

## Earth & Fire CPA, LLC

2023 New Client Tax Organizer  
3400 Spenard Road, Suite 223  
Anchorage, AK 99503  
907-346-4105 (office)

This tax packet is designed to assist you in gathering your personal tax information. Please contact our office if you have any questions.



## Questions

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

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you acquire a new business or rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell or purchase any assets used in your business or rental?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business or rental property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a "clean vehicle" this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information</b>		
Did you make any withdrawals from a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, and dependents each receive the AK PFD?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any award, prize, hobby, gambling or lottery income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of virtual currencies?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Deduction Information</b>		
Did you pay for childcare?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any Qualified Charitable Distributions (QCD) this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur a casualty or theft loss or any condemnation awards?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs as a member of the Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>

- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your home this year?

### **Education Information**

- Did you, your spouse, or your dependents attend a post-secondary school during the year?
- Did you make any withdrawals from an education savings or 529 Plan?
- Did you pay any student loan interest this year?

### **Health Care Information**

- Did you enroll or purchase health insurance from healthcare.gov?
- Did you contribute to a Health Savings Account (HSA) or MSA?
- Did you take any distributions from a HSA or MSA?
- Did you pay long-term care premiums for yourself or your family?

### **Miscellaneous Information**

- Did you make gifts of more than \$17,000 to any individual?
- Did you receive any distributions from a foreign trust?
- Are you a grantor of any foreign trust?
- Do you have "signature authority" over any foreign accounts?
- Do you have any foreign accounts or assets?
- Did you have any ownership of any foreign entities?

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 2023 \_\_\_\_\_

**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: 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 2023 \_\_\_\_\_ Amount received in 2022 \_\_\_\_\_

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.

State and local income tax refunds			2023 Information	Prior Year Information
			_____	_____
Alimony received	T/S	Agreement Date	2023 Information	Prior Year Information
	_____	_____	_____	_____
		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			2023 Information	Prior Year Information
Other Income:			_____	_____
_____			_____	_____
_____			_____	_____

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.

**Traditional IRA Contributions for 2023 -**

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 2023

Taxpayer

Spouse

**Roth IRA Contributions for 2023 -**

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2023

Educate: Educate2

**Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2023 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	2023 Information	Prior Year Information
___	_____	_____	_____
___	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2023.

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	2023 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		2023 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items (22 cents)	_____	_____

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

Itemized: A1

**Tax Expenses**

T/S/J		2023 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2022 state and local income taxes paid in 2023	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2

**Interest Expenses**

T/S/J		2023 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	<b>Payee's Name</b>	<b>SSN or EIN</b>	<b>2023 Information</b>
—	_____	_____	_____
	<b>Address</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
	_____	_____	_____
T/S/J		<b>2023 Information</b>	<b>Prior Year Information</b>
—	Investment interest expense, other than on Sch K-1s:	_____	_____
	Refinancing Information:	<b>Refinance #1</b>	<b>Refinance #2</b>
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 2023	_____	_____

Itemized: A3

**Charitable Contributions**

T/S/J		2023 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-St

**Miscellaneous Deductions**

T/S/J		2023 Information	Prior Year Information
—	Other expenses	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
	<b>***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA</b>		
T/S/J		<b>2023 Information</b>	<b>Prior Year Information</b>
—	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:**

If you have an overpayment of 2023 taxes, do you want the excess:

Refunded

Applied to 2024 estimated tax liability

Do you expect a considerable change in your 2024 income? (Y, N)

If yes, please explain any differences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect a considerable change in your deductions for 2024? (Y, N)

If yes, please explain any differences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect a considerable change in the amount of your 2024 withholding? (Y, N)

If yes, please explain any differences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect a change in the number of dependents claimed for 2024? (Y, N)

If yes, please explain any differences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

2023 Federal Estimated Tax Payments

2022 overpayment applied to 2023 estimates

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

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	04/18/23	_____	_____	_____	_____
2nd quarter payment	06/15/23	_____	_____	_____	_____
3rd quarter payment	09/15/23	_____	_____	_____	_____
4th quarter payment	01/16/24	_____	_____	_____	_____
Additional payment		_____	_____		

**\*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:

Preparer use only

	2023 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	
Employer identification number	_____	
Business name	_____	
Principal business/profession	_____	
Business code	_____	
Business address, if different from home address on Organizer Form ID: 1040	_____	
Address	_____	
City/State/Zip	_____	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____	
If other: _____	_____	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____	
If other enter explanation: _____	_____	
_____	_____	
_____	_____	
Enter an explanation if there was a change in determining your inventory:	_____	
_____	_____	
_____	_____	
Did you "materially participate" in this business? (Y, N)	_____	
If not, number of hours you did significantly participate	_____	
Mark if you began or acquired this business in 2023	_____	
Did you make any payments in 2023 that require you to file Form(s) 1099? (Y, N)	_____	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	
Mark if this business is considered related to qualified services as a minister or religious worker	_____	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____	
Medical insurance premiums paid by this activity	_____	
Long-term care premiums paid by this activity	_____	
Amount of wages received as a statutory employee	_____	

**Business Income**

	2023 Information	Prior Year Information
Gross receipts and sales	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Returns and allowances	_____	
Other income:	_____	
_____	_____	
_____	_____	
_____	_____	

**Cost of Goods Sold**

	2023 Information	Prior Year Information
Beginning inventory	_____	
Purchases	_____	
Labor:	_____	
_____	_____	
_____	_____	
Materials	_____	
Other costs:	_____	
_____	_____	
_____	_____	
_____	_____	
Ending inventory	_____	

Preparer use only

Principal business or profession \_\_\_\_\_

2023 Information

Prior Year Information

Advertising \_\_\_\_\_

Car and truck expenses \_\_\_\_\_

Commissions and fees \_\_\_\_\_

Contract labor \_\_\_\_\_

Depletion \_\_\_\_\_

Depreciation \_\_\_\_\_

Employee benefit programs (Include Small Employer Health Ins Premiums credit):

\_\_\_\_\_

\_\_\_\_\_

Insurance (Other than health):

\_\_\_\_\_

\_\_\_\_\_

Interest:

Mortgage (Paid to banks, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other:

\_\_\_\_\_

\_\_\_\_\_

Legal and professional services \_\_\_\_\_

Office expense \_\_\_\_\_

Pension and profit sharing:

\_\_\_\_\_

\_\_\_\_\_

Rent or lease:

Vehicles, machinery, and equipment \_\_\_\_\_

Other business property \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Supplies \_\_\_\_\_

Taxes and licenses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Travel and meals:

Travel \_\_\_\_\_

Meals (Enter 100% subject to 50% limitation) \_\_\_\_\_

Meals (Enter 100% subject to DOT 80% limit) \_\_\_\_\_

Meals (Fully deductible) \_\_\_\_\_

Utilities \_\_\_\_\_

Wages (Less employment credit):

\_\_\_\_\_

\_\_\_\_\_

Other expenses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Control Totals



Please provide all Forms 1099-K

Preparer use only

	2023 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	
Employer identification number	_____	
Description	_____	
Principal Product	_____	
State postal code	_____	
Accounting method (1 = Cash, 2 = Accrual)	_____	
Agricultural activity code	_____	
Did you "materially participate" in this business? (Y, N)	_____	
Did you make any payments in 2023 that require you to file Form(s) 1099? (Y, N)	_____	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	
Mark if Schedule F net income or loss should be excluded from self-employment income	_____	
Medical insurance premiums paid by this activity	_____	
Long-term care premiums paid by this activity	_____	

Schedule F Income

Sales Code**	Income description	2023 Information	Prior Year Information
-	_____	_____	
-	_____	_____	
-	_____	_____	
-	_____	_____	
-	_____	_____	

** 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	

	2023 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	_____	
Beginning inventory of livestock and other items (Accrual method)	_____	
Accrual cost of livestock, produce, grains, and other products purchased	_____	
Ending Inventory of livestock and other items (Accrual method)	_____	
Total cooperative distributions you received	_____	
Taxable cooperative distributions you received	_____	

	2023 Total	2023 Taxable	Prior Year Information
Agricultural program payments	_____	_____	
_____	_____	_____	
_____	_____	_____	

	2023 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____	
Commodity credit loans reported under election:	_____	
_____	_____	
Total commodity credit loans forfeited	_____	
Taxable commodity credit loans forfeited	_____	
_____	_____	

	2023 Total	2023 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2023	_____	_____	
_____	_____	_____	
_____	_____	_____	

Mark if electing to defer crop insurance proceeds to 2024	_____	_____	_____
Crop insurance proceeds deferred from 2022	_____	_____	_____



Preparer use only

	2023 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	—	
Employer identification number	_____	
Description	_____	
State postal code	—	
Did you "actively participate" in the operation of this business this year? (Y, N)	—	

**Income Items**

	2023 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total cooperative distributions you received	_____	
Taxable cooperative distributions you received	_____	

	2023 Total	2023 Taxable	Prior Year Information
Agricultural program payments:			
_____	_____	_____	
_____	_____	_____	

	2023 Information	Prior Year Information
Commodity credit loans reported under election:		
_____	_____	
_____	_____	
Total commodity credit loans forfeited	_____	
Taxable commodity credit loans forfeited	_____	

	2023 Total	2023 Taxable	Prior Year Information
Crop insurance proceeds you received in 2023			
_____	_____	_____	
_____	_____	_____	

	2023 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2024	—	—
Crop insurance proceeds deferred from 2022	_____	_____
Other income:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		



Preparer use only

Description	2023 Information	Prior Year Information
Car and truck expenses	_____	_____
Chemicals	_____	_____
Conservation expenses	_____	_____
Carryover from prior years	_____	_____
Custom hire (machine work)	_____	_____
Depreciation	_____	_____
Employee benefit programs	_____	_____
Feed purchased	_____	_____
Fertilizers and lime	_____	_____
Freight and trucking	_____	_____
Gasoline, fuel, and oil	_____	_____
Insurance (Other than health):	_____	_____
_____	_____	_____
_____	_____	_____
Mortgage interest (Paid to banks, etc.):	_____	_____
_____	_____	_____
_____	_____	_____
Other interest	_____	_____
Labor hired (Less employment credit)	_____	_____
Pension and profit sharing	_____	_____
Rent - vehicles, machinery, and equipment	_____	_____
Rent - other	_____	_____
Repairs and maintenance	_____	_____
Seed and plants purchased	_____	_____
Storage and warehousing	_____	_____
Supplies purchased	_____	_____
Taxes:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Utilities	_____	_____
Veterinary, breeding, and medicine	_____	_____
Other expenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Preproductive period expenses	_____	_____

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating			
Short-term capital			
Long-term capital			
28% rate capital			
Section 1231 loss			
Ordinary business gain/loss			
Section 179			

Description \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

State postal code \_\_\_\_\_

Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) \_\_\_\_\_

Date former residence was acquired \_\_\_\_\_

Date former residence was sold \_\_\_\_\_

Selling price of former residence \_\_\_\_\_

Expenses related to the sale of your old home \_\_\_\_\_

Original cost of home sold including capital improvements \_\_\_\_\_

**Exclusion Information**

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

Reduced exclusion days: (Enter only days within 5-year period ending on sale date)

Number of days each person used property as main home

Number of days each person owned property used as main home

Number of days between date of sale of the other home and date of sale of this home

Taxpayer

Spouse

**Form 6252 - Current Year Installment Sale**

Mortgage and other debts the buyer assumed \_\_\_\_\_

Total current year payments received \_\_\_\_\_

**Form 6252 - Related Party Installment Sale Information**

Related party name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Identifying number of related party \_\_\_\_\_

Was the property sold as a marketable security? (Y, N) \_\_\_\_\_

Enter date of second sale if more than 2 years after the first sale \_\_\_\_\_

Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_

Selling price of property sold by a related party \_\_\_\_\_

**NOTES/QUESTIONS:**

Preparer use only

	2023 Information	Prior Year Information
Description		
Taxpayer/Spouse/Joint (T, S, J)		
State postal code		
Date acquired		
Date sold		
Gross sales price of property sold		
Mortgage and other debts the buyer assumed		
Cost or other basis		
Commissions and other expenses of the sale		
Gross profit percentage		
Total current year principal payments received		
Prior year principal payments received		
Total ordinary income to recapture		
Total ordinary income previously recaptured		
<b>Control Totals</b>		

Prior Year Installment Sale

Preparer use only

	2023 Information	Prior Year Information
Description		
Taxpayer/Spouse/Joint (T, S, J)		
State postal code		
Date acquired		
Date sold		
Gross sales price of property sold		
Mortgage and other debts the buyer assumed		
Cost or other basis		
Commissions and other expenses of the sale		
Gross profit percentage		
Total current year principal payments received		
Prior year principal payments received		
Total ordinary income to recapture		
Total ordinary income previously recaptured		
<b>Control Totals</b>		

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2023 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Name of Trustee	_____	
State postal code	_____	
Indicate type of health or medical savings account:		
HSA	—	
Archer MSA	—	
MA (Medicare Advantage) MSA	—	
Total HSA/MSA contributions made	_____	
for 2023 (Enter all amounts contributed, including through employer cafeteria plans)	_____	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	—	
Number of months in qualified high deductible health plan in 2023	_____	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	—	
Total HSA/MSA contribution to be made for 2023	_____	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	_____	
Excess contributions for 2022 taken as constructive contributions for 2023	_____	
Rollover contribution (Form 5498-SA, Box 4)	_____	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	_____	
Enter compensation from employer maintaining high deductible health plan	_____	
If self-employed, enter earned income from business under which plan was established	_____	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2023? (Y, N) —

NOTES/QUESTIONS:

Please provide all Forms 1099-SA.

	2023 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Name of Trustee	_____	
State postal code	_____	
Gross distributions received (Box 1)	_____	
Earnings on excess contributions (Box 2)	_____	
Distribution code (Box 3)	—	
Fair Market Value on date of death (Box 4)	_____	
<b>Box 5 -</b>		
HSA	—	
Archer MSA	—	
MA MSA	—	
All distributions were used to pay unreimbursed qualified medical expenses	—	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2023	_____	
Withdrawal of excess contributions by the due date of the return	_____	
Amount of distribution rolled over for 2023	_____	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	_____	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/22	_____	
For HSA accounts:		
Was the high deductible health plan coverage started in 2022 and in effect for the month of December 2022? (Y, N)	—	
Was the high deductible health plan coverage ended before 12/31/23? (Y, N)	—	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2023 Information	Prior Year Information
Name of the insured chronically ill individual	_____	
Social security number of insured	_____	
Gross long-term care (LTC) benefits paid (Box 1)	_____	
Accelerated death benefits paid (Box 2)	_____	
Check one (Box 3)		
Per diem	—	
Reimbursed amount	—	
Qualified contract (Box 4)	—	
Check, if applicable (Box 5)		
Chronically ill	—	
Terminally ill	—	
Are there other individuals who received LTC payments during 2023? (Y, N)	—	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	—	
Number of days during the long-term care period	_____	
Cost incurred for qualified long-term care services during the long-term care period	_____	

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

Child's date of birth

Child's name

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

Type Code (**See codes below)	Payer	Interest 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 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

Alaska Permanent Fund dividends:

2023 Information	Prior Year Information

Control Totals

### Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) \_\_\_\_\_

Social security number \_\_\_\_\_