark if professional gambler	[9]	
Reportable winnings **(Box 1)**	+ [11]	
Date won **(Box 2)**	[13]	
Type of wager **(Box 3)**	[15]	
Federal withholding **(Box 4)**	+ [17]	
Transaction **(Box 5)**	[19]	
Race **(Box 6)**	[21]	
Identical wager winnings **(Box 7)**	+ [23]	
Cashier **(Box 8)**	[25]	
Taxpayer identification number **(Box 9)**	[27]	
Window **(Box 10)**	[28]	
First ID **(Box 11)**	[30]	
Second ID **(Box 12)**	[31]	
Payer's state ID no. **(Box 13)**	[32]	
State winnings **(Box 14)**	+ [33]	
State withholding **(Box 15)**	+ [35]	
Local winnings **(Box 16)**	+ [37]	
Local withholding **(Box 17)**	+ [39]	
Name of locality **(Box 18)**	[42]	

	Control Totals +	

Gambling Winnings #2

Please provide all copies of Form W-2G.

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Payer name	[3]	
State postal code	[4]	
Mark if professional gambler	[9]	
Reportable winnings **(Box 1)**	+ [11]	
Date won **(Box 2)**	[13]	
Type of wager **(Box 3)**	[15]	
Federal withholding **(Box 4)**	+ [17]	
Transaction **(Box 5)**	[19]	
Race **(Box 6)**	[21]	
Identical wager winnings **(Box 7)**	+ [23]	
Cashier **(Box 8)**	[25]	
Taxpayer identification number **(Box 9)**	[27]	
Window **(Box 10)**	[28]	
First ID **(Box 11)**	[30]	
Second ID **(Box 12)**	[31]	
Payer's state ID no. **(Box 13)**	[32]	
State winnings **(Box 14)**	+ [33]	
State withholding **(Box 15)**	+ [35]	
Local winnings **(Box 16)**	+ [37]	
Local withholding **(Box 17)**	+ [39]	
Name of locality **(Box 18)**	[42]	

	Control Totals +	

NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
RIC or REIT name	[3]	
State postal code	[4]	
Total undistributed long-term capital gains **(Box 1a)**	+ [9]	
Unrecaptured section 1250 gain **(Box 1b)**	+ [11]	
Section 1202 gain **(Box 1c)**	+ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)	[15]	
Collectibles (28%) gain **(Box 1d)**	+ [17]	
Tax paid by the RIC or REIT on the box 1a gains **(Box 2)**	+ [19]	

	Control Totals +	

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
RIC or REIT name	[3]	
State postal code	[4]	
Total undistributed long-term capital gains **(Box 1a)**	+ [9]	
Unrecaptured section 1250 gain **(Box 1b)**	+ [11]	
Section 1202 gain **(Box 1c)**	+ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)	[15]	
Collectibles (28%) gain **(Box 1d)**	+ [17]	
Tax paid by the RIC or REIT on the box 1a gains **(Box 2)**	+ [19]	

	Control Totals +	

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
RIC or REIT name	[3]	
State postal code	[4]	
Total undistributed long-term capital gains **(Box 1a)**	+ [9]	
Unrecaptured section 1250 gain **(Box 1b)**	+ [11]	
Section 1202 gain **(Box 1c)**	+ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)	[15]	
Collectibles (28%) gain **(Box 1d)**	+ [17]	
Tax paid by the RIC or REIT on the box 1a gains **(Box 2)**	+ [19]	

	Control Totals +	

NOTES/QUESTIONS:

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) __[1]

Mark to indicate all the elections that apply:

Mixed straddle election __[2]

Mixed straddle account election (Attach explanation)

_____[3]

_____

Straddle-by-straddle identification election __ [4]

Net section 1256 contracts loss election __ [5]

Section 1256 Contracts Marked to Market

Identification of Account A _____[6]

Identification of Account B _____

Identification of Account C _____

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	__	__	__
State postal code	___	___	___
-Loss/Gain for entire year (Enter losses as a negative amount)	+ _____	+ _____	+ _____
Total Form 1099-B adjustment	+ _____	+ _____	+ _____
Total net 1256 contract loss carryback	+ _____	+ _____	+ _____

Gains and Losses From Straddles

Description of Property A _____[7]

Name of Contract _____

Component _____ Type _____

Description of Property B _____

Name of Contract _____

Component _____ Type _____

Description of Property C _____

Name of Contract _____

Component _____ Type _____

Description of Property D _____

Name of Contract _____

Component _____ Type _____

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	__	__	__	__
State postal code	___	___	___	___
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Gross sales price	+ _____	+ _____	+ _____	+ _____
Cost plus expense of sale	+ _____	+ _____	+ _____	+ _____
Unrecognized gain	+ _____	+ _____	+ _____	+ _____

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A _____[8]

Description of Property B _____

Description of Property C _____

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	+ _____	+ _____	+ _____
Cost or other basis as adjusted	+ _____	+ _____	+ _____

Foreign Employer Compensation

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) [3]
State [4]

Foreign Employer Identification (ID) number [1]
Foreign Employer Name [2]
Foreign Employer Address
- Foreign street address [6]
- Foreign city [7]
- Foreign country code/name [8] [9]
- Foreign province/county [10]
- Foreign postal code [11]
- Name "in care of" [12]

Employee address, if different from home address on Organizer Form ID: 1040
- Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)
- Street address [13]
- City, state, zip code [14] [15] [16]
- Foreign country code/name [17] [18]
- Foreign province/county [19]
- Foreign postal code [20]

Income

	2022 Information	Prior Year Information
Foreign employer compensation	[22]	

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 +	

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]	
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]	
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:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	[1]	[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	[3]	[4]
Enter the total traditional IRA contributions made for use in 2022	+ [5]	+ [6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2022	+ [5]	+ [6]
Enter the nondeductible contribution amount made in 2023 for use in 2022	+ [7]	+ [8]
Traditional IRA basis	+ [17]	+ [18]
Value of all your traditional IRA's on December 31, 2022:		
_____	+ [19]	+ [20]
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+

Roth IRA

Please provide copies of any 1998 through 2021 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	[29]	[30]
Enter the total Roth IRA contributions made for use in 2022	+ [31]	+ [32]
Enter the amount a 2022 Roth IRA conversion should be adjusted by	+ [39]	+ [40]
Enter the total contribution Roth IRA basis on December 31, 2021	+ [43]	+ [44]
Enter the total Roth IRA contribution recharacterizations for 2022	+ [45]	+ [46]
Enter the Roth conversion IRA basis on December 31, 2021	+ [47]	+ [48]
Value of all your Roth IRA's on December 31, 2022:		
_____	+ [49]	+ [50]
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+
_____	+	+

NOTES/QUESTIONS:

Keogh, SEP, SIMPLE Contributions

Preparer use only

Business activity or profession name _____ [3]

Taxpayer/Spouse (T, S) __ [4]

State postal code ____ [5]

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) __ [6]

Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]

Enter the total amount of contributions made to a Keogh plan in 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:

Schedule C - General Information

☐ **Preparer use only**

	2022 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession	[6]	
Business code	[12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	[15]	
City/State/Zip	[16] [17] [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	[19]	
If other:	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	[22]	
If other enter explanation:		
	[24]	
Enter an explanation if there was a change in determining your inventory:		
	[25]	
Did you "materially participate" in this business? (Y, N)	[26]	
If not, number of hours you did significantly participate	[28]	
Mark if you began or acquired this business in 2022	[30]	
Did you make any payments in 2022 that require you to file Form(s) 1099? (Y, N)	[31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[33]	
Mark if this business is considered related to qualified services as a minister or religious worker	[35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	[37]	
Medical insurance premiums paid by this activity	+ [40]	
Long-term care premiums paid by this activity	+ [44]	
Amount of wages received as a statutory employee	+ [47]	

Business Income

	2022 Information	Prior Year Information
Gross receipts and sales		
	+ [52]	
	+	
	+	
	+	
Returns and allowances	+ [55]	
Other income:		
	+ [57]	
	+	
	+	
	+	

Cost of Goods Sold

	2022 Information	Prior Year Information
Beginning inventory	+ [59]	
Purchases	+ [61]	
Labor:		
	+ [63]	
	+	
Materials	+ [65]	
Other costs:		
	+ [67]	
	+	
	+	
	+	
Ending inventory	+ [69]	

Schedule C - Expenses

☐ **Preparer use only**

Principal business or profession _____

	2022 Information		Prior Year Information
Advertising	+	[6]	
Car and truck expenses	+	[8]	
Commissions and fees	+	[10]	
Contract labor	+	[12]	
Depletion	+	[14]	
Depreciation	+	[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):			
_____	+	[18]	
_____	+		
Insurance (Other than health):			
_____	+	[20]	
_____	+		
Interest:			
Mortgage (Paid to banks, etc.)			
_____	+	[22]	
_____	+		
_____	+		
Other:			
_____	+	[24]	
_____	+		
Legal and professional services	+	[26]	
Office expense	+	[29]	
Pension and profit sharing:			
_____	+	[31]	
_____	+		
Rent or lease:			
Vehicles, machinery, and equipment	+	[33]	
Other business property	+	[35]	
Repairs and maintenance	+	[37]	
Supplies	+	[39]	
Taxes and licenses:			
_____	+	[41]	
_____	+		
_____	+		
_____	+		
_____	+		
Travel and meals:			
Travel	+	[43]	
Meals (Enter 100% subject to 50% limitation)	+	[45]	
Meals (Enter 100% subject to DOT 80% limit)	+	[47]	
Meals (Fully deductible)	+	[49]	
Utilities	+	[51]	
Wages (Less employment credit):			
_____	+	[53]	
_____	+		
Other expenses:			
_____	+	[55]	
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
	+		

Schedule C - Carryovers

☐ **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:

Rent and Royalty Property - General Information

Preparer use only

	2022 Information	Prior Year Information
Description	[2]	
Taxpayer/Spouse/Joint (T, S, J) [3]	State postal code [5]	
Physical address: Street	[6]	
City, state, zip code	[7] [8] [9]	
Foreign country	[11]	
Foreign province/county	[12]	
Foreign postal code	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal 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]		
	+		
	+		
	+		

Form ID: Rent-2 **Rent and Royalty Properties - Refinancing Points, Vacation Home, Passive Information** 32

☐ **Preparer use only**

Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2022 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name	[92]	
Date of refinance		
Total # Payments		
Reported on 1098 in 2022		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2022		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2022		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		

Vacation Home Information

Preparer - Enter on Screen Rent-3

	2022 Information	Prior Year Information
Number of days home was used personally	[5]	
Number of days home was rented	[7]	
Number of day home owned, if not 365	[9]	
Carryover of disallowed operating expenses into 2022	+ [21]	
Carryover of disallowed depreciation expenses into 2022	+ [22]	

Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only

Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	+ [25]	+ [26]	+ [27]
Short-term capital		+ [28]	+ [29]
Long-term capital		+ [30]	+ [31]
28% rate capital		+ [32]	+ [33]
Section 1231 loss	+ [34]	+ [35]	+ [36]
Ordinary business gain/loss	+ [37]	+ [38]	+ [39]
Section 179	+ [40]	+ [41]	+ [42]

NOTES/QUESTIONS:

Farm Income - General Information

Please provide all Forms 1099-K

☐ **Preparer use only**

	2022 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Description	[4]	
Principal Product	[5]	
State postal code	[6]	
Accounting method (1 = Cash, 2 = Accrual)	[7]	
Agricultural activity code	[9]	
Did you "materially participate" in this business? (Y, N)	[12]	
Did you make any payments in 2022 that require you to file Form(s) 1099? (Y, N)	[14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[16]	
Mark if Schedule F net income or loss should be excluded from self-employment income	[18]	
Medical insurance premiums paid by this activity	+ [21]	
Long-term care premiums paid by this activity	+ [25]	

Schedule F Income

Sales Code**	Income description	2022 Information	Prior Year Information
		+ [35]	
		+	
		+	
		+	
		+	

**** Sales Codes**

1 = Cash sales of items bought for resale	**4 = Custom hire (machine work)**
2 = Cash sales of items raised	**5 = Other income**
3 = Accrual sales	

	2022 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ [37]	
Beginning inventory of livestock and other items (Accrual method)	+ [39]	
Accrual cost of livestock, produce, grains, and other products purchased	+ [41]	
Ending Inventory of livestock and other items (Accrual method)	+ [43]	
Total cooperative distributions you received	+ [45]	
Taxable cooperative distributions you received	+ [47]	

Agricultural program payments	2022 Total	2022 Taxable	Prior Year Information
	+	+ [50]	
	+	+	
	+	+	

	2022 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	[52]	
Commodity credit loans reported under election:		
	[54]	
Total commodity credit loans forfeited	+ [56]	
Taxable commodity credit loans forfeited	+ [58]	

Total crop insurance proceeds you received in 2022	2022 Total	2022 Taxable	Prior Year Information
	+	+ [61]	
	+	+	
	+	+	

		Prior Year Information
Mark if electing to defer crop insurance proceeds to 2023	[63]	
Crop insurance proceeds deferred from 2021	+ [65]	

Farm Expenses

☐ **Preparer use only**

Description _____

	2022 Information	Prior Year Information
Car and truck expenses	+ [5]	
Chemicals	+ [7]	
Conservation expenses	+ [9]	
Carryover from prior years	+ [11]	
Custom hire (machine work)	+ [13]	
Depreciation	+ [15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ [17]	
Feed purchased	+ [19]	
Fertilizers and lime	+ [21]	
Freight and trucking	+ [23]	
Gasoline, fuel, and oil	+ [25]	
Insurance (Other than health)		
_____	+ [28]	
_____	+	
_____	+	
Mortgage interest (Paid to banks, etc.)		
_____	+ [30]	
_____	+	
_____	+	
Other interest	+ [32]	
Labor hired (Less employment credit)	+ [34]	
Pension and profit sharing	+ [36]	
Rent - vehicles, machinery, and equipment	+ [38]	
Rent - other	+ [40]	
Repairs and maintenance	+ [42]	
Seed and plants purchased	+ [44]	
Storage and warehousing	+ [46]	
Supplies purchased	+ [48]	
Taxes:		
_____	+ [50]	
_____	+	
_____	+	
_____	+	
_____	+	
Utilities	+ [52]	
Veterinary, breeding, and medicine	+ [54]	
Other expenses:		
_____	+ [56]	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
Preproductive period expenses	+ [58]	

Farm Passive and Other Carryover Information

☐ **Preparer use only**

Description _____

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:

Farm Rental - General Information

☐ **Preparer use only**

	2022 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Description	[4]	
State postal code	[5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	[6]	

Income Items

	2022 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
	+ [15]	
	+	
	+	
	+	
	+	
Total cooperative distributions you received	+ [17]	
Taxable cooperative distributions you received	+ [19]	

	2022 Total	2022 Taxable	Prior Year Information
Agricultural program payments:			
	+ [21]	+ [22]	
	+	+	
	+	+	

	2022 Information	Prior Year Information
Commodity credit loans reported under election:		
	+ [24]	
	+	
Total commodity credit loans forfeited	+ [26]	
Taxable commodity credit loans forfeited	+ [28]	

	2022 Total	2022 Taxable	Prior Year Information
Crop insurance proceeds you received in 2022			
	+ [30]	+ [31]	
	+	+	
	+	+	

	2022 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2023	[33]	
Crop insurance proceeds deferred from 2021	+ [35]	
Other income:		
	+ [38]	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Farm Rental Expenses

Preparer use only

Description _____

	2022 Information	Prior Year Information
Car and truck expenses	+ [6]	
Chemicals	+ [8]	
Conservation expenses	+ [10]	
Carryover from prior years	+ [12]	
Custom hire (machine work)	+ [14]	
Depreciation	+ [16]	
Employee benefit programs	+ [18]	
Feed purchased	+ [20]	
Fertilizers and lime	+ [22]	
Freight and trucking	+ [24]	
Gasoline, fuel, and oil	+ [26]	
Insurance (Other than health):		
_____	+ [28]	
_____	+	
_____	+	
Mortgage interest (Paid to banks, etc.):		
_____	+ [30]	
_____	+	
_____	+	
Other interest	+ [33]	
Labor hired (Less employment credit)	+ [35]	
Pension and profit sharing	+ [37]	
Rent - vehicles, machinery, and equipment	+ [39]	
Rent - other	+ [41]	
Repairs and maintenance	+ [43]	
Seed and plants purchased	+ [45]	
Storage and warehousing	+ [47]	
Supplies purchased	+ [49]	
Taxes:		
_____	+ [51]	
_____	+	
_____	+	
_____	+	
_____	+	
Utilities	+ [53]	
Veterinary, breeding, and medicine	+ [55]	
Other expenses:		
_____	+ [57]	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
Preproductive period expenses	+ [59]	

Preparer use only

Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [68]	+ [69]	+ [70]
Short-term capital		+ [72]	+ [73]
Long-term capital		+ [74]	+ [75]
28% rate capital		+ [76]	+ [77]
Section 1231 loss	+ [78]	+ [79]	+ [80]
Ordinary business gain/loss	+ [82]	+ [83]	+ [84]
Section 179	+ [87]	+ [88]	+ [89]

Partnerships and S Corporations

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) [2]
Employer identification number [6]
Name of entity [13]
State postal code [14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) [17]

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	[16]	[17]	[18]
Short-term capital		[19]	[20]
Long-term capital		[21]	[22]
28% rate capital		[23]	[24]
Section 1231 loss	[25]	[26]	[27]
Ordinary business gain/loss	[28]	[29]	[30]
Other losses - 1040 Sch 1	[31]	[32]	[33]
Section 179	[34]	[35]	[36]

Enter on K1-7

Taxpayer/Spouse/Joint (T, S, J) [2]
Employer identification number [6]
Name of entity [13]
State postal code [14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) [17]

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	[16]	[17]	[18]
Short-term capital		[19]	[20]
Long-term capital		[21]	[22]
28% rate capital		[23]	[24]
Section 1231 loss	[25]	[26]	[27]
Ordinary business gain/loss	[28]	[29]	[30]
Other losses - 1040 Sch 1	[31]	[32]	[33]
Section 179	[34]	[35]	[36]

Enter on K1-7

Taxpayer/Spouse/Joint (T, S, J) [2]
Employer identification number [6]
Name of entity [13]
State postal code [14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) [17]

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	[16]	[17]	[18]
Short-term capital		[19]	[20]
Long-term capital		[21]	[22]
28% rate capital		[23]	[24]
Section 1231 loss	[25]	[26]	[27]
Ordinary business gain/loss	[28]	[29]	[30]
Other losses - 1040 Sch 1	[31]	[32]	[33]
Section 179	[34]	[35]	[36]

Enter on K1-7

Estates and Trusts

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number __________________[3]
Name of activity __________________[4]
State postal code ____[5]

Preparer use only	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number __________________[3]
Name of activity __________________[4]
State postal code ____[5]

Preparer use only	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number __________________[3]
Name of activity __________________[4]
State postal code ____[5]

Preparer use only	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number __________________[3]
Name of activity __________________[4]
State postal code ____[5]

Preparer use only	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Sale of Principal Residence

Description [1]
Taxpayer/Spouse/Joint (T, S, J) [5]
State postal code [6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) [7]
Date former residence was acquired [9]
Date former residence was sold [10]
Selling price of former residence + [11]
Expenses related to the sale of your old home + [12]
Original cost of home sold including capital improvements + [13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) [19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	[21]	[22]
Number of days each person owned property used as main home	[23]	[24]
Number of days between date of sale of the other home and date of sale of this home	[25]	[26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + [28]
Total current year payments received + [29]

Form 6252 - Related Party Installment Sale Information

Related party name [30]
Address [31]
City, State and Zip [32] [33] [34]
Identifying number of related party [35]
Was the property sold as a marketable security? (Y, N) [36]
Enter date of second sale if more than 2 years after the first sale [37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) [38]
Selling price of property sold by a related party + [40]

NOTES/QUESTIONS:

Prior Year Installment Sale

Preparer use only

		2022 Information	Prior Year Information
Description		[3]	
Taxpayer/Spouse/Joint (T, S, J)		[7]	
State postal code		[8]	
Date acquired		[19]	
Date sold		[20]	
Gross sales price of property sold	+	[21]	
Mortgage and other debts the buyer assumed	+	[23]	
Cost or other basis	+	[25]	
Commissions and other expenses of the sale	+	[27]	
Gross profit percentage		[29]	
Total current year principal payments received	+	[35]	
Prior year principal payments received	+	[37]	
Total ordinary income to recapture	+	[39]	
Total ordinary income previously recaptured	+	[41]	

	Control Totals +		

Prior Year Installment Sale

Preparer use only

		2022 Information	Prior Year Information
Description		[3]	
Taxpayer/Spouse/Joint (T, S, J)		[7]	
State postal code		[8]	
Date acquired		[19]	
Date sold		[20]	
Gross sales price of property sold	+	[21]	
Mortgage and other debts the buyer assumed	+	[23]	
Cost or other basis	+	[25]	
Commissions and other expenses of the sale	+	[27]	
Gross profit percentage		[29]	
Total current year principal payments received	+	[35]	
Prior year principal payments received	+	[37]	
Total ordinary income to recapture	+	[39]	
Total ordinary income previously recaptured	+	[41]	

	Control Totals +		

NOTES/QUESTIONS:

Form 4797 and 6252 - General Information

Preparer use only

Description [3]
Taxpayer/Spouse/Joint (T, S, J) [9]
State postal code [10]
Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 [16]
Mark if disposition is due to casualty or theft [21]
Mark if disposition was to a related party [22]

Sale Information

Date acquired [24]
Date sold [25]
Gross sales price or insurance proceeds received + [26]
Cost or other basis + [27]
Commissions and other expenses of sale + [28]
Depreciation allowed or allowable + [29]

Form 4797, Part III - Recapture

Additional depreciation after 1975 **(Section 1250)** + [31]
Applicable percentage (if not 100%) **(Section 1250)** [32]
Additional depreciation after 1969 **(Section 1250)** + [33]
Soil, water and land clearing expenses **(Section 1252)** + [34]
Applicable percentage (if not 100%) **(Section 1252)** [35]
Intangible drilling and development costs **(Section 1254)** + [36]
Applicable payments excluded from income under sec. 126 **(Section 1255)** + [37]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + [38]
Total current year payments received + [39]

Form 6252 - Related Party Installment Sale Information

Related party name [40]
Address [41]
City, State, and Zip [42] [43] [44]
Identifying number of related party [45]
Was the property sold as a marketable security? (Y, N) [46]
Enter date of second sale [47]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) [48]
Selling price of property sold by a related party + [50]

NOTES/QUESTIONS:

Preparer use only

Description of property given up [4]
[5]
Taxpayer/Spouse/Joint (T, S, J) [6]
State postal code [7]
Description of property received [10]
[11]

Date Information

Date the like-kind property given up was acquired [16]
Date you transferred your property to the other party [17]
Date the like-kind property received was identified [18]
Date you received the like-kind property from the other party [19]

Gain and Basis Information

Fair market value of other property given up + [20]
Adjusted basis of other property given up + [21]
Cash received + [22]
Fair market value of other (not like-kind) property received + [23]
Installment obligation received in like-kind exchange + [24]
Fair market value of like-kind property you received + [25]
Fair market value of non-section 1245 property you received + [26]
Liabilities, including mortgages, assumed by you + [27]
Cash paid + [28]
Adjusted basis of like-kind property given up + [29]
Adjusted basis of like-kind property from pass through entity
- Cost or other basis + [30]
- Depreciation allowed or allowable excluding Section 179 + [31]
- Section 179 expense deduction passed through + [32]
- Section 179 carryover + [33]

Liabilities, including mortgages, assumed by the other party + [34]
Exchange expenses incurred by you + [35]

Related Party Exchange Information

Name of related party [38]
Address of related party [39]
City [40]
State [41]
Zip code [42]
Identifying number of related party [43]
Relationship to you [44]
During this tax year, did the related party sell or dispose of the property received? (Y, N) [45]
During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) [46]
Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) [47]
Mark if this exchange is a prior year like-kind exchange [49]

NOTES/QUESTIONS:

Statement of Specified Foreign Financial Assets

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service. Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2022 Information	Prior Year Information
Asset description	[2]	
Asset identifying number or other designation	[3]	
Date asset acquired	[4]	
Date asset disposed	[6]	
Asset jointly owned with spouse	[7]	
Maximum value of asset	[9]	

Asset foreign entity information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity: (P = Partnership, C= Corporation, T = Trust, E = Estate) [14]
Foreign entity name [16]
Foreign entity address [17]
City, state, zip code [18] [19] [20]
Foreign country code/name [21] [22]
Foreign province/county [23]
Foreign postal code [24]

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) [25]
Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate)
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person)
Individual or organization name
Address of issuer or counterparty
City, state, zip code
Foreign country code/name
Foreign province/county
Foreign postal code

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty)
Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate)
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person)
Individual or organization name
Address of issuer or counterparty
City, state, zip code
Foreign country code/name
Foreign province/county
Foreign postal code

NOTES/QUESTIONS:

Foreign Financial Accounts

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J) [1]

	2022 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	[4]	
Type of Account:		
Bank	[5]	
Securities	[6]	
Other	[7]	
Maximum value of account	[8]	
Account number or other designation	[10]	
Financial institution	[12]	
Address of financial institution	[13]	
City, state, zip code	[14] [15] [16]	
Foreign country code/name	[17] [18]	
For addresses in Mexico, enter state	[20]	
Foreign province/county	[23]	
Foreign postal code	[24]	
Account jointly owned with spouse	[25]	
Account opened during the tax year	[47]	
Account closed during the tax year	[49]	
Information is reported for a financial account which is:	[27]	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner	[28]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	[29]
Last name or organization name of account holder/joint owner	[30]
First name and middle initial of account holder/joint owner	[31] [32]
Address and apartment	[33] [34]
City, state, zip code	[35] [36] [37]
Foreign country code/name	[38] [39]
For addresses in Mexico, enter state	[41]
Foreign postal code	[44]
Number of joint owners (Not including taxpayer, if applicable)	[45]
Filer's title with this owner (If applicable)	[46]

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S) __[1]
Foreign street address _____[4]
State/Province _____
Country _____
Employer's name _____[2]
U.S. address _____[5]
State postal code ___
Foreign street address _____[6]
State/Province _____
Country _____
Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) __[7]
Country of citizenship _____[11]

State postal code ___[3]
City _____
Country code ___
Postal code _____
City _____
Zip code _____
City _____
Country code ___
Postal code _____
If other, specify type _____[8]

If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:

City/Country _____[12] Days _____
City/Country _____ Days _____

List tax home(s) during the tax year and dates established:

Tax home _____[13] Date _____
Tax home _____ Date _____

Foreign Earned Income Allocation Information

***U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information:[16]

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
__				
__				
__				
__				
__				
__				

Foreign days worked before and after foreign assignment ___[17] Total days worked before and after foreign assignment ____[18]
Total number of days worked during year (defaults to 240) ____[19]

Bona Fide Residence Test

Date foreign residence began _____[21] Date foreign residence ended _____[22]
Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) __[23]
If any family members lived abroad with you during any part of tax year, list who and for what period:

Relationship _____ Period abroad _____[24]
Relationship _____ Period abroad _____
Relationship _____ Period abroad _____
Relationship _____ Period abroad _____

Mark if you submitted a statement to foreign country authorities that you are not a resident of that country __[25]
Mark if required to pay income tax to that country __[26]
List any contractual terms or other conditions relating to length of employment abroad
_____[27]
_____
Type of visa used to enter foreign country _____[28]
Explanation if visa limited length of stay or employment
_____[29]
_____
If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:

Address _____[30] City _____
State postal code ___ Zip code _____
Rented __ Occupant _____ Relationship _____
Address _____[30] City _____
State postal code ___ Zip code _____
Rented __ Occupant _____ Relationship _____

Physical Presence Test

Principal country of employment [31]

Employer's name _____
Taxpayer/Spouse (T, S) __
State postal code ___

Foreign Earned Income

***Please use the Foreign Earned Income Allocation Codes located below**

		Allocation Code*		Amount
Noncash income:				
Home (lodging)	[10]	[11]	+	[12]
Meals	[13]	[14]	+	[15]
Car	[16]	[17]	+	[18]
Other properties or facilities (Please enter code here and description and amount below):		[19]		
			+	[20]
			+	
			+	
			+	
			+	
Allowances, reimbursements or expenses paid on behalf:				
Cost of living and overseas differential		[21]	+	[22]
Family		[23]	+	[24]
Education		[25]	+	[26]
Home leave		[27]	+	[28]
Quarters		[29]	+	[30]
Other purposes (Please enter code here and description and amount below):		[31]		
			+	[32]
			+	
			+	
			+	
			+	
Other foreign earned income (Please enter code here and description and amount below):		[33]		
			+	[34]
			+	
			+	
			+	
			+	
Excludable meals and lodging under section 119			+	[35]

***Foreign Earned Income Allocation Codes**
1 = 100% foreign during assignment
2 = 100% U.S. during assignment
3 = U.S. and foreign days worked during assignment
4 = U.S. and foreign days before/after assignment
5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

	Allocation Code*		Amount
Other allocable deductions	[36]	+	[37]

Housing Exclusion/Deduction

Qualified housing expense + [47]

NOTES/QUESTIONS:

☐ **Preparer use only**

Description of move		[2]
Taxpayer/Spouse/Joint (T, S, J)		[3]
Mark if the move was due to service in the armed forces		[7]
Number of miles from old home to new workplace		[8]
Number of miles from old home to old workplace		[9]
Mark if move is outside United States or its possessions		[10]
Transportation and storage expenses	+	[11]
Travel and lodging (not including meals)	+	[12]
Miles driven to new home		
1/1/22-6/30/22		[13]
7/1/22-12/31/22		[14]
Total amount reimbursed for moving expenses	+	[15]

NOTES/QUESTIONS:

Employee Business Expenses

☐ **Preparer use only**

		2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[2]	
Occupation in which expenses were incurred		______[3]	
State postal code		___[5]	
If the employee expenses were from an occupation listed below, enter the applicable code 1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official, 5 = Reservist		__[6]	__
Parking fees and tolls	+	______[18]	______
Local transportation	+	______[20]	______
Travel expenses	+	______[23]	______
Other business expenses:			
______	+	______[26]	______
______	+	______	______
______	+	______	______
______	+	______	______
______	+	______	______
______	+	______	______
______	+	______	______
______	+	______	______
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______	+	______	______
______	+	______	______
______	+	______	______
______	+	______	______
______	+	______	______
______	+	______	______
Nonvehicle depreciation	+	______[29]	______
Meals	+	______[32]	______
Meals for individuals subject to DOT hours of service limitation (certain state returns)	+	______[35]	

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

		2022 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+	______[62]	______
Reimbursements for meals not included on Form W-2	+	______[64]	______
Reimbursements for meals for DOT service limitation not included on Form W-2	+	______[66]	

Control Totals +

Employee Business Expenses

☐ **Preparer use only**

Taxpayer/Spouse (T, S) __[2]

Occupation in which expenses were incurred _____[3]

State postal code ___[4]

Vehicle Questions

	2022 Information	Prior Year Information
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	__[5]	__
Was another vehicle available for personal use? (Y, N)	__[7]	__
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	__[9]	

Vehicle Information

Vehicle 1 - Date placed in service _____[11]

Description _____[12]

Comments _____

Vehicle 2 - Date placed in service _____[59]

Description _____[60]

Comments _____

Vehicle 3 - Date placed in service _____[107]

Description _____[108]

Comments _____

Vehicle 4 - Date placed in service _____[155]

Description _____[156]

Comments _____

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	[18]		[66]		[114]		[162]	
Business miles before 7/1	[20]		[68]		[116]		[164]	
Business miles after 6/30	[22]		[70]		[118]		[166]	
Average daily round trip commuting mileage	[23]		[71]		[119]		[167]	
Total commuting mileage	[25]		[73]		[121]		[169]	
Gasoline	+ [27]		+ [75]		+ [123]		+ [171]	
Oil	+ [29]		+ [77]		+ [125]		+ [173]	
Repairs	+ [31]		+ [79]		+ [127]		+ [175]	
Maintenance	+ [33]		+ [81]		+ [129]		+ [177]	
Tires	+ [35]		+ [83]		+ [131]		+ [179]	
Car washes	+ [37]		+ [85]		+ [133]		+ [181]	
Insurance	+ [39]		+ [87]		+ [135]		+ [183]	
Interest	+ [41]		+ [89]		+ [137]		+ [185]	
Registration	+ [43]		+ [91]		+ [139]		+ [187]	
Licenses	+ [45]		+ [93]		+ [141]		+ [189]	
Property taxes (Plates, tags, etc)	+ [47]		+ [95]		+ [143]		+ [191]	
Vehicle rentals	+ [49]		+ [97]		+ [145]		+ [193]	
Inclusion amt **(Preparer only)**	[51]		+ [99]		+ [146]		+ [195]	
Other vehicle expenses	+ [53]		+ [101]		+ [149]		+ [197]	
Value of employer provided vehicle	+ [55]		+ [103]		+ [151]		+ [199]	
Depreciation	+ [57]		+ [105]		+ [153]		+ [201]	

Alimony Paid:

T/S	Date*	2022 Information	Prior Year Information
		+ [4]	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		

*** Date of divorce/separation agreement**

	2022 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
+	+ [6]	+ [7]	
+	+	+	
Other adjustments:			
+	+ [9]	+ [10]	
+	+	+	
+	+	+	
+	+	+	
+	+	+	
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+	+	+	

NOTES/QUESTIONS:

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2022 that were issued after 1989, and you paid qualified higher education expenses in 2022 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) ___
SSN of person enrolled at eligible educational institution ______________
Name of person enrolled at eligible educational institution (First/Last) ______________ ______________
Name of eligible educational institution ______________
Address of eligible educational institution ______________
City, state, and zip code ______________ _____ ______________
Qualified higher education expenses you paid in 2022 for person listed above + ______________ [1]
Enter any nontaxable educational benefits received for 2022 for person listed above + ______________
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) ________
Financial institution name (ESA) or name of program (QTP) ______________
Financial institution address (ESA) or address of program (QTP) ______________
City, state and zip code ______________ _____ ______________

Taxpayer/Spouse/Joint (T, S, J) ___
SSN of person enrolled at eligible educational institution ______________
Name of person enrolled at eligible educational institution (First/Last) ______________ ______________
Name of eligible educational institution ______________
Address of eligible educational institution ______________
City, state, and zip code ______________ _____ ______________
Qualified higher education expenses you paid in 2022 for person listed above + ______________ [1]
Enter any nontaxable educational benefits received for 2022 for person listed above + ______________
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) ________
Financial institution name (ESA) or name of program (QTP) ______________
Financial institution address (ESA) or address of program (QTP) ______________
City, state and zip code ______________ _____ ______________

Taxpayer/Spouse/Joint (T, S, J) ___
SSN of person enrolled at eligible educational institution ______________
Name of person enrolled at eligible educational institution (First/Last) ______________ ______________
Name of eligible educational institution ______________
Address of eligible educational institution ______________
City, state, and zip code ______________ _____ ______________
Qualified higher education expenses you paid in 2022 for person listed above + ______________ [1]
Enter any nontaxable educational benefits received for 2022 for person listed above + ______________
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) ________
Financial institution name (ESA) or name of program (QTP) ______________
Financial institution address (ESA) or address of program (QTP) ______________
City, state and zip code ______________ _____ ______________

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2022 + ______________ [3]

NOTES/QUESTIONS:

	Control Totals +		Form ID: Educate

Student Loan Interest Paid

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]	_____
__	_____	+	_____		_____
__	_____	+	_____		_____
__	_____	+	_____		_____

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:

Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) [1]
Payer name [3]
State postal code [4]
Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) [6]
Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) [7]
Final distribution [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)
Social security number [11]
First name [12]
Last name [13]

	2022 Information	Prior Year Information
Amount contributed in current year	+ [14]	
Basis of this account at 12/31/21	+ [17]	
Value of this account at 12/31/22	+ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ [24]	

Payments from Qualified Education Programs

	2022 Information	Prior Year Information
Gross distribution **(Box 1)**	+ [30]	
Earnings **(Box 2)**	+ [32]	
Basis **(Box 3)**	+ [34]	
Trustee-to-trustee rollover **(Box 4)**	[36]	
Trustee-to-trustee rollover amount if different than Box 1	+ [37]	
Box 5 -		
Private QTP	[39]	
State QTP	[40]	
Coverdell ESA	[41]	
Check if the recipient is not the designated beneficiary **(Box 6)**	[42]	
Qualified education expenses	+ [43]	
Elementary and secondary education expenses	+ [45]	

NOTES/QUESTIONS:

Federal Student Aid Application Information #1

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA. If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

This FAFSA information is for the: [ ] **Preparer use only**

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?
(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse) __[1]

The information for the FAFSA worksheet will be:
(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return) __[4]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts + _____[8]

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence + _____[9]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms + _____[10]

	2021 Information		2022 Information	
Child support paid because of divorce, separation, or a result of a legal requirement	_____[12]	+	_____	[20]
Taxable earnings from need-based employment programs	_____[13]	+	_____	[21]
Student grant and scholarship aid included in adjusted gross income	_____[14]	+	_____	[22]
Earnings from work under a cooperative education program offered by a college	_____[15]	+	_____	[23]
Child support received but do not include foster care or adoption payments	_____[16]	+	_____	[24]
Veterans noneducation benefits	_____[17]	+	_____	[25]
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	_____[18]	+	_____	[26]
Money received or paid on behalf of the student (For the student's worksheet only)	_____[19]	+	_____	[27]

	Control Totals +	

Federal Student Aid Application Information #2

This FAFSA information is for the: [ ] **Preparer use only**

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?
(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse) __[1]

The information for the FAFSA worksheet will be:
(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return) __[4]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts + _____[8]

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence + _____[9]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms + _____[10]

	2021 Information		2022 Information	
Child support paid because of divorce, separation, or a result of a legal requirement	_____[12]	+	_____	[20]
Taxable earnings from need-based employment programs	_____[13]	+	_____	[21]
Student grant and scholarship aid included in adjusted gross income	_____[14]	+	_____	[22]
Earnings from work under a cooperative education program offered by a college	_____[15]	+	_____	[23]
Child support received but do not include foster care or adoption payments	_____[16]	+	_____	[24]
Veterans noneducation benefits	_____[17]	+	_____	[25]
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	_____[18]	+	_____	[26]
Money received or paid on behalf of the student (For the student's worksheet only)	_____[19]	+	_____	[27]

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J		2022 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
__[1]		+ _____[2]	
__		+	
__		+	
__		+	
__		+	
__		+	
	Medical insurance premiums you paid: **Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.**		
__[4]		+ _____[5]	
__		+	
__		+	
__		+	
	Long-term care premiums you paid: **Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)**		
__[7]		+ _____[8]	
__		+	
	Prescription medicines and drugs:		
__[10]		+ _____[11]	
__		+	
__		+	
__[13]	Miles driven for medical items (1/1/22 - 6/30/22, 18 cents)	_____[14]	
__[16]	Miles driven for medical items (7/1/22 - 12/31/22, 22 cents)	_____[17]	

Schedule A - Tax Expenses

T/S/J		2022 Information	Prior Year Information
	State/local income taxes paid:		
__[18]		+ _____[19]	
__		+	
__		+	
__		+	
__		+	
	2021 state and local income taxes paid in 2022:		
__[21]		+ _____[22]	
__		+	
__		+	
	Real estate taxes paid:		
__[24]		+ _____[25]	
__		+	
__		+	
	Personal property taxes:		
__[27]		+ _____[28]	
__		+	
	Other taxes, such as: foreign taxes and State disability taxes		
__[30]		+ _____[31]	
__		+	
__		+	
	Sales tax paid on major purchases:		
__[36]		+ _____[37]	
__		+	
	Sales tax paid on actual expenses:		
__[39]		+ _____[40]	
__		+	
__		+	

Interest Expenses

T/S/J		2022 Interest Paid [2]	2022 Points Paid	Type*	Prior Year Information
Home mortgage interest: From Form 1098					
[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	SSN or EIN	2022 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[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		2022 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:			
[15]		[16]	

Charitable Contributions

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] _____

Volunteer miles driven _____[6] _____

__[5]

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] _____

Gambling losses: (Enter only if you have gambling income)

__[15] _____ + _____[16] _____

NOTES/QUESTIONS:

Form ID: A-St

Miscellaneous Itemized Deductions (State Use Only)

59a

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J		2022 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[1]		+ [2]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
	Union dues, other than amounts reported on Form W-2:		
[4]		+ [5]	
		+	
		+	
		+	
[7]	Tax preparation fees	+ [8]	
	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
[10]		+ [11]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
[13]	Safe deposit box rental	+ [14]	
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
[16]		+ [17]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

NOTES/QUESTIONS:

Home Mortgage Interest Subject To Limitations

Complete this section if either of the following applies:

- **You have home acquisition/improvement debt over $750,000 for loans taken out in 2018 or later**
- **You have home acquisition/improvement debt over $1,000,000 for loans taken out in 2017 or earlier**

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.
Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home

		2022 Information		Prior Year Information
Description of loan/property			[2]	
Taxpayer/Spouse/Joint (T, S, J)			[3]	
Loan origination date			[4]	
If refinanced debt, date of initial loan			[5]	
Fair market value of home	+		[6]	
Number of months loan was outstanding in 2022, if not 12			[8]	
Number of months home was a qualifying home (If different from number of months loan was outstanding)			[10]	
Principal paid in 2022	+		[12]	
Interest paid during 2022	+		[14]	
Points reported on Form 1098 for 2022	+		[17]	
Home mortgage interest you paid, not reported on Form 1098:				
Recipient name			[20]	
Recipient SSN or EIN			[21]	
Recipient address			[22]	
Recipient city, state, zip code		[23] [24]	[25]	
Grandfather debt as of 12/31/21 (or first day mortgage was outstanding)	+		[26]	
Grandfather debt as of 12/31/22 (or last day mortgage was outstanding)	+		[28]	
Home acquisition/improvement debt as of 12/31/21 (or first day mortgage was outstanding)	+		[30]	
Home acquisition/improvement debt as of 12/31/22 (or last day mortgage was outstanding)	+		[32]	
Home equity debt as of 12/31/21*** (or first day mortgage was outstanding)	+		[34]	
Home equity debt as of 12/31/22*** (or last day mortgage was outstanding)	+		[36]	
*** ONLY portion of loan proceeds used to buy, build, or improve qualified residence				
Average balance in 2022 of grandfather debt	+		[41]	
Average balance in 2022 of home acquisition/improvement debt	+		[43]	
Average balance for 2022 all types of debt	+		[45]	

NOTES/QUESTIONS:

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) [1]
Donated property description [4]
Name of donee organization [5]
Address of donee organization [6]
City [7]
State postal code [8]
Zip code [9]
Date contributed [10]
Date acquired by donor [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) [12]
Donor's cost or basis + [13]
Fair market value + [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) [15]
If other: [16]

	Control Totals +	

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) [1]
Donated property description [4]
Name of donee organization [5]
Address of donee organization [6]
City [7]
State postal code [8]
Zip code [9]
Date contributed [10]
Date acquired by donor [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) [12]
Donor's cost or basis + [13]
Fair market value + [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) [15]
If other: [16]

	Control Totals +	

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) [1]
Donated property description [4]
Name of donee organization [5]
Address of donee organization [6]
City [7]
State postal code [8]
Zip code [9]
Date contributed [10]
Date acquired by donor [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) [12]
Donor's cost or basis + [13]
Fair market value + [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) [15]
If other: [16]

	Control Totals +	

Contributions of Motor Vehicles, Boats & Airplanes

Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S) [1]
Donee's name [4]
State postal code [3]
Date of contribution **(Box 1)** [9]
Odometer mileage **(Box 2a)** [10]
Year of vehicle **(Box 2b)** [11]
Make of vehicle **(Box 2c)** [12]
Model of vehicle **(Box 2d)** [13]
Vehicle or other identification number **(Box 3)** [14]
Donee certifies that vehicle was sold in arm's length transaction to unrelated party **(Box 4a)** [15]
Date of sale **(Box 4b)** [16]
Gross proceeds from sale **(Box 4c)** + [17]
Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use **(Box 5a)** [18]
Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose **(Box 5b)** [19]
Detailed description of material improvements or significant intervening use and duration of use **(Box 5c)** [20]
Did you provide goods or services in exchange for the vehicle? **(Box 6a)** Yes [21] No [22]
Value of goods and services provided in exchange for the vehicle **(Box 6b)** + [23]
Donee certifies that the goods and services consisted solely of intangible religious benefits **(Box 6c)** [24]
Description of goods and services **(Box 6c)** [25]
Under the law, the donor may not claim a deduction of more than $500 for this vehicle if this box is checked **(Box 7)** [26]

Other Information for Donated Property

Overall physical condition of property [31]
Date property was acquired by donor [32]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) [33]
Donor's cost or basis + [34]
Fair market value on date of contribution + [35]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) [36]
If other: [37]
Bargain sale amount received + [38]
Donee's address, and ZIP code [42] [43] [44] [45]
Donee's telephone number [46]

NOTES/QUESTIONS:

Casualty and Theft - Business/Income Producing Properties

Preparer use only

Occurrence description _____ [3]
Taxpayer/Spouse/Joint (T, S, J) __ [4]
State postal code ___ [5]
Date of casualty or theft _____ [7]

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A _____ [10]
Description of casualty or theft - Property B _____ [23]
Description of casualty or theft - Property C _____ [36]
Description of casualty or theft - Property D _____ [49]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	__ [13]	__ [26]	__ [39]	__ [52]
Date acquired	_____ [17]	_____ [30]	_____ [43]	_____ [56]
Cost or other basis of property	+ _____ [18]	+ _____ [31]	+ _____ [44]	+ _____ [57]
Insurance or other reimbursement	+ _____ [19]	+ _____ [32]	+ _____ [45]	+ _____ [58]
Fair market value before casualty	+ _____ [20]	+ _____ [33]	+ _____ [46]	+ _____ [59]
Fair market value after casualty	+ _____ [21]	+ _____ [34]	+ _____ [47]	+ _____ [60]

Business/Income Use Replacement Information

Description of replacement property A _____ [61]
Description of replacement property B _____ [65]
Description of replacement property C _____ [69]
Description of replacement property D _____ [73]

	A	B	C	D
Mark if property was acquired from a related party	___ [62]	___ [66]	___ [70]	___ [74]
Date acquired	_____ [63]	_____ [67]	_____ [71]	_____ [75]
Cost of replacement property	+ _____ [64]	+ _____ [68]	+ _____ [72]	+ _____ [76]

NOTES/QUESTIONS:

Casualty and Theft - Personal Use Properties

Preparer use only

Occurrence description _____[3]
Taxpayer/Spouse/Joint (T, S, J) __[4]
State postal code ___[5]
Date of casualty or theft _____[8]
Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government __[9]
FEMA disaster declaration number (ex. DR-4593-WA) ___[10] - _____[11]

Casualty and Theft - Personal Use Properties

	Type of property	City	State	Zip code
Property A	_____[19]	_____[20]	___[21]	_____[22]
Property B	_____[36]	_____[37]	___[38]	_____[39]
Property C	_____[53]	_____[54]	___[55]	_____[56]
Property D	_____[70]	_____[71]	___[72]	_____[73]

	A	B	C	D
Date acquired	_____[27]	_____[44]	_____[61]	_____[78]
Cost or other basis of property	+ _____[28]	+ _____[45]	+ _____[62]	+ _____[79]
Insurance or other reimbursement	+ _____[29]	+ _____[46]	+ _____[63]	+ _____[80]
Fair market value before casualty	+ _____[31]	+ _____[48]	+ _____[64]	+ _____[81]
Fair market value after casualty	+ _____[32]	+ _____[49]	+ _____[65]	+ _____[82]

Personal Use Replacement Information

Description of replacement property A _____[85]
Description of replacement property B _____[89]
Description of replacement property C _____[93]
Description of replacement property D _____[97]

	A	B	C	D
Mark if property was acquired from a related party	___[86]	___[90]	___[94]	___[98]
Date acquired	_____[87]	_____[91]	_____[95]	_____[99]
Cost of replacement property	+ _____[88]	+ _____[92]	+ _____[96]	+ _____[100]

NOTES/QUESTIONS:

Form ID: 4684PY

Prior Year Casualty and Theft - Business/Income Producing Properties

65

Preparer use only

Occurrence description _____ [3]
Taxpayer/Spouse/Joint (T, S, J) __ [4]
State postal code ___ [5]
Date of casualty or theft _____ [6]

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A _____ [8]
Description of casualty or theft - Property B _____ [17]
Description of casualty or theft - Property C _____ [26]
Description of casualty or theft - Property D _____ [35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	__ [9]	__ [18]	__ [27]	__ [36]
Date acquired	_____ [12]	_____ [21]	_____ [30]	_____ [39]
Cost or other basis of property	+ _____ [13]	+ _____ [22]	+ _____ [31]	+ _____ [40]
Insurance or other reimbursement	+ _____ [14]	+ _____ [23]	+ _____ [32]	+ _____ [41]
Fair market value before casualty	+ _____ [15]	+ _____ [24]	+ _____ [33]	+ _____ [42]
Fair market value after casualty	+ _____ [16]	+ _____ [25]	+ _____ [34]	+ _____ [43]

Current Year Business/Income Use Replacement Information

Description of replacement property A _____ [44]
Description of replacement property B _____ [50]
Description of replacement property C _____ [56]
Description of replacement property D _____ [62]

	A	B	C	D
Date acquired	_____ [45]	_____ [51]	_____ [57]	_____ [63]
Prior year cost of replacement property	+ _____ [46]	+ _____ [52]	+ _____ [58]	+ _____ [64]
Cost of replacement property	+ _____ [47]	+ _____ [53]	+ _____ [59]	+ _____ [65]
Postponed gain	+ _____ [48]	+ _____ [54]	+ _____ [60]	+ _____ [66]
Adjusted basis of replacement property	+ _____ [49]	+ _____ [55]	+ _____ [61]	+ _____ [67]

NOTES/QUESTIONS:

Prior Year Casualty and Theft - Personal Use Properties

Occurrence description [1]
Taxpayer/Spouse/Joint (T, S, J) [2]
State postal code [3]
Date of casualty or theft [4]
Damage to personal residence from corrosive drywall [5]
Amount paid to repair damage to home or household appliances + [6]
25% loss available from 2021 + [7]

Prior Year Casualty and Theft - Personal Use Properties (Cont'd)

Type of property A [15]
Type of property B [26]
Type of property C [37]
Type of property D [48]

City A [16]
City B [27]
City C [38]
City D [49]

	A	B	C	D
State postal code	[17]	[28]	[39]	[50]
Zip code	[18]	[29]	[40]	[51]
Date acquired	[20]	[31]	[42]	[53]
Cost or other basis of property	+ [21]	+ [32]	+ [43]	+ [54]
Insurance or other reimbursement	+ [22]	+ [33]	+ [44]	+ [55]
Principal residence exclusion taken	+ [23]	+ [34]	+ [45]	+ [56]
Fair market value before casualty	+ [24]	+ [35]	+ [46]	+ [57]
Fair market value after casualty	+ [25]	+ [36]	+ [47]	+ [58]

Personal Use Replacement Information

Description of replacement property A [59]
Description of replacement property B [65]
Description of replacement property C [71]
Description of replacement property D [77]

	A	B	C	D
Date acquired	[60]	[66]	[72]	[78]
Prior year cost of replacement property	+ [61]	+ [67]	+ [73]	+ [79]
Cost of replacement property	+ [62]	+ [68]	+ [74]	+ [80]
Postponed gain	+ [63]	+ [69]	+ [75]	+ [81]
Adjusted basis of replacement property	+ [64]	+ [70]	+ [76]	+ [82]

NOTES/QUESTIONS:

Home Office General Information

Preparer use only

Principal business or profession _____ [3]

Taxpayer/Spouse/Joint (T, S, J) __ [4]

State postal code ___ [5]

Business Use of Home

	2022 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8760	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2022 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [48]	+ _____ [50]	_____
Rent	+ _____ [54]	+ _____ [55]	_____
Repairs & maintenance	+ _____ [57]	+ _____ [58]	_____
Utilities	+ _____ [60]	+ _____ [61]	_____
Other expenses, such as: Supplies & Security system			
_____	+ _____ [63]	+ _____ [64]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [66]	
Carryovers:			
Operating expenses		+ _____ [67]	
Casualty losses		+ _____ [68]	
Depreciation		+ _____ [70]	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [71]	_____
Depreciation		+ _____ [75]	_____

NOTES/QUESTIONS:

Auto Worksheet

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

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

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

Vehicle Expenses

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

	2022 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			
_____ + _____	[2]	+ _____ [3]	_____
_____ + _____		+ _____	_____
Self-employed long-term care premiums: (Not entered elsewhere)			
_____ + _____	[5]	+ _____ [6]	_____
_____ + _____		+ _____	

NOTES/QUESTIONS:

Form ID: 1095A

ACA - Health Insurance Marketplace Statement #1

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Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** _____[6]
Marketplace-assigned policy number **(Box 2)** _____[7]
Policy issuer's name **(Box 3)** _____[2]
Part III Household Information -

	A. 2022 Monthly Premium Amount	Prior Year Information	B. 2022 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2022 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____[12]		+ _____[25]	+ _____[38]	
February	+ _____[13]		+ _____[26]	+ _____[39]	
March	+ _____[14]		+ _____[27]	+ _____[40]	
April	+ _____[15]		+ _____[28]	+ _____[41]	
May	+ _____[16]		+ _____[29]	+ _____[42]	
June	+ _____[17]		+ _____[30]	+ _____[43]	
July	+ _____[18]		+ _____[31]	+ _____[44]	
August	+ _____[19]		+ _____[32]	+ _____[45]	
September	+ _____[20]		+ _____[33]	+ _____[46]	
October	+ _____[21]		+ _____[34]	+ _____[47]	
November	+ _____[22]		+ _____[35]	+ _____[48]	
December	+ _____[23]		+ _____[36]	+ _____[49]	
Annual total	+ _____[24]		+ _____[37]	+ _____[50]	

	Control Totals +	

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** _____[6]
Marketplace-assigned policy number **(Box 2)** _____[7]
Policy issuer's name **(Box 3)** _____[2]
Part III Household Information -

	A. 2022 Monthly Premium Amount	Prior Year Information	B. 2022 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2022 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____[12]		+ _____[25]	+ _____[38]	
February	+ _____[13]		+ _____[26]	+ _____[39]	
March	+ _____[14]		+ _____[27]	+ _____[40]	
April	+ _____[15]		+ _____[28]	+ _____[41]	
May	+ _____[16]		+ _____[29]	+ _____[42]	
June	+ _____[17]		+ _____[30]	+ _____[43]	
July	+ _____[18]		+ _____[31]	+ _____[44]	
August	+ _____[19]		+ _____[32]	+ _____[45]	
September	+ _____[20]		+ _____[33]	+ _____[46]	
October	+ _____[21]		+ _____[34]	+ _____[47]	
November	+ _____[22]		+ _____[35]	+ _____[48]	
December	+ _____[23]		+ _____[36]	+ _____[49]	
Annual total	+ _____[24]		+ _____[37]	+ _____[50]	

	Control Totals +	

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Name of Trustee	[4]	
State postal code	[2]	
Indicate type of health or medical savings account:		
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]	
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:

ABLE Account Information #1

Please provide all Forms 1099-QA and 5498-QA

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Payer name	[3]	
State postal code	[4]	
Recipient's Social Security Number	[7]	
Recipient's Name [8]	[9]	
Gross distribution **(Form 1099-QA Box 1)**	+ [10]	
Earnings **(Form 1099-QA Box 2)**	+ [12]	
Basis **(Form 1099-QA Box 3)**	+ [14]	
Program-to-program transfer **(Form 1099-QA Box 4)**	[16]	
Check if ABLE account terminated in 2022 **(Form 1099-QA Box 5)**	[17]	
Check if the recipient is not the designated beneficiary **(Form 1099-QA Box 6)**	[18]	
Qualified disability expenses	+ [19]	
Amount of rollover	+ [21]	
Amount contributed in 2022 **(Form 5498-QA Box 1)**	+ [23]	
Value of account on 12/31/22 **(Form 5498-QA Box 4)**	+ [25]	

	Control Totals +	

ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Payer name	[3]	
State postal code	[4]	
Recipient's Social Security Number	[7]	
Recipient's Name [8]	[9]	
Gross distribution **(Form 1099-QA Box 1)**	+ [10]	
Earnings **(Form 1099-QA Box 2)**	+ [12]	
Basis **(Form 1099-QA Box 3)**	+ [14]	
Program-to-program transfer **(Form 1099-QA Box 4)**	[16]	
Check if ABLE account terminated in 2022 **(Form 1099-QA Box 5)**	[17]	
Check if the recipient is not the designated beneficiary **(Form 1099-QA Box 6)**	[18]	
Qualified disability expenses	+ [19]	
Amount of rollover	+ [21]	
Amount contributed in 2022 **(Form 5498-QA Box 1)**	+ [23]	
Value of account on 12/31/22 **(Form 5498-QA Box 4)**	+ [25]	

	Control Totals +	

NOTES/QUESTIONS:

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of $20 or less in a month in 2022.

	2022 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under $20 per month and not reported to employer	+ [3]	+ [4]	

Complete if you received cash/charge tips of $20 or more in a month and did not report all of those tips to your employer.

Employer name	Employer identification number	Total tips received in 2022	Total tips reported in 2022
Taxpayer information [1]			
Spouse information [2]			

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

(Please refer to Reason Codes located at the bottom)**

Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC or 1099-NEC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]					
Spouse information [7]					

**** Reason Codes**

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
C = I received other correspondence from the IRS that states I am an employee.
G = I filed Form SS-8 with the IRS and have not received a reply.
H = I received a Form W-2 and a Form 1099-MISC from this firm for 2022. The amount on Form 1099-MISC should have been included as wages on Form W-2.

	Taxpayer	Spouse	
State postal code	___[1]	___[2]	

	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, please complete the following information:			
Fair rental value of parsonage provided by church	+ _____[5]	+ _____[6]	_____
Actual parsonage utilities expense	+ _____[11]	+ _____[12]	_____
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance, if separate from parsonage allowance	+ _____[17]	+ _____[18]	_____
Actual parsonage expense	+ _____[20]	+ _____[21]	_____
Fair rental value of home	+ _____[23]	+ _____[24]	_____
Actual utilities expense	+ _____[26]	+ _____[27]	_____
Mark if you have claimed exemption from self-employment tax by filing Form 4361 with the IRS	__[29]	__[30]	
If you are a self-employed minister, enter any tax-deductible contributions to a 403(b) retirement plan	+ _____[33]	+ _____[34]	_____

Unreimbursed Business Expenses - net reimbursed and after 50% Meals & Entertainment reduction:

_____	+ _____[36]	+ _____[37]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____

NOTES/QUESTIONS:

Tax for Children with Unearned Income

Enter parent's information for children under age 19 on 1/1/23 or a full-time student under age 24 with unearned income of more than $2,300

Parent's social security number (Enter the name and social security number of the parent listed first on the return) _____[1]
Parent's first name _____[2]
Parent's last name _____[3]
Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) __[4]

All Other Children's Information

Enter information for each child with unearned income of more than $2,300.
Preparer - Enter on Screen 8615Sib

Child #1 social security number _____[1]
Child #1 first name _____[2]
Child #1 last name _____[3]
Child #1 date of birth (mm/dd/yyyy) _____[4]

Child #2 social security number _____[1]
Child #2 first name _____[2]
Child #2 last name _____[3]
Child #2 date of birth (mm/dd/yyyy) _____[4]

Child #3 social security number _____[1]
Child #3 first name _____[2]
Child #3 last name _____[3]
Child #3 date of birth (mm/dd/yyyy) _____[4]

Child #4 social security number _____[1]
Child #4 first name _____[2]
Child #4 last name _____[3]
Child #4 date of birth (mm/dd/yyyy) _____[4]

Child #5 social security number _____[1]
Child #5 first name _____[2]
Child #5 last name _____[3]
Child #5 date of birth (mm/dd/yyyy) _____[4]

Child #6 social security number _____[1]
Child #6 first name _____[2]
Child #6 last name _____[3]
Child #6 date of birth (mm/dd/yyyy) _____[4]

Child #7 social security number _____[1]
Child #7 first name _____[2]
Child #7 last name _____[3]
Child #7 date of birth (mm/dd/yyyy) _____[4]

Child #8 social security number _____[1]
Child #8 first name _____[2]
Child #8 last name _____[3]
Child #8 date of birth (mm/dd/yyyy) _____[4]

Child #9 social security number _____[1]
Child #9 first name _____[2]
Child #9 last name _____[3]
Child #9 date of birth (mm/dd/yyyy) _____[4]

Child #10 social security number _____[1]
Child #10 first name _____[2]
Child #10 last name _____[3]
Child #10 date of birth (mm/dd/yyyy) _____[4]

Child #11 social security number _____[1]
Child #11 first name _____[2]
Child #11 last name _____[3]
Child #11 date of birth (mm/dd/yyyy) _____[4]

Child #12 social security number _____[1]
Child #12 first name _____[2]
Child #12 last name _____[3]
Child #12 date of birth (mm/dd/yyyy) _____[4]

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's 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.**
Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number _____ [1]
Child's date of birth _____ [2]
Child's name _____ [4]
Taxpayer/Spouse/Joint (T, S, J) __ [5]

Type Code (**See codes below)	Payer	Interest [6] Income	Tax Exempt Income	U.S. Obligations* $ or %	Tax Exempt* $ or %	Prior Year Information
__		+				
__		+				
__		+				
__		+				
__		+				
__		+				

**Interest Codes				
Blank = Regular Interest	3 = Nominee Distribution	4 = Accrued Interest	5 = OID Adjustment	6 = ABP Adjustment

Children's Dividend Income

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

Type Code (** See codes below)			Ordinary [8] Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* $ or %	Tax Exempt* $ or %	Prior Year Information
	1	Payer										
		Amounts +										
	2	Payer										
		Amounts +										
	3	Payer										
		Amounts +										
	4	Payer										
		Amounts +										
	5	Payer										
		Amounts +										
	6	Payer										
		Amounts +										

**Dividend Codes	
Blank = Other	3 = Nominee

	2022 Information [10]	Prior Year Information
Alaska Permanent Fund dividends:		
_____	+ _____	
_____	+ _____	

Household Employment Tax

Complete if you paid cash wages of $1,000 or more to any household employee.

Taxpayer/Spouse (T, S) [1]
Employer identification number [2]

Total cash wages subject to social security taxes + [4]
Total cash wages subject to Medicare taxes + [5]
Total cash wages subject to Additional Medicare Tax withholding + [6]
Federal income tax withheld + [7]
State disability plan social security & Medicare withheld + [8]

Did you:
(A) pay any household employee cash wages of $2,400 or more in 2022? (Y, N) [9]
(B) withhold Federal income tax for any household employee? (Y, N) [10]
(C) pay household employees cash wages equal to or greater than $1,000 in any quarter of 2021 or 2022? (Y, N) [11]

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.
Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax + [12]

State #1 information
- State postal code where you have to pay unemployment contributions * [14]
- State reporting number as shown on state unemployment tax return [15]
- Taxable wages (as defined in state act) + [16]
- State experience rate period:
  - From [17]
  - To [18]
- State experience rate (xxx.xx) [19]
- Contributions paid to state unemployment fund * + [20]
- Contributions for 2022 paid after 04/18/23 + [21]

State #2 information
- State postal code where you have to pay unemployment contributions [22]
- State reporting number as shown on state unemployment tax return [23]
- Taxable wages (as defined in state act) + [24]
- State experience rate period:
  - From [25]
  - To [26]
- State experience rate (xxx.xx) [27]
- Contributions paid to state unemployment fund + [28]
- Contributions for 2022 paid after 04/18/23 + [29]

NOTES/QUESTIONS:

First-Time Homebuyer Credit Repayment

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, you do not have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address _____ [1]

City/State/Zip code _____ [2] ___ [3] _____ [4]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) _____ [5]

Purchase price of the home _____ [6]

Date the home was sold or ceased being used as principal residence _____ [13]

If you sold your home, enter the selling price _____ [14]

If you sold your home, enter the expense of sale _____ [15]

Were you and your spouse married on the purchase date? (Y, N) __ [18]

If your home was transferred to your ex-spouse due to a divorce settlement,

enter his or her full name _____ [19]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name _____ [22]

Allocation percentage _____

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 +		**Form ID: 2441**

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2022, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2022	+ _____[7]	+ _____[8]
Taxable disability income received in 2022	+ _____[9]	+ _____[10]

NOTES/QUESTIONS:

Residential Energy Credit

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	[5]
Enter the total amount of costs for exterior windows	+	[7]
Enter the total amount of costs for exterior doors	+	[9]
Enter the total amount of costs for qualified metal roofs	+	[11]
Enter the total amount of costs for energy-efficient building property	+	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	[10]
Enter the total amount of costs for qualified solar electric property	+	[12]
Enter the total amount of costs for qualified solar water heating property	+	[14]
Enter the total amount of costs for qualified small wind energy property	+	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+	[13]
Enter the total amount of costs for qualified fuel cell property	+	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		[17]

NOTES/QUESTIONS:

Foreign Tax Credit

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2022.

Preparer use only

Description [3]
Taxpayer/Spouse (T, S) [9]
Category of income* [11]
Description of income [12]

*Category of Income	
A = Section 951A income	E = Section 901(j) income
B = Foreign Branch income	F = Certain income re-sourced by treaty
C = Passive income	G = Lump-sum distributions
D = General income	

Foreign Income or Loss

Country code [19]
Country name [20]

	Regular	AMT, if different
Foreign gross income	+ [23]	+ [24]
Definitely related expenses:		
	+ [31]	+ [32]
	+	+
	+	+
	+	+
	+	+
Foreign source losses	+ [45]	+ [46]

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:
Date paid or accrued [47]
In foreign currency - taxes withheld on:
Dividends + [48]
Rents & royalties + [49]
Interest + [50]
Other foreign taxes + [51]
In US dollars - taxes withheld on:
Dividends + [53]
Rents & Royalties + [54]
Interest + [55]
Other foreign taxes + [56]

NOTES/QUESTIONS:

Complete this form if you paid qualified adoption expenses in 2022. Indicate if the adoption was final in or before 2022. Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home. Please provide copies of legal documents approving the adoption.

	Child 1 [1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)			
First name			
Last name			
Child's date of birth			
Mark if this child was:			
born before '05 and was disabled			
a child with special needs			
a foreign child			
Child's identifying number			
Total adoption credit received in prior years for this child			
Total qualified adoption expenses paid in 2021 for this child			
Employer-provided benefits received in 2021 for this child			
Total qualified adoption expenses paid in 2022 for this child			
Employer-provided benefits received in 2022 for this child			
Adoption final in (1 = '22, 2 = Pre '22)			

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)			
First name			
Last name			
Child's date of birth			
Mark if this child was:			
born before '05 and was disabled			
a child with special needs			
a foreign child			
Child's identifying number			
Total adoption credit received in prior years for this child			
Total qualified adoption expenses paid in 2021 for this child			
Employer-provided benefits received in 2021 for this child			
Total qualified adoption expenses paid in 2022 for this child			
Employer-provided benefits received in 2022 for this child			
Adoption final in (1 = '22, 2 = Pre '22)			

If the adoption was incomplete or unsuccessful please provide information below:

_____ [9]

_____ [10]

_____ [11]

NOTES/QUESTIONS:

Fuel Tax Credit

***Select the Type of Use codes from the chart below**

	Type of Use*	Rate	Gallons
Nontaxable use of gasoline -			
Off-highway business use		$0.183	+ _____[1]
Use on a farm		0.183	+ _____[2]
Other nontaxable use	___[3]	0.183	+ _____[4]
Exported		0.184	+ _____[5]
Nontaxable use of aviation gasoline -			
Commercial aviation		0.15	+ _____[6]
Other nontaxable use	___[7]	0.193	+ _____[8]
Exported		0.194	+ _____[9]
Leaking underground storage tank (LUST) tax		0.001	+ _____[10]
Nontaxable use of undyed diesel fuel -			
Explanation of evidence of dyes:			
_____[11]			
Other nontaxable use	___[12]	0.243	+ _____[13]
Use on a farm		0.243	+ _____[14]
Trains		0.243	+ _____[15]
Intercity / local bus		0.17	+ _____[16]
Exported		0.244	+ _____[17]
Nontaxable use of undyed kerosene (other than aviation) -			
Explanation of evidence of dyes:			
_____[18]			
Other nontaxable use	___[19]	0.243	+ _____[20]
Use on a farm		0.243	+ _____[21]
Intercity / local buses		0.17	+ _____[22]
Exported		0.244	+ _____[23]
Other nontaxable use taxed at $.044	___[24]	0.043	+ _____[25]
Other nontaxable use taxed at $.219	___[26]	0.218	+ _____[27]
Kerosene used in aviation -			
Kerosene taxed at $.244		0.200	+ _____[28]
Kerosene taxed at $.219		0.175	+ _____[29]
Other nontaxable use taxed at $.244	___[30]	0.243	+ _____[31]
Other nontaxable use taxed at $.219/.044	___[32]	0.218	+ _____[33]
Leaking underground storage tank (LUST) tax		0.001	+ _____[34]

*Type of Use	
1 = Farming purposes	**8 = Diesel & Kerosene fuel other than train or highway vehicle**
2 = Off highway business use	**9 = Foreign trade**
3 = Export	**10 = Certain helicopter and fixed wing air ambulance uses**
4 = Commercial fishing	**11 = Aviation fuel other than propulsion engines**
5 = Intercity/local bus	**13 = Exclusive use by a nonprofit educational organization**
6 = In a qualified local bus	**14 = Exclusive use by a state, political subdivision or DC**
7 = School bus	**15 = In an aircraft or vehicle owned by an aircraft museum**

NOTES/QUESTIONS:

Fuel Tax Credit

***Select the Type of Use codes from the chart below**

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -		
Registration Number		[1]
Explanation of evidence of dyes:		
		[2]
State / local government	0.243	+ [3]
Intercity / local buses	0.17	+ [4]
Sales by registered ultimate vendors of undyed kerosene -		
Registration Number		[5]
Explanation of evidence of dyes:		
		[6]
Use by state/local government	0.243	+ [7]
Sales from a blocked pump	0.243	+ [8]
Intercity / local buses	0.17	+ [9]
Sales by registered ultimate vendors of kerosene in aviation -		
Registration Number		[10]
Commercial aviation taxed at $.219 (Other than foreign trade)	0.175	+ [11]
Commercial aviation taxed at $.244 (Other than foreign trade)	0.200	+ [12]
Nonexempt use in noncommercial aviation	0.025	+ [13]
Other nontaxable uses taxed at $.244 [14]	0.243	+ [15]
Other nontaxable uses taxed at $.219/.044 [16]	0.218	+ [17]
Leaking underground storage tank (LUST) tax	0.001	+ [18]

*Type of Use	
1 = Farming purposes	**8 = Diesel & Kerosene fuel other than train or highway vehicle**
2 = Off highway business use	**9 = Foreign trade**
3 = Export	**10 = Certain helicopter and fixed wing air ambulance uses**
4 = Commercial fishing	**11 = Aviation fuel other than propulsion engines**
5 = Intercity/local bus	**13 = Exclusive use by a nonprofit educational organization**
6 = In a qualified local bus	**14 = Exclusive use by a state, political subdivision or DC**
7 = School bus	**15 = In an aircraft or vehicle owned by an aircraft museum**

NOTES/QUESTIONS:

Fuel Tax Credit

***Select the Type of Use codes from the chart below**

	Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -			
Liquefied petroleum gas (LPG)	___[1]	0.183 +	_____[2]
"P Series" fuels	___[3]	0.183 +	_____[4]
Compressed natural gas (CNG)	___[5]	0.183 +	_____[6]
Liquefied hydrogen	___[7]	0.183 +	_____[8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	___[9]	0.243 +	_____[10]
Liquid hydrocarbons derived from biomass	___[11]	0.243 +	_____[12]
Liquefied natural gas (LNG)	___[13]	0.243 +	_____[14]
Liquefied gas derived from biomass	___[15]	0.183 +	_____[16]
Alternative fuel credit and alternative fuel mixture credit -			
Registration Number			_____[17]
Liquefied hydrogen		0.50 +	_____[18]
Registered credit card users -			
Registration Number			_____[19]
Diesel for state / local government		0.243 +	_____[20]
Kerosene for state / local government		0.243 +	_____[21]
Kerosene for aviation use by state / local gov't taxed at $.219/.044		0.218 +	_____[22]
Nontaxable use of a diesel-water fuel emulsion -			
Other nontaxable use	___[23]	0.197 +	_____[24]
Exported		0.198 +	_____[25]
Diesel-water fuel emulsion blending -			
Registration Number			_____[26]
Blender credit		0.046 +	_____[27]
Exported dyed fuels -			
Exported dyed diesel fuel		0.001 +	_____[28]
Exported dyed kerosene		0.001 +	_____[29]

*Type of Use	
1 = Farming purposes	**8 = Diesel & Kerosene fuel other than train or highway vehicle**
2 = Off highway business use	**9 = Foreign trade**
3 = Export	**10 = Certain helicopter and fixed wing air ambulance uses**
4 = Commercial fishing	**11 = Aviation fuel other than propulsion engines**
5 = Intercity/local bus	**13 = Exclusive use by a nonprofit educational organization**
6 = In a qualified local bus	**14 = Exclusive use by a state, political subdivision or DC**
7 = School bus	**15 = In an aircraft or vehicle owned by an aircraft museum**

NOTES/QUESTIONS:

Carryover Information - Preparer Use Only

Qualified Business Income Deduction Carryovers	2021 to 2022 Amounts
Qualified business loss (QBID)	+ [1]
Qualified REIT dividends and PTP loss	+ [2]
Excess business loss deduction portion of NOL	+ [3]

Instructions
Enter carryovers from prior year(s) as positive numbers.
Enter utilizations from prior year(s) as negative numbers.

Indefinite Carryovers	2021 to 2022 Amounts
Minimum tax credit	+ [4]
Investment interest	+ [5]
Investment interest - AMT	+ [6]
Short-term capital loss	+ [7]
Short-term capital loss - AMT	+ [8]
Long-term capital loss	+ [9]
Long-term capital loss - AMT	+ [10]
Residential energy credit	+ [11]
D.C. first-time homebuyer credit	+ [12]
Tax credit bonds	+ [13]

Section 1231 Nonrecaptured Losses

	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
2017	+ [14]	+ [19]
2018	+ [15]	+ [20]
2019	+ [16]	+ [21]
2020	+ [17]	+ [22]
2021	+ [18]	+ [23]

Charitable Contribution Carryover Items

Prior C/O Year	100% Contributions	60% Contributions	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions
2017			+ [34]	+ [39]	+ [44]	+ [49]
2018		+ [30]	+ [35]	+ [40]	+ [45]	+ [50]
2019		+ [31]	+ [36]	+ [41]	+ [46]	+ [51]
2020	+ [27]	+ [32]	+ [37]	+ [42]	+ [47]	+ [52]
2021	+ [28]	+ [33]	+ [38]	+ [43]	+ [48]	+ [53]

AMT Charitable Contribution Carryover Items

Prior C/O Year	100% AMT Contributions	60% AMT Contributions	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions
2017			+ [64]	+ [69]	+ [74]	+ [79]
2018		+ [60]	+ [65]	+ [70]	+ [75]	+ [80]
2019		+ [61]	+ [66]	+ [71]	+ [76]	+ [81]
2020	+ [57]	+ [62]	+ [67]	+ [72]	+ [77]	+ [82]
2021	+ [58]	+ [63]	+ [68]	+ [73]	+ [78]	+ [83]

NOTES/QUESTIONS:

Qualified Conservation Contribution Carryover Items

Enter carryovers from prior year(s) as positive numbers. Enter utilizations from prior year(s) as negative numbers.

Prior C/O Year	50% Qualified Conservation Contributions	50% AMT Qual Conservation Contributions	100% Qualified Conservation Contributions	100% AMT Qual Conservation Contributions
2007	+ [1]	+ [16]	+ [31]	+ [46]
2008	+ [2]	+ [17]	+ [32]	+ [47]
2009	+ [3]	+ [18]	+ [33]	+ [48]
2010	+ [4]	+ [19]	+ [34]	+ [49]
2011	+ [5]	+ [20]	+ [35]	+ [50]
2012	+ [6]	+ [21]	+ [36]	+ [51]
2013	+ [7]	+ [22]	+ [37]	+ [52]
2014	+ [8]	+ [23]	+ [38]	+ [53]
2015	+ [9]	+ [24]	+ [39]	+ [54]
2016	+ [10]	+ [25]	+ [40]	+ [55]
2017	+ [11]	+ [26]	+ [41]	+ [56]
2018	+ [12]	+ [27]	+ [42]	+ [57]
2019	+ [13]	+ [28]	+ [43]	+ [58]
2020	+ [14]	+ [29]	+ [44]	+ [59]
2021	+ [15]	+ [30]	+ [45]	+ [60]

NOTES/QUESTIONS:

Business Credit Carryover Information - Preparer Use Only

	Description	
A	_____	[2]
B	_____	[2]
C	_____	[2]
D	_____	[2]

Prior C/O Year	A	B	C	D
	_____[1]	_____[1]	_____[1]	_____[1]
2002	+ _____[3]	+ _____[3]	+ _____[3]	+ _____[3]
2003	+ _____[4]	+ _____[4]	+ _____[4]	+ _____[4]
2004	+ _____[5]	+ _____[5]	+ _____[5]	+ _____[5]
2005	+ _____[6]	+ _____[6]	+ _____[6]	+ _____[6]
2006	+ _____[7]	+ _____[7]	+ _____[7]	+ _____[7]
2007	+ _____[8]	+ _____[8]	+ _____[8]	+ _____[8]
2008	+ _____[9]	+ _____[9]	+ _____[9]	+ _____[9]
2009	+ _____[10]	+ _____[10]	+ _____[10]	+ _____[10]
2010	+ _____[11]	+ _____[11]	+ _____[11]	+ _____[11]
2011	+ _____[12]	+ _____[12]	+ _____[12]	+ _____[12]
2012	+ _____[13]	+ _____[13]	+ _____[13]	+ _____[13]
2013	+ _____[14]	+ _____[14]	+ _____[14]	+ _____[14]
2014	+ _____[15]	+ _____[15]	+ _____[15]	+ _____[15]
2015	+ _____[16]	+ _____[16]	+ _____[16]	+ _____[16]
2016	+ _____[17]	+ _____[17]	+ _____[17]	+ _____[17]
2017	+ _____[18]	+ _____[18]	+ _____[18]	+ _____[18]
2018	+ _____[19]	+ _____[19]	+ _____[19]	+ _____[19]
2019	+ _____[20]	+ _____[20]	+ _____[20]	+ _____[20]
2020	+ _____[21]	+ _____[21]	+ _____[21]	+ _____[21]
2021	+ _____[22]	+ _____[22]	+ _____[22]	+ _____[22]

NOTES/QUESTIONS:

20 Year Carryovers - Pre-TCJA

Prior C/O Year	Net Operating Loss	AMT Net Operating Loss
2002	+ [1]	+ [21]
2003	+ [2]	+ [22]
2004	+ [3]	+ [23]
2005	+ [4]	+ [24]
2006	+ [5]	+ [25]
2007	+ [6]	+ [26]
2008	+ [7]	+ [27]
2009	+ [8]	+ [28]
2010	+ [9]	+ [29]
2011	+ [10]	+ [30]
2012	+ [11]	+ [31]
2013	+ [12]	+ [32]
2014	+ [13]	+ [33]
2015	+ [14]	+ [34]
2016	+ [15]	+ [35]
2017	+ [16]	+ [36]

Indefinite Carryovers - Starting in 2018

	Net Operating Loss	AMT Net Operating Loss
Post-TCJA	+ [20]	+ [40]

NOTES/QUESTIONS:

Tax Return History

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2018 Amounts	2019 Amounts	2020 Amounts	2021 Amounts
Filing Status (1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)				
Salaries and wages				
Interest income				
Tax-exempt interest				
Dividend income				
Qualified dividends				
Business income/loss				
Capital gains and losses				
Other gains and losses				
IRA distributions, pensions, annuities				
Rent, royalty, farm rental income				
Partnership/S corp income				
Estate or trust income				
Farm income/loss				
Other income/loss				
Total income -				
Total adjustments to income				
Adjusted gross income -				
Medical expenses				
State and local taxes				
Interest expenses				
Charitable contributions				
Other itemized deductions				
Allowable itemized deductions				
Standard deduction				
Standard or itemized deduction taken -				
Exemptions				
Qualified Business Income Deduction				
Taxable income -				
Tax on taxable income				
Alternative minimum tax				
Total credits				
Net tax liability -				
Self-employment taxes				
Other taxes				
Total tax -				
Income tax withheld				
Estimated tax payments				
Other payments				
Total payments -				
Tax due/-refund -				
Penalties and interest				
Net tax due/-refund -				
Refund applied to estimated tax payments				
Refund received				
Marginal tax rate -	%	%	%	%
Effective tax rate -	%	%	%	%

NOTES/QUESTIONS:

General: 1040

Personal Information

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 ___ Mark if your nonresident alien spouse does not have an ITIN ___

	Taxpayer	Spouse
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

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441

Child and Dependent Care Expenses

Provider information:

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 2022

	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited		

NOTES/QUESTIONS:

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.

T/S	Description	Prior Year Information	Mark if no longer 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

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

T/S/J	Description	Form	Mark if no longer 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.

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

NOTES/QUESTIONS:

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A

Income: B1

Interest Income

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information

Income: B3

Seller Financed Mortgage Interest

T, S, J ___ Payer's name _____ Payer's social security number _____

Payer's address, city, state, zip code _____ _____ ___ _____

Amount received in 2022 _____ Amount received in 2021 _____

Income: B2

Dividend Income

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information

Income: D

Sales of Stocks, Securities, and Other Investment Property

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

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

Income: Income

Other Income

Please provide copies of all supporting documentation.

	2022 Information	Prior Year Information
State and local income tax refunds		

	T/S	Agreement Date	2022 Information	Prior Year Information
Alimony received				

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation			
Unemployment compensation repaid			
Social security benefits			
Medicare premiums to be reported on Schedule A			
Railroad retirement benefits			

T/S/J	Other Income:	2022 Information	Prior Year Information

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2022 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		
Enter the total traditional IRA contributions made for use in 2022		
Roth IRA Contributions for 2022 -		
Mark if you want to contribute the maximum Roth IRA contribution		
Enter the total Roth IRA contributions made for use in 2022		

Educate: Educate2

Higher Education Deductions and/or Credits

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.

T/S	Qualified student loan interest paid	2022 Information	Prior Year Information

Complete this section if you paid qualified education expenses for higher education costs in 2022.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.
Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information

***Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction**
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	
Taxpayer/Spouse/Joint (T, S, J)	
Mark if the move was due to service in the armed forces	
Number of miles from old home to new workplace	
Number of miles from old home to old workplace	
Mark if move is outside United States or its possessions	
Transportation and storage expenses	
Travel and lodging (not including meals)	
Total amount reimbursed for moving expenses	

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2022 Information	Prior Year Information

Street address

City, State and Zip code

*Enter the divorce/separation agreement date

	Taxpayer	Spouse	Prior Year Information
Educator expenses:			
Other adjustments:			

Itemized: A1

Medical and Dental Expenses

T/S/J		2022 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 (1/1/22-6/30/22, 18 cents)		
__	Miles driven for medical items (7/1/22-12/31/22, 22 cents)		

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2022 Information	Prior Year Information
__	State/local income taxes paid		
__	2021 state and local income taxes paid in 2022		
__	Sales tax paid on actual expenses		
__	Real estate taxes paid		
__	Personal property taxes		
__	Other taxes		

Itemized: A2

Interest Expenses

T/S/J		2022 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	2022 Information	Prior Year Information
__				

Address	City	State	Zip Code

T/S/J		2022 Information	Prior Year Information
__	Investment interest expense, other than on Sch K-1s:		

Refinancing Information:	Refinance #1	Refinance #2
T/S/J	__	__
Recipient/Lender name		
Total points paid at time of refinance		
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2022		

Itemized: A3

Charitable Contributions

T/S/J		2022 Information	Prior Year Information
__	Contributions made by cash or check		
__	Volunteer miles driven		
__	Noncash items, such as: Goodwill, Salvation Army		

Itemized: A3, A-St

Miscellaneous Deductions

T/S/J		2022 Information	Prior Year Information
__	Other expenses		
__	Gambling losses (enter only if you have gambling income)		

*****STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA**

T/S/J		2022 Information	Prior Year Information
__	Unreimbursed expenses***		
__	Union dues, other than amounts reported on Form W-2***		
__	Tax preparation fees***		
	Other expenses, subject to 2% AGI limitation***:		
__			
__			
__	Safe deposit box rental***		
__	Investment expenses, other than on Schedule(s) K-1 or Form(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.

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

Primary account:

- 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 _____ **or** Percent (xxx.xx) _____

Secondary account #1:

- 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 _____ **or** Percent (xxx.xx) _____

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 _____ **or** Percent (xxx.xx) _____

*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, 4 = 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) _____

NOTES/QUESTIONS:

Depreciation - Asset List

Preparer use only

Activity name ______________________________

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

Asset No.	Description of Property Comments	Date in Service Date Sold/Disposed	Cost or Basis Sales Price
EXAMPLE	Machinery and equipment (EXAMPLE ASSET)	11/21/14	42,500
	Collected in 5 equal payments over 2 yrs	03/09/22	20,000

Depreciation - Asset Acquisitions

Preparer use only

Activity name _____

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

		Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE		**2022 Model T - (EXAMPLE ASSET)**	**03/09/22**	**25,750**
		Comments: **22,500 job-related miles, 25,000 total miles**		
1				
		Comments:		
2				
		Comments:		
3				
		Comments:		
4				
		Comments:		
5				
		Comments:		
6				
		Comments:		
7				
		Comments:		
8				
		Comments:		
9				
		Comments:		
10				
		Comments:		
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17				
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18				
		Comments:		
19				
		Comments:		
20				
		Comments:		
21				
		Comments:		
22				
		Comments:		
23				
		Comments:		
24				
		Comments:		
25				
		Comments:		

Form ID: AL

Alabama General Information

If you moved during the tax year, name of Alabama city moved to _____[1] Zip code _____[2]
If divorced during the tax year, enter former spouse's social security number _____[3]
If you did not file a prior year Alabama tax return, enter reason:

_____[4]
_____
_____
_____

Contributions

Enter the amount of contributions you wish to make:

Political Contributions

	Taxpayer	Spouse
Election campaign fund contribution ($1.00) (1 = Democratic party fund, 2 = Republican party fund)	___ [5]	___ [6]

Charitable Contributions

Senior Services Trust Fund	_____[7]	Firefighters Benefit Fund	_____[16]
Arts Development Fund	_____[8]	Breast and Cervical Cancer Program	_____[17]
Nongame Wildlife Fund	_____[9]	Victims of Violence Assistance	_____[18]
Child Abuse Trust Fund	_____[10]	Military Support Foundation	_____[19]
Veterans Program	_____[11]	Spay-Neuter Program	_____[20]
Historic Preservation Fund	_____[12]	Cancer Research Institute	_____[21]
State Veterans Cemetery at Spanish Fort Foundation	_____[13]	Association of Rescue Squads	_____[22]
Foster Care Trust Fund	_____[14]	USS Alabama Battleship Commission	_____[23]
Mental Health	_____[15]	Children First Trust Fund	_____[24]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Alabama

Part-year residency dates:
From _____[25]
To _____[26]
If a nonresident of Alabama, enter state of legal residence _____[27]

Credits

Basic Skills Education Credit:
Dept of Education certification number _____[28]
Name of sponsoring employer or firm _____[29]
Name of approved provider _____[30]
Location of provider _____[31]
Total expenses _____[32]
Rural Physician Credit:
Hospital where services provided _____[33]
Community where services provided _____[34]

NOTES/QUESTIONS:

Form ID: AZ

Arizona General Information

Last name on prior returns, if different _____[1]

If you were a part-year resident during the tax year, enter the dates you lived in Arizona

Part-year residency dates:

From _____[2]

To _____[3]

Other state(s) of residency (Part-year residents only) _____[4] _____[5] _____[6] _____[7]

Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) ___[8]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political gift _____[9]

Name of party (2 = Democratic, 3 = Libertarian, 4 = Republican) ___[10]

Charitable Contributions

Solutions Teams Assigned to Schools _____[11]

Arizona Wildlife Fund _____[12]

Child Abuse Prevention Fund _____[13]

Domestic Violence Services _____[14]

Neighbors Helping Neighbors Fund _____[15]

Special Olympics Fund _____[16]

Veterans Donation Fund _____[17]

I Didn't Pay Enough Fund _____[18]

Sustainable State Parks and Road Fund _____[19]

Spay/Neuter of Animals _____[20]

Property Tax Credit Information

Full Year Residents Only

Homestead status on December 31 (1 = Rent, 2 = Own) ___[21]

Mark if you:

Received Title 16, SSI payments ___[22]

Lived alone ___[23]

Property taxes paid through rent payments _____[24]

If claimed as a dependent on another's return, enter claimant's information:

Name _____[25]

Social security number _____[26]

Address _____[27] Apartment number _____[28]

City _____[29] State _____[30] Zip code _____[31]

Income earned by other household residents _____[32]

NOTES/QUESTIONS:

Form ID: AR

Arkansas General Information

Taxpayer deaf ___[1]
Spouse deaf ___[2]
Early childhood program - certificate number _____[3]
State political contribution _____[4]

	Taxpayer	Spouse
Contributions to a long-term intergenerational trust	_____[5]	_____[6]

Contributions

Amount of charitable contributions you wish to make to:

Disaster Relief Program _____[7]
Game and Fish Foundation _____[8]
School for the Blind and Deaf _____[9]
Baby Sharon's Children's Catastrophic Illness Program _____[10]
Organ Donor Awareness Education Program _____[11]
Area Agencies on Aging _____[12]
Military Family Relief _____[13]
Newborn Umbilical Cord Blood Initiative _____[14]
Law Enforcement Family Relief Trust Fund _____[15]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Arkansas

Part-year residency dates:
From _____[16]
To _____[17]
State of residency if nonresident of Arkansas _____[18]

NOTES/QUESTIONS:

Form ID: CA

California General Information

Prior year last name
- Taxpayer _____[1]
- Spouse _____[2]

Health Care Coverage

Entire family covered for full year with minimum essential health care coverage (1 = Yes, 2 = No) ___[3]

Use Tax

Item purchased	Purchase price	County (City)	Sales Tax paid
			[4]

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund	[5]	State Parks Protection Fund	[16]
Alzheimer's Disease/Related Dementia Fund	[6]	Protect Our Coast and Oceans Fund	[17]
Rare and Endangered Species Preservation Program	[7]	Keep Arts in Schools Fund	[18]
Breast Cancer Research Fund	[8]	Prevention Animal Homelessness & Cruelty	[19]
Firefighters' Memorial Fund	[9]	California Senior Citizen Advocacy Fund	[20]
Emergency Food for Families Fund	[10]	Native California Wildlife Rehabilitation	[21]
Peace Officer Memorial Foundation Fund	[11]	Rape Backlog Kit Fund	[22]
Sea Otter Fund	[12]	Suicide Prevention Fund	[24]
Cancer Research Fund	[13]	Mental Health Crisis Prevention Fund	[25]
School Supplies for Homeless Children Fund	[14]	Community & Neighborhood Tree Fund	[32]
Parks Pass Purchase ($195)	[15]		

Renter Information

Number of months rented principal residence in California in 2022 _____[33]
Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) ___[34]
Property rented was exempt from property tax in 2022 ___[35]
Taxpayer claimed homeowner's property tax exemption in 2022 ___[36]
Spouse claimed homeowner's property tax exemption during 2022 ___[37]
Maintained separate residencies for the entire year ___[38]
Addresses if more than one or different from mailing address

Address		[39]
City		
State		
Zip Code		
Date Rented From		
Date Rented To		

Landlord information

Name		[40]
Address		
City		
State		
Zip Code		
Telephone		

NOTES/QUESTIONS:

Form ID: CA2

California Residency Information

Part-year, Nonresident

	Taxpayer	Spouse
State of domicile	[1]	[2]
Number of days spent in California	[3]	[4]
Owned California home or property	[5]	[6]
Part-year resident:		
Date moved into California	[7]	[9]
Prior state of residence	[8]	[10]
Date moved out of California	[11]	[13]
New state of residence	[12]	[14]
Nonresident or full-year resident for entire year:		
State of residence	[15]	[16]

Prior Year Residency Information

	Taxpayer	Spouse
Prior residency information:		
From	[17]	[19]
To	[18]	[20]

Military Personnel

Part-year, Nonresident

	Taxpayer	Spouse
State in which stationed	[21]	[22]

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	[23]	[26]
Date returned from overseas or combat zone/QHDA	[24]	[27]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	[25]	[28]
Combat Zone/QHDA Operation/Area served		
Taxpayer	[29]	
Spouse	[30]	

NOTES/QUESTIONS:

Form ID: CO

Colorado Use Tax

Purchases subject to state sales or use tax _____[1]
Special district code ___[2]
Purchases subject to special district sales or use tax if less than the total purchase _____[3]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Conservation and Wildlife Restoration Cash Fund _____[4]
Domestic Abuse Fund _____[5]
Homeless Prevention Activities Fund _____[6]
Western Slope Military Veterans Cemetery Fund _____[7]
Pet Overpopulation Fund _____[8]
Military Family Relief Fund _____[9]
American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund _____[10]
Habitat for Humanity of Colorado Fund _____[11]
Special Olympics of Colorado _____[12]
Colorado Healthy Rivers Fund _____[13]
Alzheimer's Association Fund _____[14]
Colorado Cancer Fund _____[15]
Make-A-Wish Foundation of Colorado Fund _____[16]
Unwanted Horse Fund _____[17]
Feeding Colorado _____[19]
Colorado Nonprofit Fund _____[20]
Charitable organization Secretary of State registration number _____[21]
Name of registered organization

_____[22]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Colorado

	Taxpayer	**Spouse**
Residency status (If taxpayer and spouse are different):		
Resident	___[23]	___[24]
Nonresident	___[25]	___[26]
Part-year resident	___[27]	___[28]
Military nonresident	___[29]	___[30]
Part-year residency dates:		
From	_____[31]	_____[33]
To	_____[32]	_____[34]

NOTES/QUESTIONS:

Form ID: CT

Connecticut Charitable Contributions

Amount of contributions you wish to make to:

AIDS Research	[1]	Safety Net Services	[5]
Organ Transplant	[2]	Military Relief	[6]
Endangered Species/Wildlife Fund	[3]	CHET Baby Scholar	[7]
Breast Cancer Research	[4]	Mental Health Community Investment Acct	[8]

Use Tax Information

Use Tax-Enter any out-of-state purchases made on which sales tax was not paid to the seller:

Purchase 1 Description _____ Date of purchase _____ [9]
Retailer/Service Provider: _____ Purchase price _____
Type Code: ___ Out of state tax paid _____

Purchase 2 Description _____ Date of purchase _____
Retailer/Service Provider: _____ Purchase price _____
Type Code: ___ Out of state tax paid _____

Use Tax Type Codes

1 = Computer & data processing services
2 = Boats, boat motors and trailers
3 = General sales tax
4 = Luxury items

Property Tax Information

Enter property taxes paid on primary residence and/or motor vehicle:

Primary Residence Description (Enter street address)(Resident only) _____ [10]
Auto 1 Description (Enter year, make and model)(Resident only) _____ [11]
Auto 2 Description (Enter year, make and model)(MFJ Resident only) _____ [12]

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only)	[13]	[14]	[15]	
Auto 1 (Resident only)	[16]	[17]	[18]	[19]
Auto 2 (MFJ Resident only)	[20]	[21]	[22]	[23]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Connecticut:

	Taxpayer	Spouse
Enter residency dates:		
From	[24]	[26]
To	[25]	[27]
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)	[28]	[31]
Did you earn income from Connecticut sources during nonresident period? (Y, N)	[29]	[32]
State of prior or new residence	[30]	[33]

Enter the following amounts only if you do NOT know the exact amount of your Connecticut source information

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage) ___ [34]
Working days (or other basis) outside Connecticut _____ [35]
Working days (or other basis) inside Connecticut _____ [36]
Nonworking days (holidays, weekends, etc) _____ [37]
Total income being apportioned _____ [38]

NOTES/QUESTIONS:

Form ID: DE

Delaware General Information

	Taxpayer	Spouse
Mark if totally disabled	___[1]	___[2]
Volunteer firefighter Fire Company number (Resident only)	_____[3]	_____[4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Non-Game Wildlife	_____[5]	_____[6]
Beau Biden Foundation	_____[7]	_____[8]
Emergency Housing	_____[9]	_____[10]
Breast Cancer Education	_____[11]	_____[12]
Organ Donations	_____[13]	_____[14]
Diabetes Education	_____[15]	_____[16]
Veteran's Home	_____[17]	_____[18]
Delaware National Guard	_____[19]	_____[20]
Juvenile Diabetes Fund	_____[21]	_____[22]
Multiple Sclerosis Society	_____[23]	_____[24]
Ovarian Cancer Fund	_____[25]	_____[26]
21st Fund for Children	_____[27]	_____[28]
White Clay Creek	_____[29]	_____[30]
Home of the Brave	_____[31]	_____[32]
Senior Trust Fund	_____[33]	_____[34]
Veteran's Trust Fund	_____[35]	_____[36]
Protecting Delaware's Children Fund	_____[37]	_____[38]
Food Bank of Delaware	_____[39]	_____[40]
Ctrl DE Habitat for Humanity	_____[41]	_____[42]
B+ Childhood Cancer	_____[43]	_____[44]
Combined Campaign for Justice	_____[45]	_____[46]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Delaware

	Taxpayer	Spouse
Part-year residency dates:		
From	_____[47]	_____[49]
To	_____[48]	_____[50]

NOTES/QUESTIONS:

Form ID: DC

District of Columbia Property Tax Credit Information

If renting, enter rental information below (Residents only)

Type of property (1 = Private home, 2 = Apartment, 3 = Rooming house, 4 = Condominium, 5 = Cooperative) ___[1]
Landlord's name _____[2]
Landlord's address (Number and street) _____[3]
_____[4]
Apartment number _____[5]
City _____[6]
State _____[7]
Zip code _____[8]
Landlord's telephone number _____[9]
Rent paid _____[10]

If property owner, enter real property information below

Square number _____[11]
Suffix number _____[12]
Lot number _____[13]

Use Tax

Purchases subject to use tax
Merchandise, services and rentals _____[14]
Alcoholic beverages _____[15]
Purchases of catered food or drink _____[16]
Rentals of non-commercial vehicles _____[17]

Health Care Shared Responsibility

Mark if entire family has qualifying health insurance coverage for every month in 2022 ___[18]
Mark if exemption applies to health insurance requirements ___[19]

Contribution

Amount of contribution you wish to make to:

DC Statehood Delegation Fund (Political Contribution) _____[20]
Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) _____[21]
Anacostia River Cleanup and Prevention Fund (Charitable Contribution) _____[22]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in the District of Columbia

	From	To
Part-year residency dates	_____[23]	_____[24]

Disability Information

	Name of Employer	Payer, if other than employer	No. of Weeks
Taxpayer	_____[25]	_____[26]	_____[27]
Spouse	_____[28]	_____[29]	_____[30]

	Taxpayer	Spouse
Mark if physician's certification previously filed	__[31]	___[32]

Otherwise, enter:
Taxpayer's physician's name _____[33] ___[34] _____[35]
Address, apartment number _____[36] _____[37]
City, state, zip code _____[38] _____[39] _____[40]
Telephone number _____[41]
Spouse's physician's name _____ ___ _____
Address, apartment number _____ _____
City, state, zip code _____ _____ _____
Telephone number _____

Form ID: GA

Georgia General Information

	Taxpayer	Spouse
If disabled, enter the following:		
Type of disability	[1]	[2]
Date of disability	[3]	[4]

Contributions

Amount of contributions you wish to make to:

Wildlife Conservation Fund	[5]
Fund for Children and Elderly	[6]
Cancer Research Fund	[7]
Land Conservation Program	[8]
National Guard Foundation	[9]
Dog and Cat Sterilization Fund	[10]
Save the Cure Fund	[11]
Realizing Educational Achievement Can Happen Program	[12]
Public Safety Memorial Grant	[13]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Georgia

	Taxpayer	Spouse
Part-year residency dates:		
From	[14]	[16]
To	[15]	[17]

NOTES/QUESTIONS:

Form ID: HI

Hawaii General Information

Mark if first time filer ___[1]

If you (or spouse) are blind, deaf or totally disabled, has impairment been certified? (Special disability exemption: T = Taxpayer, S = Spouse, B = Both) ___[2]

Current year distributions from an individual housing account not used for home purchase _____[3]

Reservist or National Guard pay included in W-2 income _____[4]

Payments to an individual housing account _____[5]

Contributions

Amount of contributions you wish to make to:

Election campaign fund - taxpayer (Y, N) ___[6]

Election campaign fund - spouse (Y, N) ___[7]

$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) ___[8]

$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) ___[9]

$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer, S = Spouse, B = Both) ___[10]

Rental Credit Information

Rental credits can only be claimed by persons with Hawaii residence of 9 or more months during the calendar year

Residence Information: Starting Month of Occupancy _____ Ending Month of Occupancy _____[11]

Address _____

City _____

State _____

Zip _____

Owner Information: Name _____

Business Name _____

Address _____

City _____

State _____

Zip _____

Foreign Providence/State _____

Foreign Country Code _____

Foreign Country _____

Foreign Postal Code _____

Tax ID # _____

Total rents received for this unit _____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Hawaii

Part-year residency dates:

From _____[12]

To _____[13]

NOTES/QUESTIONS:

Form ID: ID

Idaho General Information

Mark if:

Taxpayer or spouse is a disabled veteran ___[1]

Receiving Idaho Public Assistance ___[2]

	Taxpayer	Spouse
Number of days eligible for grocery credit if less than full year or total time spent as part year resident	_____[3]	_____[4]

Use Tax

Purchases subject to use tax _____[5]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Conservation Fund _____[6]

Children's Trust Fund and Child Abuse Prevention _____[7]

Special Olympics Idaho _____[8]

Idaho Guard and Reserve Family Support Fund _____[9]

American Red Cross of Idaho _____[10]

Veterans Support Fund _____[11]

Idaho Food Bank _____[12]

Opportunity Scholarship Program Fund _____[13]

Donate grocery credit to the Cooperative Welfare Fund ___[14]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Idaho

	Taxpayer	Spouse
Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident)	___[15]	___[16]
Part-year residency dates:		
From	_____[17]	_____[19]
To	_____[18]	_____[20]
State of residence	_____[21]	_____[22]

Adjustments and Credits

Energy efficiency upgrades _____[23]

Adoption expenses _____[24]

Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both) ___[25]

NOTES/QUESTIONS:

Form ID: IL

Illinois General Information

Use Tax

General merchandise purchases _____[1]
Qualifying food, non-prescription drugs and medical appliances purchases _____[2]
Sales tax already paid to another state _____[3]

Contributions

Amount of contributions you wish to make to:

Wildlife Preservation _____[4]
Alzheimer's Disease Research _____[5]
Assistance to the Homeless _____[6]
Diabetes Research Fund _____[7]
Hunger Relief Fund _____[8]
Ronald McDonald House Charities Fund _____[9]
100 Club of Illinois Fund _____[10]

Credits

Qualified Education Expenses

Child's Name	Grade	School Name	School City	School Type	Total Tuition, Books, Lab fees
[11]	[12]	[13]	[14]	[15]	[16]
[17]	[18]	[19]	[20]	[21]	[22]
[23]	[24]	[25]	[26]	[27]	[28]
[29]	[30]	[31]	[32]	[33]	[34]
[35]	[36]	[37]	[38]	[39]	[40]
[41]	[42]	[43]	[44]	[45]	[46]
[47]	[48]	[49]	[50]	[51]	[52]
[53]	[54]	[55]	[56]	[57]	[58]

Property Taxes

Description	Property Index Number
	[59]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Illinois

	Taxpayer	Spouse
Part-year residency dates:		
From	[60]	[61]
To	[62]	[63]

Mark if you were a resident of any of the following states during the tax year: IA ___[64] KY ___[65] MI ___[66] WI ___[67]

In what states other than above did you reside and/or file a tax return during the tax year? [68]

State postal code	State postal code	State postal code
State postal code	State postal code	State postal code
State postal code	State postal code	State postal code
State postal code	State postal code	State postal code

NOTES/QUESTIONS:

Form ID: IN

Indiana General Information

	Taxpayer	Spouse
County of residence (as of January 1 of tax year)	[3]	[4]
County of employment (as of January 1 of tax year)	[5]	[6]

Taxpayer has not received both payments ($125 + $200) for Automatic Taxpayer Refund [7]

Spouse has not received both payments ($125 + $200) for Automatic Taxpayer Refund [8]

Household employment taxes:

Employee Name _____ Employee SSN _____ [9]

Income _____ State Tax Withheld _____

County Tax Withheld _____ County Code _____

Contributions

Amount of contribution you wish to make to:

Nongame Wildlife Fund [10]

Military Family Relief Fund [11]

Public K-12 Education Fund [12]

Credit for Donation to an Indiana College or University

Mark this field if you made a cash or noncash contribution to an Indiana college or university [13]

Renter's Information

Taxpayer, Spouse, Joint (T,S,J) ___

Number of months rented ____

Principal address _____ [14]

City, state, zip code _____ ____ _____

Total rent paid _____

Landlord name _____ [15]

Landlord address _____

Landlord city, state, zip code _____ ____ _____

Part-year Resident and Nonresident Information

Enter the dates you lived in Indiana or in other states.

	Taxpayer	Spouse
State of residency (Use these fields if you or your spouse had only one state of residency)	[16]	[17]

States of residency (Use these fields if you or your spouse had more than one state of residency)

Taxpayer, Spouse(T,S)	State Postal Code	From Date	To Date
___	____	_____	_____ [18]
___	____	_____	_____
___	____	_____	_____
___	____	_____	_____

NOTES/QUESTIONS:

Form ID: IA

Iowa General Information

County of residence as of December 31st _____[1]
School district _____[2]

Contributions

Amount of charitable contributions you wish to make to:

Fish and Wildlife Fund _____[3]
State Fairgrounds Renovation _____[4]
Firefighters Fund and Veterans Trust Fund _____[5]
Child Abuse Prevention _____[6]

Residency Information

Residency code ___[7]

Residency Code	
Blank = Both spouses have the same residency status	**4 = Taxpayer nonresident, spouse part-year resident**
1 = Taxpayer nonresident, spouse resident	**5 = Taxpayer resident, spouse part-year resident**
2 = Taxpayer resident, spouse nonresident	**6 = Taxpayer part-year resident, spouse resident**
3 = Taxpayer part-year resident, spouse nonresident	

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Iowa

	Spouse	Taxpayer
Part-year residency dates:		
Moved into Iowa	_____[8]	_____[10]
Moved out of Iowa	_____[9]	_____[11]

Nonresident Information

Illinois residents:
Iowa wages or salary only ___[12]
Wages or salary and other Iowa source income ___[13]

NOTES/QUESTIONS:

Form ID: KS

Kansas General Information

County of residence _____[1]
School district number _____[2]
Mark if name or address has changed ___[3]

Use Tax

Use Tax due but receipts or records not available ___[4]
Purchases Subject to Use Tax, receipts or records are available

City/county	Amount
_____	_____[5]
_____	_____
_____	_____

Contributions

Enter the amount of charitable contributions you wish to make to:

Chickadee Checkoff _____[6]
Senior Citizens Meals On Wheels Contribution Program _____[7]
Breast Cancer Research Fund _____[8]
Military Emergency Relief Fund _____[9]
Kansas Hometown Heroes Fund _____[10]
Kansas Creative Arts Industry Fund _____[11]
School District Contribution Fund _____[12]
School district headquarters county _____[13]
School district number _____[14]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kansas

Part-year residency dates:
From _____[15]
To _____[16]

NOTES/QUESTIONS:

Form ID: KY

Kentucky General Information

National Guard member - taxpayer ___[1]
National Guard member - spouse ___[2]
Enter your state of residency at the end of the tax year (Part-year and Nonresident only) _____[3]

Use Tax

	Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller			[4]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Spouse	Taxpayer
Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	___[5]	___[6]

Charitable Contributions

Nature and Wildlife Fund _____[7]
Child Victims' Trust Fund _____[8]
Veterans' Program Trust Fund _____[9]
Breast Cancer Research and Education Trust Fund _____[10]
Farms to Food Banks Trust Fund _____[11]
Local History Trust Fund _____[12]
Special Olympics Kentucky _____[13]
Pediatric Cancer Research Trust Fund _____[14]
Rape Crisis Center Trust Fund _____[15]
Court Appointed Special Advocate Trust Fund _____[16]
YMCA Youth Association Fund _____[17]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kentucky

Part-year residency dates:
From _____[18]
To _____[19]
State moved from _____[20]
State moved to _____[21]

Nonresident Information

	Spouse	Taxpayer
Mark if:		
Commuted daily to Kentucky employment (VA resident)	___[22]	___[23]
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below)	___[24]	___[25]

Resident of state(s)

Taxpayer	IL ___[26]	IN ___[27]	MI ___[28]	OH ___[29]	VA ___[30]	WV ___[31]	WI ___[32]
Spouse	IL ___[33]	IN ___[34]	MI ___[35]	OH ___[36]	VA ___[37]	WV ___[38]	WI ___[39]

NOTES/QUESTIONS:

Form ID: LA

Louisiana General Information

Mark if name has changed ___[1]

Use Tax

Enter the amount of any out-of-state purchases on which sales tax was not paid _____[2]

Contributions

Military Family Assistance Fund	_____[3]	National Guard Honor Guard for Military Funerals	_____[13]
Coastal Protection and Restoration Fund	_____[4]	Louisiana State Troopers Charities, Inc	_____[14]
START Program	_____[5]	Louisiana Horse Rescue Association	_____[15]
Wildlife Habitat and Natural Heritage Fund	_____[6]	Louisiana Coalition Against Domestic Violence	_____[16]
Louisiana Cancer Trust Fund	_____[7]	Dreams Come True	_____[17]
Pet Overpopulation Advisory Council	_____[8]	Sexual Trauma Awareness	_____[18]
Louisiana Food Bank Association	_____[9]	Louisiana State University Agricultural Center	_____[19]
Make-A-Wish of Texas Gulf Coast/Louisiana	_____[10]	Maddie's Footprints	_____[20]
Louisiana Association of United Ways / 2-1-1	_____[11]	University of New Orleans Foundation	_____[21]
American Red Cross	_____[12]	Southeastern Louisiana University Foundation	_____[22]

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____[23]	_____[25]
To	_____[24]	_____[26]

Retirement Information

	Taxpayer	Spouse
Date retired as a:		
Louisiana state employee	_____[27]	_____[28]
Louisiana teacher	_____[29]	_____[30]
Federal employee	_____[31]	_____[32]

Other retirement information: Retirement System Name	Taxpayer Date Retired	Spouse Date Retired
_____	_____	_____[33]
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTES/QUESTIONS:

Form ID: ME

Maine Use Tax

Calculate use tax using .04% of Maine Adjusted Gross Income (For purchases < $1000 per purchase only) ___[1]
Out of state purchases (Enter purchases greater than $999 and less tan $5,000 per purchase) _____[2]
Use tax already paid to another jurisdiction _____[3]
Casual rental income _____[4]

Contributions

Political Contributions

Contribute $3 ($6 if joint) to the Maine Clean Election Fund (1 = Taxpayer, 2 = Spouse, 3 = Joint) ___[5]

Charitable Contributions

Endangered and Nongame Wildlife Fund "Chickadee Check-off" _____[6]
Maine Children's Trust _____[7]
Companion Animal Sterilization Fund _____[8]
Maine Military Family Relief Fund _____[9]
Maine Veterans' Memorial Cemetery Maintenance Fund _____[10]
Maine Public Library Fund _____[11]
Maine Children's Cancer Research Fund _____[12]

State Park Passes

Number of individual park passes _____[13]
Number of vehicle passes _____[14]

Property Tax Fairness Credit

Not required to file federal or Maine tax return (Filing for Property Tax Fairness only) ___[15]
Physical street address if different from mailing address _____[16] _____[17]
City, state, zip code _____[18] _____[19] _____[20]
Property tax paid during 2022 (For home up to 10 acres less portion related to business use and special assessments) _____[21]
Rent paid for 2022 _____[22]
Social security disability / supplemental security income (If part-year resident, enter portion received during residency) _____[23]
Rent includes heat, utilities, furniture, snow plowing, etc. ___[24] Amount related to heat, etc. _____[25]
Landlord #1 name _____ Landlord #1 phone number _____[26]
Landlord #2 name _____ Landlord #2 phone number _____

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____[27]	_____[29]
To	_____[28]	_____[30]
State where stationed	_____[31]	_____[32]
State of prior residency	_____[33]	_____[34]
Nonresident state of residence	_____[35]	_____[36]
Number of days in Maine for any reason	_____[37]	_____[38]

Maine property owners only:
Municipality where owned, taxpayer _____[39]
Municipality where owned, spouse _____[40]

NOTES/QUESTIONS:

Form ID: MD

Maryland General Information

	Taxpayer	Spouse
County of residence	[1]	[2]
City of residence		[3]

Contributions

Amount of charitable contributions you wish to make to:

Chesapeake Bay and Endangered Species Fund	[4]
Developmental Disabilities Waiting List Equity Fund	[5]
Maryland Cancer Fund	[6]
Fair Campaign Financing Fund	[7]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Maryland

Part-year residency dates:

From	[8]
To	[9]

State of legal residence (Other than Maryland) [10]

If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident) [11]

Mark if taxpayer or spouse in military (Nonresident only) [12]

NOTES/QUESTIONS:

Form ID: MA

Massachusetts General Information

Name has changed since last year ___[1]
Noncustodial parent ___[2]
In care of address or address of legal residence or domicile:
Street _____[3]
City, state, zip code _____[4] ___[5] _____[6]
Foreign country name _____[7]
Foreign province or county _____[8]
Foreign postal code _____[9]

Use Tax

Estimate use tax for out of state purchases less than $1,000 ___[10]
Out of state purchases _____[11] Sales tax paid to other state _____[12]

Contributions

Amount of political and charitable contributions you wish to make to:

	Taxpayer	Spouse
Contribute to the State Election Campaign Fund	___[13]	___[14]

Organ Transplant Fund _____[15]
Endangered Wildlife Conservation _____[16]
Public Health HIV and Hepatitis Fund _____[17]
United States Olympic Fund _____[18]
Military Family Relief Fund _____[19]
Homeless Animal Prevention and Care Fund _____[20]

Adjustments and Deductions

Rental Deduction

Residence #1 rented address _____[21]
Landlord's name and address _____
Date from _____ Date to _____ Rent paid _____

Residence #2 rented address _____
Landlord's name and address _____
Date from _____ Date to _____ Rent paid _____

Health Insurance Information

	Taxpayer	Spouse
Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year	___[22]	___[23]
Insurance information has changed from last year	Yes ___[24] No ___[25]	Yes ___[26] No ___[27]
Federal identification number	_____[28]	_____[29]
Subscriber number	_____[30]	_____[31]
Name of insurance company (Taxpayer)	_____[32]	
Name of insurance company (Spouse)	_____[33]	

Commuter Deduction

	Tolls paid through Fastlane	MBTA Transit/commuter passes
Taxpayer	_____[34]	_____
Spouse	_____[35]	_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Massachusetts

Part-year residency dates:
From _____[36]
To _____[37]

Form ID: MI

Michigan General Information

School district name _____[1]
School district code _____[2]
Mark if 2/3 income from seafaring ___[3]

	Taxpayer	Spouse
Do you want $3.00 to go to the state campaign fund? (Y, N)	___[4]	___[5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paraplegic, quadriplegic or hemiplegic	___[6]	___[7]
Totally and permanently disabled	___[8]	___[9]
Deaf	___[10]	___[11]
Qualified disabled veteran	___[12]	___[13]

Use Tax

Purchases up $1000 per purchase subject to use tax _____[14]
Purchases exceeding $1000 per purchase subject to use tax _____[15]

Contributions

Amount of charitable contribution you wish to make to:
Contributions must be a minimum of $5, $10 or any amount greater than $10

American Red Cross of Michigan _____[16]
Animal Welfare Fund _____[17]
Children's Trust Fund - Preventing Child Abuse in Michigan _____[18]
Military Family Relief Fund _____[19]
United Way Fund _____[20]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Michigan

	Taxpayer	Spouse
From	_____[21]	_____[23]
To	_____[22]	_____[24]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		___[25]

NOTES/QUESTIONS:

Form ID: MI2

Michigan Credits - Homestead Property Tax Credit Information

Homeowner

Homestead occupied entire tax year:Taxable value _____[1] Special Assessments _____[3]

Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5)

TSJ	Description	Amount
___	_____	_____[4]
___	_____	_____

Address at end of tax year, if different from that entered on Organizer Form ID: 1040 (or Lite-1):

Street address _____[5] Taxable value _____[9]

City _____[6] Number of days occupied _____[10]

State _____[7] Zip code _____[8] Property taxes levied for the year _____[11]

Address of homestead sold during tax year:

Street address _____[12] Taxable value _____[16]

City _____[13] Number of days occupied _____[17]

State _____[14] Zip code _____[15] Property taxes levied for the year _____[18]

Rental Information

[19]

Rental #1 Address City Zip code	No. months	Monthly rent	Mobile home
Landlord #1 Name Address City State Zip Code			
Rental #2 Address City Zip code	No. months	Monthly rent	Mobile home
Landlord #2 Name Address City State Zip Code			

Household Income

Enter amounts of nontaxable income received during the tax year by any member of your household

Child support and foster parent payments _____[20]

Worker's compensation and Veteran's benefits _____[21]

Family Independence Agency and other public assistance payments _____[22]

Gifts or expenses paid on your behalf _____[23]

Other nontaxable income (inheritances, etc):

_____ _____[24]

_____ _____

_____ _____

NOTES/QUESTIONS:

Michigan Cities General Information

	Taxpayer	Spouse
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Disabled	___[1]	___[2]
Deaf	___[3]	___[4]

NOTES/QUESTIONS:

Form ID: MN

Minnesota General Information

Mark if you or your spouse are disabled ___[1]

Welfare amounts received _____[2]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Taxpayer	Spouse
State campaign fund (Enter the appropriate code for the $5 political party contribution on Form M1 or Form M1PR from the list below)	_____[3]	_____[4]

Political Parties		
11 = Republican	**14 = Grassroots-Legalize Cannabis**	**99 = General Campaign Fund**
12 = Democratic Farmer-Labor	**16 = Libertarian**	
13 = Independence	**17 = Legalize Marijuana Now**	

Charitable Contribution

Nongame Wildlife Fund _____[5]

Credits and Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) _____[6]

Name of insurance company (Spouse) _____[7]

Policy Number (Taxpayer) _____[8]

Policy Number (Spouse) _____[9]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____[10]	___[11]	_____[12]	_____[13]	_____[14]	_____[15]	_____[16]	_____[17]
_____[18]	___[19]	_____[20]	_____[21]	_____[22]	_____[23]	_____[24]	_____[25]
_____[26]	___[27]	_____[28]	_____[29]	_____[30]	_____[31]	_____[32]	_____[33]

	Child One	Child Two	Child Three
Class name	_____[34]	_____[35]	_____[36]
Class type	_____[37]	_____[38]	_____[39]
Ind. instr name	_____[40]	_____[41]	_____[42]
Ind. instr type	_____[43]	_____[44]	_____[45]
Music ins type	_____[46]	_____[47]	_____[48]
Musical ins cost	_____[49]	_____[50]	_____[51]
Type of school attended	_____[52]	_____[53]	_____[54]
Transp provider	_____[55]	_____[56]	_____[57]

M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Minnesota

	Taxpayer	Spouse
Part-year residency dates:		
From	_____[58]	_____[60]
To	_____[59]	_____[61]
Other state of residence (State/Foreign country required for other nonresidents)	___[62]	___[63]

NOTES/QUESTIONS:

Mississippi General Information

County of residence _____ [1]

Contributions

Amount of contributions you wish to make to:

Military Family Relief Fund _____ [2]
Commission for Volunteer Service Fund _____ [3]
Wildlife Heritage Fund _____ [4]
Educational Trust Fund _____ [5]
Wildlife Fisheries and Parks Foundation _____ [6]
Burn Care Fund _____ [7]

NOTES/QUESTIONS:

Form ID: MO

Missouri General Information

County of residence name _____[1]
County of residence _____[2]

Contributions

Amount of contributions you wish to make to:

Children's Trust Fund _____[3]
Veterans Trust Fund _____[4]
Elderly Home Delivered Meals Trust Fund _____[5]
Missouri National Guard Trust Fund _____[6]
Workers' Memorial Trust Fund _____[7]
Childhood Lead Testing Trust Fund _____[8]
Missouri Military Family Relief Trust Fund _____[9]
General Revenue Trust Fund _____[10]
Organ Donor Program Trust Fund _____[11]
Kansas City Regional Law Enforcement Memorial Foundation Trust Fund _____[12]
Soldiers Memorial Military Museum in St. Louis Trust Fund _____[13]
Trust Fund _____[14] _____[15]
Trust Fund _____[16] _____[17]

Trust Fund Codes

01 = American Cancer Society
02 = American Diabetes Association
03 = American Heart Association
04 = American Lung Association
05 = ALS (Lou Gehrig's Disease)
07 = Muscular Dystrophy Association
08 = March of Dimes
09 = National Arthritis Foundation
10 = National Multiple Sclerosis Society
12 = Cervical Cancer Fund
13 = Breast Cancer Awareness Fund
14 = Adoptive Parent's Recruitment and Retention

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Missouri

	Taxpayer	Spouse
Missouri residency dates:		
From	_____[18]	_____[19]
To	_____[20]	_____[21]
Other state residency dates:		
From	_____[22]	_____[23]
To	_____[24]	_____[25]
Other state of residency	_____[26]	_____[27]

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:
Taxpayer _____[28]
Spouse _____[29]

Property Tax Information

Residents only

Mark if you are a 100% disabled veteran ___[30]
Mark if you are disabled per section 135.010(2), RSMo ___[31]
Mark if surviving spouse social security benefits were received during the tax year ___[32]

NOTES/QUESTIONS:

Montana Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Nongame Wildlife Program	[1]	[2]
Child Abuse and Neglect Prevention Program	[3]	[4]
Agriculture in Montana Schools Program	[5]	[6]
Montana Military Family Relief Fund	[7]	[8]
Political Contributions	[9]	[10]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Montana

Part-year residency dates:

From	[11]
To	[12]
State moved to	[13]
State moved from	[14]

Elderly Homeowner or Renter Credit

Please provide copies of property tax bills

Mark if owned or rented a Montana residence for 6 months or more during the current tax year	[15]
Taxpayer, Spouse, Joint	[16]
Rent paid	[17]

NOTES/QUESTIONS:

Form ID: NE

Nebraska General Information

County of residence _____ [1]

Public school district _____ [2]

Contributions

Amount of charitable contributions you wish to make to:

Wildlife Conservation Fund _____ [3]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Nebraska

Part-year residency dates:

From _____ [4]

To _____ [5]

NOTES/QUESTIONS:

Form ID: NH

New Hampshire General Information

	Taxpayer	Spouse
Mark if disabled on the last day of the tax year	___[1]	___[2]

DP-10

Name change since last filing ___[3]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Hampshire

From _____[4]
To _____[5]

Business Tax Summary

Mark to indicate final return ___[6]

NOTES/QUESTIONS:

Form ID: NJ

New Jersey General Information

County or Municipality code _____[1]

In care of address _____[2]

Mark if:

Tax forms, instructions and booklet are not needed ___[3]

You are not eligible for the property tax deduction or credit ___[4]

You maintain the same residence as your spouse (Married filing separate returns ONLY) ___[5]

Mark if:	Taxpayer	Spouse
Contributed to the Social Security Fund (Eligible to receive benefits)	___[6]	___[7]
You want to designate $1 to the gubernatorial election campaign fund	___[8]	___[9]

Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund		_____[10]
Children's Trust Fund to prevent child abuse		_____[11]
New Jersey Vietnam Veterans' Memorial Fund		_____[12]
Breast Cancer Research Fund		_____[13]
USS New Jersey Educational Museum Fund		_____[14]
Other (see codes below)	_____[15]	_____[16]
Other (see codes below)	_____[17]	_____[18]
Other (see codes below)	_____[19]	_____[20]

Other Funds

01 = Drug Abuse Educate	**08 = Veterans Haven Support**	**15 = Girl Scouts Council in NJ**	**22 = Non-Profit Veterans Org**
02 = Korean Veterans'	**09 = Community Food Pantry**	**16 = Homeless Veterans Grant**	**23 = NJ Yellow Ribbon**
03 = Organ Donor	**10 = Cat and Dog Spay and Neuter**	**17 = Leukemia and Lymphoma - NJ**	**24 = Autism Programs**
04 = AIDS Services	**11 = Lung Cancer Research**	**18 = North NJ Vet Memorial Cemetery**	**25 = Boy Scouts Councils in NJ**
05 = Literacy Vol	**12 = Boys and Girls Club**	**19 = NJ Farm to School / School Garde**	**26 = NJ Memorial To War Veterans**
06 = Prostate Cancer	**13 = NJ National Guard State Famil**	**20 = Local Library Support**	**27 = Jersey Fresh Program**
07 = World Trade Center	**14 = American Red Cross NJ**	**21 = ALS Association Support**	**28 = NJ World War II Vet's Memorial**

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Jersey

Part-year residency dates:

From _____[21]

To _____[22]

State of residency (Nonresidents only) _____[23]

NOTES/QUESTIONS:

Form ID: NJ2

New Jersey Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

General Information

Principal residence for 2022 ___[1]

Property tax credit not claimed with homestead benefit, claim on NJ-1040 ___[2]

	Part 1	Part 2
Block number	_____[3]	_____[4]
Lot number	_____[5]	_____[6]
Qualifier number (Condos)		_____[7]
Co-op or continuing care retirement facility resident		___[8]
Municipal code at the end of if different from current residence		_____[9]

Homeowner Information

Total property taxes paid _____[10]

Street _____[11]

City _____[12]

Number of days as an owned property _____[13]

Your share of property owned _____[14]

Share used as principal residence _____[15]

Your share of property taxes _____[16]

Renter and Mobile Home Owner Information

Total rent paid or mobile home fees _____[17]

Street _____[18]

Apartment number _____[19]

City _____[20]

Days you were a tenant during 2022 _____[21]

Total number of tenants _____[22]

Your share of rent paid _____[23]

Other Tenant Information

First name _____[24]

Middle initial ___

Last name _____

Social security number _____

Property Tax Reimbursements

	2021	2022
Taxpayer received social security disability	___[25]	___[26]
Spouse received social security disability	___[27]	___[28]
You lived continuously in New jersey since December 31, 2008		___[29]
You owned and lived in home since December 31, 2015 or are otherwise eligible		___[30]
You are a mobile home owner		___[31]
Mobile home park site number		_____[32]
Taxpayer needs a PTR-A or PTR-B to take tax collector/mobile home part owner or manager to verify taxes paid		___[33]

NOTES/QUESTIONS:

Form ID: NM

New Mexico General Information

If you were a part-year resident during the tax year, enter the dates you lived in New Mexico

First year resident ___[1]

	From	To
Part-year residency dates:		
Taxpayer	_____[2]	_____[3]
Spouse	_____[4]	_____[5]

Do NOT have a commercial domicile in New Mexico ___[6]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Taxpayer	Spouse
Political party (1 = Democratic, 2 = Republican, 3 = Libertarian, 4 = Green, 5 = Better for America, 6 = Constitution)	___[7]	___[8]

Charitable Contributions

New Mexico Housing Trust Fund _____[9]
Share with Wildlife _____[10]
Veterans' State Cemetery Fund _____[11]
Substance Abuse Education Fund _____[12]
Forest Re-Leaf Program _____[13]
National Guard Member and Family Assistance _____[14]
Kids 'N Parks Transportation Grant Program _____[15]
Amyotrophic Lateral Sclerosis Research Fund _____[16]
Vietnam Veterans Memorial _____[17]
Veterans Enterprise Fund _____[18]
Lottery Tuition Fund _____[19]
Horse Shelter Rescue Fund _____[20]
Animal Care and Facility Fund _____[21]
Supplemental Senior Services _____[22]
Sexual Assault Examination Kit Processing Fund _____[23]
Healthy Soil Program _____[24]

Additions and Deductions

Income of an Indian _____[25]
Name of the taxpayer's Indian nation, tribe, or pueblo _____[26]
Name of the spouse's Indian nation, tribe, or pueblo _____[27]
Contributions refunded from the New Mexico approved Section 529 College Savings Plan _____[28]

Rebate and Credit Schedule

Public assistance, AFDC, welfare benefits _____[29]
Supplemental security income (SSI) _____[30]
Amount of rent paid during the tax year on principal place of residence _____[31]
Mark if rent includes amount paid on your behalf by a government entity ___[32]
Resident county (1 = Los Alamos, 2 = Santa Fe) ___[33]

NOTES/QUESTIONS:

Form ID: NY

New York General Information

If you received unemployment benefits or any of the special unemployment compensation authorized under the Coronavirus Relief Act, both are taxable income and must be reported on your return. You may need to go to the New York Department of Labor's website (labor.ny.gov) to get your 1099-G from your account. The 1099-G should show both the amount received and any amount of tax withheld.

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	___[1]	___[2]
Mark if you were a resident of Yonkers at any time during the current tax year	___[3]	___[4]
County of residence	_____[5]	
School district	_____[6]	

Use Tax

Use tax due but receipts or records not available ___[7]

Contributions

Amount of contributions you wish to make to:

Return a Gift to Wildlife	_____[8]	Military Family Fund	_____[25]
Missing or Exploited Children Clearinghouse Fund	_____[9]	CUNY Fund	_____[26]
Breast Cancer Research and Education Fund	_____[10]	Life Pass it on Fund	_____[27]
Alzheimer's Disease Fund	_____[11]	ALS Research Fund	_____[28]
Olympic Fund (Maximum $2 per filer)	___[12]	School-based Health Centers	_____[29]
Prostate and Testicular Cancer Research and Education Fund	_____[13]	Gifts to Food Banks Fund	_____[30]
9/11 Memorial	_____[14]	Meals on Wheels for Seniors	_____[31]
Volunteer Firefighting and EMS Recruitment Fund	_____[15]	Gifts to the Arts Fund	_____[32]
Teen Health Education Fund	_____[16]	Leukemia, Lymphoma, and Myeloma Fund	_____[33]
Veterans Remembrance and Cemetery Fund	_____[17]	State Campaign Finance Fund (Maximum $40 per filer)	_____[34]
Homeless Veterans Assistance Fund	_____[18]	William B. Hoyt memorial children family trust fund	_____[35]
Mental Illness Anti-Stigma Fund	_____[19]	Gun violence research fund	_____[36]
Women's Cancers Education and Prevention Fund	_____[20]	Substance use disorder education and recovery fund	_____[37]
Autism Awareness and Research Fund	_____[21]	Retired and Rescued Thoroughbred Horse Aftercare	_____[38]
Veterans' Homes Assistance Fund	_____[22]	Retired and Rescued Standardbred Horse Aftercare	_____[39]
Love Your Library Fund	_____[23]	Gifts for the State Library System	_____[40]
Lupus Fund	_____[24]	Gift for Lyme and Tick-Bourne Diseases	_____[41]

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value $85,000 or less

Mark if you lived in a nursing home and qualify for credit ___[42]

Enter amounts received for cash public assistance and relief ___[43]

Enter any other income not reported elsewhere _____[44]

Homeowners: _____[45]

Enter the amount of special assessments you and all qualified household members paid during the current tax year

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 _____[46]

Tenants: _____[47]

Enter the total rent you and all members of your household paid during current tax year

Rent includes charges for (Specify) _____[48]

4 = Heat, gas, electricity, furnishings and board
3 = Heat, gas, electricity and furnishings
2 = Heat, gas and electricity
1 = Heat or heat and gas
0 = Nothing included

___[49]

NOTES/QUESTIONS:

Form ID: NY2

New York - Part-year Resident and Nonresident Information

		Taxpayer		Spouse	
	New York State	**New York City**	**Yonkers**	**New York City**	**Yonkers**
Part-year residency dates:					
From	[1]	[3]	[5]	[7]	[9]
To	[2]	[4]	[6]	[8]	[10]
County of residence while a nonresident of New York City		[11]		[12]	

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you [13]

Number of days in NYC

Street address

City, State and Zip code

Is this address within city limits? Specify city (YON = Yonkers, NYC = New York City)

Address #2

Mark if this address is still maintained by or for you

Number of days in NYC

Street address

City, State and Zip code

Is this address within city limits? Specify city (YON = Yonkers, NYC = New York City)

NOTES/QUESTIONS:

Form ID: NC

North Carolina General Information

County of residence _____[1]

Contributions

Amount of charitable contributions you wish to make to:

Endangered Wildlife Fund _____[2]
Education Endowment Fund _____[3]
Breast and Cervical Cancer Control Program _____[4]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Carolina

	Taxpayer	**Spouse**
Part-year residency dates:		
From	_____[5]	_____[7]
To	_____[6]	_____[8]

NOTES/QUESTIONS:

Form ID: ND

North Dakota General Information

School district code _____[1]

Income source code _____[2]

Income source code			
1 = Farming, ranching	4 = Public, private education	7 = Manufacturing	10 = Finance, banking, insur
2 = Retail, wholesale trade	5 = Personal, business services	8 = Communication, trnspn, utilities	11 = Military
3 = Government service	6 = Construction	9 = Gas, oil, coal	12 = Retirement

Contributions

Amount of contributions you wish to make to:

Watchable Wildlife Fund _____[3]

Trees for North Dakota Fund _____[4]

Veterans Postwar Trust Fund _____[5]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Dakota

	Taxpayer	Spouse
Part-year residency dates:		
From	_____[6]	_____[8]
To	_____[7]	_____[9]
Other state of residency	_____[10]	_____[11]

NOTES/QUESTIONS:

Form ID: OH

Ohio General Information

Enter your current Ohio county of residence _____[1]
School district number _____[2]

Use Tax

Purchases subject to use tax _____[3]

Contributions

Amount of charitable contributions you wish to make to:

Military injury relief fund _____[4]
Nature preserves and scenic rivers _____[5]
Wildlife species and endangered wildlife _____[6]
Ohio History Fund _____[7]
Breast and cervical cancer project _____[8]
Wishes for sick children _____[9]

Credits

	Taxpayer	Spouse
Displaced worker training expenses for 12-month period since loss of job	_____[10]	_____[11]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

	Taxpayer	Spouse
Part-year residency dates:		
From	_____[12]	_____[14]
To	_____[13]	_____[15]

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)	___[16]	___[17]
State of residency while not a resident of Ohio	_____[18]	_____[19]
If foreign, enter country of residency	_____[20]	_____[21]

NOTES/QUESTIONS:

Form ID: OK

Oklahoma Use Tax

Mark if not subject to Use Tax ___[1]

Contributions

Amount of charitable contributions you wish to make to:

Court Appointed Advocates _____[2]
YMCA Youth and Government Program _____[3]
Wildlife Diversity Fund _____[4]
Regional Food Banks _____[5]
Public Classroom Support Fund _____[6]
Pet Overpopulation Fund _____[7]
AIDS Care Fund _____[8]
Silver Haired Legislature and Alumni Association _____[9]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oklahoma

Part-year residency dates:
From _____[10]
To _____[11]
Nonresident state of residence _____[12] Nonresident country of residence _____[13]
Resident and part-year or nonresident spouse:

Taxpayer's residence

State postal code [14]	Country code [15]
State postal code	Country code
State postal code	Country code
State postal code	Country code

Spouse's residence

State postal code [16]	Country code [17]
State postal code	Country code
State postal code	Country code
State postal code	Country code

Property Tax and Sales Tax Credits

Mark if you were not an Oklahoma resident for the entire tax year ___[18]
Mark if you (or spouse) were disabled for the entire tax year ___[19]
Home real estate tax _____[20]
Workmen's compensation/loss of time insurance _____[21]
Support money _____[22]
Cash public assistance _____[23]

NOTES/QUESTIONS:

Form ID: OR

Oregon General Information

Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both) ___[1]

	Taxpayer	Spouse
Number of months of federal service before 10/01/1991 (Federal employees)	_____[2]	_____[3]
Total number of months of federal service (Federal employees)	_____[4]	_____[5]

Contributions

Amount of charitable contributions you wish to make to:

Cascade AIDS Project	_____[6]	Oregon Humane Society	_____[20]
Veterans Suicide Prevention	_____[7]	The Salvation Army	_____[21]
Oregon Non-game Wildlife	_____[8]	Doernbecher Children's Hospital	_____[22]
Prevent Child Abuse	_____[9]	Oregon Veteran's Home	_____[23]
Alzheimer's Disease Research	_____[10]	ALS Association	_____[24]
Stop Domestic and Sexual Violence	_____[11]	Planned Parenthood	_____[25]
Habitat for Humanity	_____[12]	Lions Sight & Hearing Foundation	_____[26]
Head Start Association	_____[13]	Shriners Hospitals for Children	_____[27]
American Diabetes Association	_____[14]	Special Olympics	_____[28]
SMART - Start Making A Reader Today	_____[15]	Military Assistance Program	_____[29]
Oregon Coast Aquarium	_____[16]	Historical Society	_____[30]
SOLVE - Stop Oregon Litter and Vandalism	_____[17]	Food Bank	_____[31]
The Nature Conservancy	_____[18]	Albertina Kerr Kid's Crisis Care	_____[32]
St. Vincent DePaul Society of Oregon	_____[19]	American Red Cross	_____[33]

Political party you wish to make contributions to:

	Taxpayer	Spouse
Political Party	_____[34]	_____[35]

Political Party Contributions

500 = Constitution Party of Oregon
501 = Democratic Party of Oregon
502 = Independent Party of Oregon
503 = Libertarian Party of Oregon
504 = Oregon Republican Party
505 = Pacific Green Party of Oregon
506 = Progressive Party
507 = Working Families Party of Oregon

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oregon

	Taxpayer	Spouse
Dates of residency:		
From	_____[36]	_____[38]
To	_____[37]	_____[39]

NOTES/QUESTIONS:

Form ID: PA

Pennsylvania General Information

County of residence _____[1]

School district name _____[2]

	Taxpayer	Spouse
Final return	___[3]	___[4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Breast and Cervical Cancer	_____[5]	_____[6]
Wild Resource Conservation Fund	_____[7]	_____[8]
Military Family Relief Assistance	_____[9]	_____[10]
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	_____[11]	_____[12]
Juvenile (Type 1) Diabetes Cure Research Fund	_____[13]	_____[14]
Children's Trust Fund	_____[15]	_____[16]
American Red Cross	_____[17]	_____[18]
Pediatric Cancer Research Fund	_____[19]	_____[20]
Veterans' Trust Fund	_____[21]	_____[22]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania

	Taxpayer	Spouse
Part-year residency dates:		
From	_____[23]	_____[25]
To	_____[24]	_____[26]

NOTES/QUESTIONS:

Form ID: RI

Rhode Island General Information

Enter city or town of legal residence _____[1]

Use Tax

Purchases subject to use tax _____[2]
Total sales tax paid to other states _____[3]
Purchases subject to use tax is unknown except purchases greater than or equal to $1,000 (Use tax table based on federal AGI) ___[4]
Purchases subject to use tax greater than or equal to $1,000:

Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State
_____	_____[5]	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) ___[6]
If you wish for a portion of your electoral contribution to be paid to a political party, enter name of party _____[7]

Charitable Contributions

Drug Program Account _____[8]
Mark if you wish to make an Olympic Contribution ___[9]
Organ Transplant Fund _____[10]
Council on the Arts _____[11]
Nongame Wildlife Fund _____[12]
Childhood Disease Victims' Fund _____[13]
Military Family Relief Fund _____[14]

Part-year Resident Information

Part-year residency dates:
From _____[15]
To _____[16]

Property Tax Relief Claim

Mark if disabled and received social security disability payments during the tax year ___[17]
Live in household or rent dwelling subject to property tax? (Y, N) ___[18]
Current for property taxes and rent due for 2022 and all prior years (Y, N) ___[19]
Rent paid (Enter 100%) _____[20]
If renting, Landlord name: _____[21]
Landlord Address: _____[22]
Landlord city, state and zip code _____[23] _____[24] _____[25]
Landlord phone number: _____[26]

NOTES/QUESTIONS:

Form ID: SC

South Carolina General Information

County code number, if known _____[1]
Authorize discussion with Department of Revenue (Y, N) ___[2]
Purchases subject to use tax _____[3]
If not using direct deposit for refund, select alternative method of receiving refund __[4]

1 = SCDOR Income Tax Refund Prepaid Debit Card issued by Bank of America

2 = Paper Check

Additions and Subtractions

Expenses related to reserve income _____[5]
National guard reserve pay _____[6]
Law enforcement subsistence (Number of days) _____[7]

Volunteer deduction code

Taxpayer ___[8]
Spouse ___[9]

Volunteer Deduction Codes	
1 = Volunteer Firefighter	**5 = Reserve Police officer**
2 = HAZMAT team member	**6 = State Guard member**
3 = Rescue Squad worker	**7 = State Constable**
4 = DNR officer	

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in South Carolina

Part-year residency dates:

From _____[10]
To _____[11]

Contributions

Amount of contributions you wish to make to:

Endangered Wildlife Fund _____[12]
Children's Trust Fund _____[13]
Eldercare Trust Fund _____[14]
Veterans' Trust Fund _____[15]
Donate Life South Carolina _____[16]
First Steps to School Readiness Fund _____[17]
War Between States Heritage Trust Fund _____[18]
Litter Control Enforcement Program _____[19]
Law Enforcement Assistance Program _____[20]
K-12 Public Education Fund _____[21]
State Parks Fund _____[22]
Military Family Relief Fund _____[23]
Conservation Bank Trust Fund _____[24]
Financial Literacy Trust Fund _____[25]
State Forests Fund _____[26]
Department of Natural Resources Fund _____[27]
Association of Habitat Affiliates _____[28]
SC Department of Archives and History _____[29]

NOTES/QUESTIONS:

Tennessee General Information

County _____ [1]
City _____ [2]
Account number _____ [3]

NOTES/QUESTIONS:

Form ID: UT

Utah General Information

If you were a part-year resident during the tax year, enter the dates you lived in Utah

Part-year residency dates:

From _____[1]

To _____[2]

State of residency (Nonresidents) _____[3]

Use Tax

	County/City	Purchases
Use tax	_____	_____[4]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Taxpayer	Spouse
Election campaign fund	___[5]	___[6]

Enter the appropriate code for the political party from the list below:

Political Party	
C = Constitution	R = Republican
D = Democratic	N = No Contribution
L = Libertarian	U = United Utah
M = Independent American	

Making a selection from this list will designate $2 to the party of your choice. Your refund or amount of tax due will not be affected

Charitable Contributions

Pamela Atkinson Homeless Trust Account _____[7]

Kurt Oscarson Children's Organ Transplant Account _____[8]

School district code _____[9]

School District and Nonprofit School District Foundation _____[10]

School district code						
01 = Alpine	07 = Davis	13 = Iron	19 = Morgan	25 = Park City	31 = Sevier	37 = Wasatch
02 = Beaver	08 = Duchesne	14 = Jordan	20 = Murray	26 = Piute	32 = S. Sanpete	38 = Washington
03 = Box Elder	09 = Emery	15 = Juab	21 = Nebo	27 = Provo	33 = S. Summit	39 = Wayne
04 = Cache	10 = Garfield	16 = Kane	22 = North Sanpete	28 = Rich	34 = Tintic	40 = Weber
05 = Carbon	11 = Grand	17 = Logan	23 = North Summit	29 = Salt Lake City	35 = Tooele	41 = Utah Assistive Technology
06 = Daggett	12 = Granite	18 = Millard	24 = Ogden	30 = San Juan	36 = Uintah	42 = Canyons

Clean Air Fund _____[11]

Governor's Suicide Prevention Fund _____[12]

NOTES/QUESTIONS:

Form ID: VT

Vermont General Information

School district name _____[1]
School district code _____[2]

Contributions and Use Tax

Use Tax

Calculate use tax using the reporting table ___[3]
Total out-of-state purchases for items that cost less than $1,000 _____[4]
Total out-of-state purchases for items that cost $1,000 or more _____[5]
Sales tax paid on out-of-state purchases _____[6]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Fund _____[7]
Children's Trust Fund _____[8]
Vermont Veterans' Fund _____[9]
Green Up Day Vermont _____[10]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Vermont

Part-year residency dates:
From _____[11]
To _____[12]

Other state of residency _____[13]

Property Tax Information

Homeowners

Anticipate selling Vermont housesite on or before April 1st ___[14]
SPAN number from 2022/2023 property tax bill _____[15]
Housesite value _____[16]
Housesite education tax _____[17]
Housesite municipal tax _____[18]
Ownership percentage of property _____[19]
Mobile home lot rent _____[20]

NOTES/QUESTIONS:

Form ID: VA

Virginia General Information

Virginia city or county of residence on January 1, 2023; last lived in or business location _____ [1]
Mark to indicate 1099-G to be received electronically ___ [2]
Mark to indicate name has changed from last year (Resident and nonresident only) ___ [3]
Mark to indicate filing status has changed from last year (Resident only) ___ [4]
Mark to indicate address has changed from last year (Resident and nonresident only) ___ [5]
Mark to indicate that a Virginia return was not filed last year (Resident only) ___ [6]

	Taxpayer	Spouse
Health care coverage contact information (1 = Email, 2 = Daytime phone, 3 = Mailing address, 4 = Address, if different)	___ [7]	___ [8]

Address, if different _____ [9]
City, state, zip code _____ [10] ___ [11] _____ [12]

Use Tax

Consumer's Use Tax _____ [13]

Contributions

Amount of charitable contributions you wish to make to:
If you contributed to a public school foundation, provide the supporting information to your accountant

Virginia Nongame and Endangered Wildlife Program	_____ [14]	Virginia Cancer Centers	_____ [22]
Virginia Housing Program	_____ [15]	Federation of Food Banks	_____ [23]
Department for Aging and Rehabilitative Services	_____ [16]	Chesapeake Bay Restoration Fund	_____ [24]
Virginia Arts Foundation	_____ [17]	Family and Children's Trust Fund (FACT)	_____ [25]
Open Space Recreation and Conservation	_____ [18]	Virginia's State Forests Fund	_____ [26]
Children of America Finding Hope	_____ [19]	Virginia Military Family Relief Fund	_____ [27]
Virginia Federation of Humane Societies	_____ [20]	Virginia Democratic Political Party	_____ [28]
Spay and Neuter Fund	_____ [21]	Virginia Republican Political Party	_____ [29]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Virginia

	Spouse	Taxpayer
Part-year residency dates:		
From	_____ [30]	_____ [32]
To	_____ [31]	_____ [33]

Nonresident Information

	Spouse	Taxpayer
State of residence (Nonresidents only)	_____ [34]	_____ [35]

NOTES/QUESTIONS:

Form ID: WV

West Virginia General Information

County of residence _____[1]

Notice received for mandatory electronic payments ___[2]

Use Tax

Purchases _____[3]

	Municipality	Purchases
Municipality purchases	_____	_____[4]
Municipality purchases	_____	_____

Contributions

Amount of contributions you wish to make to:

West Virginia Children's Trust Fund _____[5]

West Virginia Department of Veterans Assistance _____[6]

Donel C. Kinnard Memorial State Veterans Cemetery _____[7]

Part-year Resident and Nonresident Information

Part-year residency status ___[8]

1 = Moved into West Virginia

2 = Moved out of West Virginia with West Virginia source income during period of nonresidency

3 = Moved out of West Virginia with no West Virginia source income during period of nonresidency

If you were a part-year resident during the tax year, enter the dates you lived in West Virginia

Part-year residency dates:

From _____[9]

To _____[10]

State of residence _____[11]

If state of residence is Virginia or Pennsylvania, enter number of days in West Virginia (Nonresidents only) _____[12]

NOTES/QUESTIONS:

Form ID: WI

Wisconsin General Information

City of residence _____[1]
Village of residence _____[2]
Town of residence _____[3]
County of residence _____[4]
School district _____[5]
Mark if divorce decree ___[6]
Enter rent paid:
Heat included _____[7]
Heat not included _____[8]

Use Tax

Mark if not subject to Use Tax ___[9]

	County	Purchases
Sales and use tax on out-of-state purchases		[10]
Sales and use tax on out-of-state purchases		
Sales and use tax on out-of-state purchases		

Contributions

Amount of charitable contributions you wish to make to:

Cancer research _____[11]
Endangered resources _____[12]
Military family relief _____[13]
Multiple sclerosis _____[14]
Red Cross WI disaster relief _____[15]
Second Harvest / Feeding America _____[16]
Special Olympics Wisconsin _____[17]
Veterans trust fund _____[18]

Part-year Resident and Nonresident Information

Residency code ___[19]

Residency code

Blank = Both spouses have the same residency status (Default)
1 = Taxpayer nonresident, spouse resident
2 = Taxpayer resident, spouse nonresident
3 = Taxpayer part-year, spouse nonresident
4 = Taxpayer nonresident, spouse part-year
5 = Taxpayer resident, spouse part-year
6 = Taxpayer part-year, spouse resident

If you were a part-year resident during the tax year, enter the dates you lived in Wisconsin

	Taxpayer	Spouse
Part-year residency dates:		
From	[20]	[22]
To	[21]	[23]
State of residency (Nonresidents only)	[24]	[25]
Country of residency (Nonresidents only)	[26]	[27]
Nonresident aliens:		
Taxpayer or Spouse is a U.S. citizen or a resident alien		[28]

Resident of: IL ___[29] IN ___[30] KY ___[31] MI ___[32]

NOTES/QUESTIONS: