

### Mortgage Interest

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form 1098**

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_

Product \_\_\_\_\_

Recipient / Lender's information: Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Foreign only** Province / State \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

	2023	2022		2023	2022
Mortgage interest received . . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . . . . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Date mortgage began . . . . .	_____	_____	<input type="checkbox"/> Mortgage interest is for primary residence	<input type="checkbox"/> Address of property securing mortgage is same as current address of taxpayer	
Mortgage insurance premiums . . . . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_

Product \_\_\_\_\_

Recipient / Lender's information: Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Foreign only** Province / State \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

	2023	2022		2023	2022
Mortgage interest received . . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . . . . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Date mortgage began . . . . .	_____	_____	<input type="checkbox"/> Mortgage interest is for primary residence	<input type="checkbox"/> Address of property securing mortgage is same as current address of taxpayer	
Mortgage insurance premiums . . . . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_

Product \_\_\_\_\_

Recipient / Lender's information: Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Foreign only** Province / State \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

	2023	2022		2023	2022
Mortgage interest received . . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . . . . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Date mortgage began . . . . .	_____	_____	<input type="checkbox"/> Mortgage interest is for primary residence	<input type="checkbox"/> Address of property securing mortgage is same as current address of taxpayer	
Mortgage insurance premiums . . . . .	_____	_____	Account number _____		

## Employee Business Expense

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Employee Business Expense

TS \_\_\_\_\_ Occupation \_\_\_\_\_

Select if you are:

- A qualifying performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed Forces reservist (travel related expenses only)
- A member of the clergy

#### Part I - Employee Business Expense and Reimbursements

	2023	2022
Parking fees, tolls, and local transportation, including train, bus, etc. . . . .		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .		
Other business expenses . . . . .		
Meals . . . . .		
DOT meals . . . . .		
Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 form		
Other business expenses . . . . .		
Meals . . . . .		
Portion of total expenses that is for impairment-related work expenses of disabled employee . . . . .		
Portion of total expenses that is for an Armed Forces reservist . . . . .		

### Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2023	2022	2023	2022
Enter the date vehicle was placed in service . . . . .				
Total miles vehicle was driven during 2023 . . . . .				
Business miles driven during 2023 . . . . .				
Average daily roundtrip commuting distance . . . . .				
Commuting miles included in total miles above . . . . .				
Taxes . . . . .				
Gasoline, oil, repairs, vehicle insurance, etc. . . . .				
Vehicle rentals . . . . .				
Inclusion amount . . . . .				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2) . . . . .				
Enter cost or other basis . . . . .				
Enter section 179 deduction . . . . .				
Enter depreciation percentage . . . . .				

- If your employer provided a vehicle, was personal use during off duty hours permitted?     Yes     No
- Do you or your spouse have another vehicle available for personal use? . . . . .     Yes     No
- Do you have evidence to support your deduction? . . . . .     Yes     No
- If "Yes," is the evidence written? . . . . .     Yes     No

### Child and Dependent Care

Name:

SSN:

#### Child Care Provider's Information

You or your spouse were a full-time student or disabled during 2023?

	<b>2023</b>	<b>2022</b>
Social Security Number or Employer ID Number _____	Amount paid _____	_____

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province / state, Country, Postal code \_\_\_\_\_

Check here if the care provider is your household employee (Schedule H)

	<b>2023</b>	<b>2022</b>
Social Security Number or Employer ID Number _____	Amount paid _____	_____

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province / state, Country, Postal code \_\_\_\_\_

Check here if the care provider is your household employee (Schedule H)

	<b>2023</b>	<b>2022</b>
Social Security Number or Employer ID Number _____	Amount paid _____	_____

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province / state, Country, Postal code \_\_\_\_\_

Check here if the care provider is your household employee (Schedule H)

### Foreign Earned Income

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Part I - General Information

TSJ \_\_\_\_\_

Taxpayer's foreign address

Street 1 . . . . . \_\_\_\_\_

Street 2 . . . . . \_\_\_\_\_

Foreign city . . . . . \_\_\_\_\_

Province / state . . . . . \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Occupation . . . . . \_\_\_\_\_

Employer's name . . . . . \_\_\_\_\_

Employer's U.S. address

Street . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Employer's foreign address

Street 1 . . . . . \_\_\_\_\_

Street 2 . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_

Province / state . . . . . \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Employer is: (check any that apply)

- A foreign entity
- A U.S. company
- Self
- A foreign affiliate of a U.S. company
- Other (specify): \_\_\_\_\_

If you have previously filed Form 2555, enter the last year you filed Form 2555. \_\_\_\_\_

If you claimed an exclusion in an earlier year, have you ever revoked your choice?  Yes  No

If "Yes," give the type of exclusion \_\_\_\_\_ and tax year \_\_\_\_\_

Of which country are you a citizen? \_\_\_\_\_

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home?  Yes  No

If yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country	Number of days
_____	_____
_____	_____
_____	_____

List your tax homes during your tax year and dates established

Home	Date established
_____	_____
_____	_____
_____	_____

## Foreign Earned Income

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Part II - Bona Fide Residence Test

Date bona fide residence began \_\_\_\_\_, ended \_\_\_\_\_

Type of living quarters in foreign country  Purchased house  Rented house or apartment  
 Rented room  Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? . . . . .  Yes  No  
 If yes, who and for what period Relationship For What Period

_____	_____
_____	_____
_____	_____

If you legally reside in a foreign country, did you submit a statement to the foreign country's authorities stating that you are not a resident of said country? . . . . .  Yes  No

Do you pay income tax to the country where you claim legal residence? . . . . .  Yes  No

If you were present in the United States during the tax year, enter the information below.

Date Arrived in U.S.	Date Left U.S.	Number of Days in U.S. for Business	Income Earned in U.S. for Business		Date Arrived in U.S.	Date Left U.S.	Number of Days in U.S. for Business	Income Earned in U.S. for Business
_____	_____	_____	_____		_____	_____	_____	_____
_____	_____	_____	_____		_____	_____	_____	_____
_____	_____	_____	_____		_____	_____	_____	_____

List any contractual terms or other conditions relating to the length of your employment abroad: \_\_\_\_\_

List the type of visa under which you entered the foreign country: \_\_\_\_\_  Yes  No

Did your visa limit the length of your stay or employment in a foreign country? . . . . .  Yes  No  
 If yes, explain \_\_\_\_\_

Did you maintain a home in the United States while living abroad? . . . . .  Yes  No  
 If yes, enter the address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Was the home rented?

Name of occupant: _____	Relationship of occupant: _____
_____	_____
_____	_____

### Part III - Physical Presence Test

The physical presence test is based on the 12-month period from: \_\_\_\_\_ through: \_\_\_\_\_

Enter your principal country of employment during your tax year: \_\_\_\_\_

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. The 12-month period does not have to begin with the first full day or end date on arrival / departure in a foreign country. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." **Do not** include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of Country (including U.S.)	Date Arrived	Date Left	Full Days Present in Country	Number of Days in U.S. for Business	Income Earned in U.S. for Business (attach computation)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Foreign Earned Income

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Part IV - Foreign Earned Income**

	2023	2022
Total wages, salaries, bonuses, commissions, etc. . . . .	_____	_____
Allowable share of income for personal services performed:		
In a business (including farming) or profession . . . . .	_____	_____
In a partnership (list name, address, and type of income)	_____	_____
<b>Noncash income:</b>		
Home (lodging) . . . . .	_____	_____
Meals . . . . .	_____	_____
Car . . . . .	_____	_____
Other property or facility (specify) _____	_____	_____
<b>Allowances, reimbursements, or expenses paid on your behalf for services performed:</b>		
Cost of living and overseas differential . . . . .	_____	_____
Family . . . . .	_____	_____
Education. . . . .	_____	_____
Home leave. . . . .	_____	_____
Quarters . . . . .	_____	_____
Other (specify) _____	_____	_____
Other foreign earned income (specify): _____	_____	_____
Meals and lodging entered above, that were provided by your employer, that are excludable . . . . .	_____	_____

**For Taxpayers Claiming the Housing Exclusion or Deduction**

	2023	2022
Qualified housing expenses for the tax year . . . . .	_____	_____
Location where housing expenses incurred _____		
Limit on housing expenses . . . . .	_____	_____
Enter the number of days in qualifying period that fall within your 2023 tax year . . . . .	_____	_____
Enter employer-provided amounts . . . . .	_____	_____

**For Taxpayers Claiming the Foreign Earned Income Exclusion**

	2023	2022
Enter the number of days in qualifying period that fall within your 2023 tax year . . . . .	_____	_____

# Asset Listing for 2023

Name:

SSN:

**Assets for:**

For	Multi	Description of Property	Date Acquired	Cost / Basis	Method	Life	Prior Depreciation	Sec 179 exp	Date Sold	Sales Price	Expense of Sale

### Casualties and Thefts

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ FEMA code \_\_\_\_\_

Property description \_\_\_\_\_

Property address \_\_\_\_\_

Property was  Personal  Business  Income-producing  Employee income-producing

Date property was acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost of property damaged or stolen . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) . . . . . \_\_\_\_\_ Date property was damaged or stolen . . . . . \_\_\_\_\_

**Theft Loss Deduction for Ponzi-Type Investment Scheme**

**Part I Computation of Deduction**

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

**Part II Required Statements and Declarations**

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN / EIN \_\_\_\_\_

Address \_\_\_\_\_

U.S. Only: City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Foreign Only: Province / state \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

TSJ \_\_\_\_\_ FEMA code \_\_\_\_\_

Property description \_\_\_\_\_

Property address \_\_\_\_\_

Property was  Personal  Business  Income-producing  Employee income-producing

Date property was acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost of property damaged or stolen . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) . . . . . \_\_\_\_\_ Date property was damaged or stolen . . . . . \_\_\_\_\_

**Theft Loss Deduction for Ponzi-Type Investment Scheme**

**Part I Computation of Deduction**

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

**Part II Required Statements and Declarations**

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN / EIN \_\_\_\_\_

Address \_\_\_\_\_

U.S. Only: City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Foreign Only: Province / state \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_



## Form 4835 - Farm Rental Income and Expenses

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Information

TSJ \_\_\_\_\_ Employer ID number \_\_\_\_\_

Description \_\_\_\_\_

This farm was disposed of during 2023.

### Income

	2023	2022		2023	2022
Income from production of livestock, produce, grains, and other crops . . .	_____	_____	Crop insurance proceeds:		
Total cooperative distributions . . . . .	_____	_____	Amount received in 2023 . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____	<input type="checkbox"/> You elect to defer to 2024		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2022 . . . . .	_____	_____
CCC loans reported . . . . .	_____	_____	Other income . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____			

### Expenses

	2023	2022		2023	2022
Car and truck expenses . . . . .	_____	_____	Seeds and plants purchased . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Storage and warehousing . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Taxes . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Utilities . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Veterinary, breeding, medicine . . . . .	_____	_____
Fertilizer and lime . . . . .	_____	_____	Other expenses (list)		
Freight and trucking . . . . .	_____	_____	_____	_____	_____
Gasoline, fuel, and oil . . . . .	_____	_____	_____	_____	_____
Insurance (other than health) . . . . .	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____	_____	_____
Interest - other . . . . .	_____	_____	_____	_____	_____
Labor hired (less jobs credit) . . . . .	_____	_____	_____	_____	_____
Pension and profit-sharing plans . . . . .	_____	_____	_____	_____	_____
Rent - vehicles, machinery, equipment	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____	_____	_____	_____
Repairs and maintenance . . . . .	_____	_____	_____	_____	_____

Residential Energy Credits

Name:

SSN:

TSJ \_\_\_\_\_

Part I - Residential Energy Efficient Property Credit

- Qualified solar electric property costs
Qualified solar water heating property costs
Qualified small wind energy property costs
Qualified geothermal heat pump property costs
Qualified battery storage technology - Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours?
Qualified battery storage costs
Was a qualified fuel cell property installed on or in your main home in U.S.?
Address of main home
City, state, and ZIP
Qualified fuel cell property costs
Kilowatt capacity of qualified fuel cell property entered above
Amount of unused credit from 2022 Form 5695, line 16

Part II - Energy Efficient Home Improvement Credit

Qualified Energy Efficient Improvements

- Were improvements or costs made to your main home located in the US?
Were you the original user of the qualified energy efficiency improvements?
Are the components reasonably expected to remain in use for at least five years?
Were improvements or costs related to the construction of this main home?
Address of main home
City, state, and ZIP
Were improvements or costs related to the construction of this home?
Cost of insulation or air sealing material or system
Cost of the exterior doors: Most expensive exterior door All other qualifying exterior doors
Cost of exterior windows and skylights

Residential Energy Property Costs

- Did you incur costs for qualified energy property installed on or in connection with a U.S. home?
Was the qualified energy property originally placed into service by you or your spouse?
Address of home that you installed qualified energy property (if more than one list separately)
Street address
City, state, and ZIP
Cost of central air conditioners
Cost of natural gas, propane: Water heaters Furnace or hot water boilers
Cost of improvements to or replacement of panelboards, subpanelboards, branch circuits, or feeders
Did you incur costs for a home energy audit that included an inspection of your main home located in the U.S. and a written report prepared by a certified home energy auditor?
Cost of electric or natural gas: Heat pumps Heat pump water heaters
Cost of biomass stoves and boilers

### Installment Sale Income

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____	Date sold _____	2023	Prior years
Selling price . . . . .		_____	_____
Mortgages assumed . . . . .		_____	_____
Cost of property sold . . . . .		_____	_____
Depreciation allowed . . . . .		_____	_____
Commissions and expense of sale . . . . .		_____	_____
Gross profit percentage . . . . .		_____	_____
Interest received . . . . .		_____	_____
Principal payments received . . . . .		_____	_____
Property was sold to a related party <input type="checkbox"/>			

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____	Date sold _____	2023	Prior years
Selling price . . . . .		_____	_____
Mortgages assumed . . . . .		_____	_____
Cost of property sold . . . . .		_____	_____
Depreciation allowed . . . . .		_____	_____
Commissions and expense of sale . . . . .		_____	_____
Gross profit percentage . . . . .		_____	_____
Interest received . . . . .		_____	_____
Principal payments received . . . . .		_____	_____
Property was sold to a related party <input type="checkbox"/>			

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____	Date sold _____	2023	Prior years
Selling price . . . . .		_____	_____
Mortgages assumed . . . . .		_____	_____
Cost of property sold . . . . .		_____	_____
Depreciation allowed . . . . .		_____	_____
Commissions and expense of sale . . . . .		_____	_____
Gross profit percentage . . . . .		_____	_____
Interest received . . . . .		_____	_____
Principal payments received . . . . .		_____	_____
Property was sold to a related party <input type="checkbox"/>			

### Noncash Charitable Contributions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province / state, country, postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_ Date contributed \_\_\_\_\_  Bargain sale was capital gain property

**Property type (if over \$5,000)**  Donated property is publicly traded security

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Art valued more than \$20,000                           | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual property        |
| <input type="checkbox"/> Qualified conservation - qualified farmer / rancher     | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles                     |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer / rancher | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Clothing and household items |
| <input type="checkbox"/> Qualified conservation                                  | <input type="checkbox"/> Collectibles                  | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Equipment   |  |   |

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province / state, country, postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_ Date contributed \_\_\_\_\_  Bargain sale was capital gain property

**Property type (if over \$5,000)**  Donated property is publicly traded security

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Art valued more than \$20,000                           | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual property        |
| <input type="checkbox"/> Qualified conservation - qualified farmer / rancher     | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles                     |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer / rancher | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Clothing and household items |
| <input type="checkbox"/> Qualified conservation                                  | <input type="checkbox"/> Collectibles                  | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Equipment   |  |   |

### Expenses for Business Use of Your Home

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Business Use of Home

For \_\_\_\_\_ Name of business home is used for \_\_\_\_\_

	2023	2022
Square footage of home used exclusively for business . . . . .		
Total square footage of home . . . . .		

#### Use of Home for Daycare

	2023	2022
Area used part time for business . . . . .		
Total hours used for day care . . . . .		
Total hours available . . . . .		

Did you live in the home all year?     Yes     No

#### Expenses

	Office expenses		Home expenses		
	2023	2022	2023	2022	
Mortgage interest . . . . .					In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes . . . . .					
Excess mortgage interest . . . . .					
Excess real estate taxes . . . . .					
Insurance . . . . .					
Rent . . . . .					
Repairs and maintenance . . . . .					
Utilities . . . . .					
Other expenses . . . . .					

#### Cost of Home

	2023	2022
Enter the <b>smaller</b> of your home's adjusted basis or its fair market value . . . . .		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No . . . . . Value of land		
Date placed in service . . . . .		
Date taken out of service . . . . .		

### Education Credits

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all Forms 1098-T**

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes

Was the student enrolled at least half-time for at least one academic period that began in 2023 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential?

Did the student complete the first four years of post-secondary education before 2023?

Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?

Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_ **2023** **2022**

Total qualified educational expenses (including the cost of tuition, required enrollment fees, books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution \_\_\_\_\_

ADDITIONAL qualified educational expenses that were NOT required to be paid directly to the educational institution \_\_\_\_\_

Tax-free educational assistance received in 2023 allocable to the academic period \_\_\_\_\_

Tax-free educational assistance received in 2024 (and before 2023 return is filed) allocable to the academic period \_\_\_\_\_

Refunds of qualified education expenses paid in 2023 if the refund is received before the 2023 return is filed \_\_\_\_\_

Did the student receive Form 1098-T from this institution for 2023? Yes  No

Did the student receive Form 1098-T from this institution for 2022 with box 7 checked?

Educational Institution | EIN \_\_\_\_\_  
Name \_\_\_\_\_  
Street address, city, state, and ZIP \_\_\_\_\_

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes

Was the student enrolled at least half-time for at least one academic period that began in 2023 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential?

Did the student complete the first four years of post-secondary education before 2023?

Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?

Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_ **2023** **2022**

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution \_\_\_\_\_

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution \_\_\_\_\_

Tax-free educational assistance received in 2023 allocable to the academic period \_\_\_\_\_

Tax-free educational assistance received in 2024 (and before 2023 return is filed) allocable to the academic period \_\_\_\_\_

Refunds of qualified education expenses paid in 2023 if the refund is received before the 2023 return is filed \_\_\_\_\_

Did the student receive Form 1098-T from this institution for 2023? Yes  No

Did the student receive Form 1098-T from this institution for 2022 with box 7 checked?

Educational Institution | EIN \_\_\_\_\_  
Name \_\_\_\_\_  
Street address, city, state, and ZIP \_\_\_\_\_

Credit for Small Employer Health Insurance Premiums

Name:

SSN:

TSJ \_\_\_\_\_

Important: Hawaii employers do not qualify for the credit

Complete the columns below for all employees who are not "excluded." ("Excluded" employees include business owners, partners, more-than-2% shareholders, etc.)

Complete the columns below for each employee enrolled in health insurance coverage provided under qualifying arrangement.

Table with 5 main columns: Employee Identifier, Hours of Service (2023, 2022), Wages Paid (2023, 2022), Employer Premiums Paid (2023, 2022), and State Average Premiums. Multiple rows for data entry.

If you paid premiums during the tax year for employee health insurance coverage through Small Business Health Options Program (SHOP) Marketplace, enter the Marketplace ID . . . . .

Yes No Do you qualify for an exception to this requirement?

Employer identification number used to report employment taxes for above individuals . . . . .

Total amount of any state premium subsidies paid and any state tax credit available . . . . .

Form 1099-G Unemployment Compensation

Name:

SSN:

Provide all copies of Form 1099-G

TSJ Payer's Federal ID Number

Payer's name

Payer's address

City

U.S. only State, ZIP

Foreign only Province / state, Country, Postal code

Payer's phone Account number

Table with 4 columns: 2023, 2022, 2023, 2022. Rows include Unemployment compensation, State/local tax refunds, Tax year, Federal tax withheld, RTAA payments, Taxable grants, Agriculture, Trade/business, Market gain, State, State ID, State unemployment, State withholding, Locality name, Local payments, Local withholding, and Unemployment benefits are from railroad.

TSJ Payer's Federal ID Number

Payer's name

Payer's address

City

U.S. only State, ZIP

Foreign only Province / state, Country, Postal code

Payer's phone Account number

Table with 4 columns: 2023, 2022, 2023, 2022. Rows include Unemployment compensation, State/local tax refunds, Tax year, Federal tax withheld, RTAA payments, Taxable grants, Agriculture, Trade/business, Market gain, State, State ID, State unemployment, State withholding, Locality name, Local payments, Local withholding, and Unemployment benefits are from railroad.



**Form 1099-MISC - Miscellaneous Income**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form 1099-MISC**

TS \_\_\_\_ For \_\_\_\_\_ Payer's federal ID number \_\_\_\_\_

Payer's name \_\_\_\_\_

Payer's address \_\_\_\_\_

	2023	2022		2023	2022
Rents . . . . .	_____	_____	Excess golden parachute payment	_____	_____
Royalties . . . . .	_____	_____	Nonqualified deferred compensation	_____	_____
Other income . . . . .	_____	_____	State _____ State ID _____	_____	_____
Description _____			State tax withheld . . . . .	_____	_____
Federal tax withheld . . . . .	_____	_____	State income . . . . .	_____	_____
Fishing boat proceeds . . . . .	_____	_____	Name of locality _____	_____	_____
Medical and health care payments . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Local income . . . . .	_____	_____
Substitute payments . . . . .	_____	_____	State _____ State ID _____	_____	_____
Crop insurance proceeds . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
Gross attorney proceeds . . . . .	_____	_____	State income . . . . .	_____	_____
Taxable proceeds . . . . .	_____	_____	Name of locality _____	_____	_____
Fish purchased for resale . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Section 409A deferrals . . . . .	_____	_____	Local income . . . . .	_____	_____

TS \_\_\_\_ For \_\_\_\_\_ Payer's federal ID number \_\_\_\_\_

Payer's name \_\_\_\_\_

Payer's Address \_\_\_\_\_

	2023	2022		2023	2022
Rents . . . . .	_____	_____	Excess golden parachute payment	_____	_____
Royalties . . . . .	_____	_____	Nonqualified deferred compensation	_____	_____
Other income . . . . .	_____	_____	State _____ State ID _____	_____	_____
Description _____			State tax withheld . . . . .	_____	_____
Federal tax withheld . . . . .	_____	_____	State income . . . . .	_____	_____
Fishing boat proceeds . . . . .	_____	_____	Name of locality _____	_____	_____
Medical and health care payments . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Local income . . . . .	_____	_____
Substitute payments . . . . .	_____	_____	State _____ State ID _____	_____	_____
Crop insurance proceeds . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
Gross attorney proceeds . . . . .	_____	_____	State income . . . . .	_____	_____
Taxable proceeds . . . . .	_____	_____	Name of locality _____	_____	_____
Fish purchased for resale . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Section 409A deferrals . . . . .	_____	_____	Local income . . . . .	_____	_____

### Pension, Annuities, Retirement, Etc. Distributions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Social Security Benefit Statement or Railroad Retirement Board Payments - Provide all Forms 1099-SSA, etc.**

	2023	2022		2023	2022
TS _____			TS _____		
Net benefits . . . . .	_____	_____	Net benefits . . . . .	_____	_____
Medicare premiums . . . . .	_____	_____	Medicare premiums . . . . .	_____	_____
Federal Income tax withheld . . . . .	_____	_____	Federal Income tax withheld . . . . .	_____	_____
<input type="checkbox"/> Treat Medicare premiums as self-employed health insurance.			<input type="checkbox"/> Treat Medicare premiums as self-employed health insurance.		

**Pension and Retirement Distributions - Provide all Forms 1099-R**

TS \_\_\_\_\_ Payer's name \_\_\_\_\_ Payer's federal ID number \_\_\_\_\_  
 Address \_\_\_\_\_

	2023	2022		2023	2022
Disability indicator . . . . . <input type="checkbox"/>		<input type="checkbox"/>	State _____ State ID _____		
Report disability income as wages on 1040. . . . . <input type="checkbox"/>		<input type="checkbox"/>	State income tax withheld . . . . .	_____	_____
Gross distribution . . . . .	_____	_____	State distribution . . . . .	_____	_____
Taxable amount . . . . .	_____	_____	Name of locality _____		
Total distribution . . . . . <input type="checkbox"/>		_____	Local income tax withheld . . . . .	_____	_____
Capital gain included in taxable amount above . . . . .	_____	_____	Local distribution . . . . .	_____	_____
Federal income tax withheld . . . . .	_____	_____	State _____ State ID _____		
Employee contributions or insurance premiums . . . . .	_____	_____	State income tax withheld . . . . .	_____	_____
Unrealized appreciation . . . . .	_____	_____	State distribution . . . . .	_____	_____
Distribution codes . . . . .	_____	_____	Name of locality _____		
IRA / SEP / SIMPLE. . . . . <input type="checkbox"/>		<input type="checkbox"/>	Local income tax withheld . . . . .	_____	_____
Your percentage of total distribution	_____	_____	Local distribution . . . . .	_____	_____

**Yes No**

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

Did you use any of the distributions for disaster relief?

100% of the taxable amount entered above is a Qualified Charitable Distribution (QCD) . . . . .

Enter an amount in this field if only part of the taxable amount entered above is a QCD . . . . . \_\_\_\_\_

100% of the taxable amount entered above is for Health Savings Account (HSA) funding . . . . .

Enter an amount in this field if only part of the taxable amount entered above is for HSA funding . . . . . \_\_\_\_\_

Enter the amount of distribution used for insurance premiums for public safety officers . . . . . \_\_\_\_\_

### Schedule A - Itemized Deductions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Medical and Dental Expenses

	2023	2022
Health insurance premiums (paid by you, not through work) . . . . .	_____	_____
Amount above that is for Medicare premiums . . . . .	_____	_____
Long-term care premiums (you) . . . . .	_____	_____
Long-term care premiums (your spouse) _____	_____	_____
Long-term care premiums (dependents) _____	_____	_____
Mileage driven for medical purposes . . . _____	_____	_____
Out of pocket medical and dental expenses (list) . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Taxes Paid

State and local income taxes . . . . .	_____	_____
General sales tax (vehicle, boat, home, etc.) . . . . .	_____	_____
Real estate taxes . . . . .	_____	_____
Personal property taxes . . . . .	_____	_____
Auto registration taxes not deductible for state . . . . .	_____	_____
Other taxes (list) _____	_____	_____
_____	_____	_____
_____	_____	_____

#### Interest Paid

Home mortgage interest paid (attach Form 1098) . . . . .	_____	_____
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home.		
Home mortgage interest paid to an individual _____	_____	_____
Paid to:		
Name _____		
Address _____		
City, State, ZIP _____		
SSN or EIN _____		
Points not reported on Form 1098 . . . . .	_____	_____
Investment interest . . . . .	_____	_____

#### Charitable Contributions

	2023	2022
Donations to charity (cash) . . . . .	_____	_____
Disaster relief contributions . . . . .	_____	_____
Miles driven for charitable purposes _____	_____	_____
Donations to charity (noncash) . . . _____	_____	_____
If noncash donations are greater than \$500, list below.		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Other Miscellaneous Deductions

Amortizable bond premiums . . . . .	_____	_____
Federal estate tax . . . . .	_____	_____
Gambling losses . . . . .	_____	_____
Impairment-related work expenses _____	_____	_____
Claim repayments . . . . .	_____	_____
Unrecovered pension investments _____	_____	_____
Loss from other activities from Schedule K-1 . . . . .	_____	_____
Ordinary loss debt instrument . . . . .	_____	_____
Excess deduction on termination _____	_____	_____

#### For state purposes ONLY

#### Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list) _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Union dues . . . . .	_____	_____
Tax preparation fees . . . . .	_____	_____
Other nonpersonal expenses related to taxable income (list) _____	_____	_____
_____	_____	_____
_____	_____	_____
Investment expenses not entered elsewhere . . . . .	_____	_____
Home equity interest . . . . .	_____	_____

## Healthcare Coverage Questionnaire

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Healthcare Information

Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at All

**YES    NO**

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

- Employer     Medicare     Medicaid     Marketplace (Exchange)     Other

**If you didn't have coverage part or all of the year:**

Answer YES if the following applies to any member of the household

- Was your previous insurance policy canceled in 2023?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
  - Became homeless
  - Evicted in the past six months, or facing eviction or foreclosure
  - Received a shut-off notice from a utility company
  - Recently experienced domestic violence
  - Recently experienced the death of a close family member
  - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  - Filed for bankruptcy in the last six months
  - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

## Healthcare Coverage Questionnaire for Taxpayer and Spouse (for preparer use)

**PRIMARY TAXPAYER**

All  
Year

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.												
Had health care coverage from another source?												
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.												
Employer offered health coverage which was declined?												
If Yes, what would be the cost for SELF coverage?												
If Yes, what would be the cost for FAMILY coverage?												
Would the FAMILY policy have covered the spouse?												

**SPOUSE**

All  
Year

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.												
Had health care coverage from another source?												
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number												
Employer offered health coverage which was declined?												
If Yes, what would be the cost for SELF coverage?												
If Yes, what would be the cost for FAMILY coverage?												
Would the FAMILY policy have covered the spouse?												

## Healthcare Coverage Questionnaire for Dependents (for preparer use)

All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.												
Had health care coverage from another source?												
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.												
Required to file a return?    Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____											

All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A												
Had health care coverage from another source?												
Was exempt from health care mandate. Has Exemption Certificate Number? If Yes, provide number.												
Required to file a return?    Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____											

All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A												
Had health care coverage from another source?												
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.												
Required to file a return?    Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____											

## Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Moving Expenses

TSJ \_\_\_\_\_

Select this box and complete the fields below only if you are a member of the armed forces on active duty, and moved due to a military order for a permanent change of station.

**2023**

**2022**

Enter the number of miles from your OLD home to your NEW workplace . . . . .	_____	
Enter the number of miles from your OLD home to your OLD workplace . . . . .	_____	
Enter the amount you paid for transportation and storage of household goods and personal effects . . .	_____	
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)	_____	
Enter the amount of moving expenses reimbursed to you by your employer . . . . .	_____	

### Self-Employed Health Insurance

TSJ \_\_\_\_\_

**2023**

**2022**

Enter the qualified long-term care amount . . . . .	_____	
Enter your Medicare wages from an S corporation . . . . .	_____	

### Self-Employed Pensions

TSJ \_\_\_\_\_

**2023**

**2022**

Enter your plan contribution rate as a decimal . . . . .	_____	
Enter your allowable elective deferrals made during 2023 . . . . .	_____	
Enter your catch-up contributions . . . . .	_____	
Enter the amount of designated ROTH contributions included above . . . . .	_____	

### Nondeductible IRAs

TS \_\_\_\_\_

This person is covered by a retirement plan at work or through self-employment.

**2023**

**2022**

Total traditional IRA contributions made for 2023 . . . . .	_____	
Amount included above that was contributed between 1/1/2024 and 4/15/2024 . . . . .	_____	
Total basis of traditional IRAs as of 12/31/2023 . . . . .	_____	
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers.) . . . . .	_____	
<input type="checkbox"/> Distributions received were used for disaster relief		
Amount of traditional IRAs converted to ROTH IRAs . . . . .	_____	
IRA basis before conversion . . . . .	_____	
Total ROTH IRA contributions made for 2023 . . . . .	_____	

### Health Savings Account

TS \_\_\_\_\_

**2023**

**2022**

The taxpayer's coverage is under a high-deductible health plan for:

Taxpayer only       Family

HSA contributions made for 2023 . . . . .	_____	
Total distributions from all HSAs during 2023 . . . . .	_____	
Distributions included above that were rolled over into another HSA account . . . . .	_____	
Qualified medical expenses paid using HSA distributions . . . . .	_____	

### Auto Expense Worksheet

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

For \_\_\_\_\_

Business name and profession / product \_\_\_\_\_

Description \_\_\_\_\_

Date placed in service \_\_\_\_\_

Was this vehicle available for personal use during off-duty hours?       Yes       No

Do you or your spouse have another vehicle available for personal use?       Yes       No

Do you have evidence to support your deduction?       Yes       No

If "Yes," is the evidence written?       Yes       No

**Enter the number of miles your vehicle was used for:**

**2023**

**2022**

**Prior year total**

Business . . . . .	_____	_____	Business	_____
Commuting . . . . .	_____	_____	Total	_____
Other . . . . .	_____	_____		

**Expenses**

Garage rent . . . . .	_____	_____	
Gas . . . . .	_____	_____	
Insurance . . . . .	_____	_____	
Licenses . . . . .	_____	_____	
Oil . . . . .	_____	_____	
Parking fees . . . . .	_____	_____	
Rental fees . . . . .	_____	_____	
Interest . . . . .	_____	_____	
Property tax . . . . .	_____	_____	
Repairs . . . . .	_____	_____	
Tires . . . . .	_____	_____	
Tolls . . . . .	_____	_____	
Lease addbacks . . . . .	_____	_____	
Other expenses (list):			
_____	Apply business %	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	_____



### Schedule C - Profit or Loss from Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

TS \_\_\_\_\_ Professional product or service \_\_\_\_\_ Business code \_\_\_\_\_

Employer ID number \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province / state, Country, Postal code \_\_\_\_\_

Accounting method, if not cash  Accrual  Other \_\_\_\_\_

- This business was started or acquired during 2023.
- Some investment is NOT at risk.
- This business was disposed of during 2023.

Select if this business is for:

- Professional gambler  Newspaper delivery and you are under 18 years of age
- Exempt Notary income  A clergy

Yes No

- Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
- If "Yes," did you file Forms 1099 for the individuals?
- Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
- If "Yes," was any portion of the loan forgiven in 2023?

**Income**

	2023	2022
Gross receipts or sales . . . . .		
Returns and allowances . . . . .		
Other income . . . . .		

**Cost of Goods Sold**

Inventory method, if not cost  Lower of cost or market  Other

Change of inventory method  Yes  No

	2023	2022
Inventory at beginning of year . . . . .		
Purchases (less cost of items withdrawn for personal use) . . . . .		
Cost of labor . . . . .		
Materials and supplies . . . . .		
Other costs (list on detail worksheet) . . . . .		
Inventory at end of year . . . . .		

Schedule C - Profit or Loss from Business

Name:

SSN:

Expenses

TS \_\_\_\_\_

Business name \_\_\_\_\_

Profession or product \_\_\_\_\_

2023

2022

Advertising . . . . . \_\_\_\_\_

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

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

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

Depletion . . . . . \_\_\_\_\_

Employee benefit programs . . . . . \_\_\_\_\_

Insurance (other than health) . . . . . \_\_\_\_\_

Interest - mortgage (paid to banks, etc.) . . . . . \_\_\_\_\_

Interest - other . . . . . \_\_\_\_\_

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

Office expenses . . . . . \_\_\_\_\_

Pension and profit-sharing plans . . . . . \_\_\_\_\_

Rent or lease (vehicles, machinery, and equipment) . . . . . \_\_\_\_\_

Rent (other business property) . . . . . \_\_\_\_\_

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

Supplies . . . . . \_\_\_\_\_

Taxes and licenses (including real estate taxes) . . . . . \_\_\_\_\_

Travel . . . . . \_\_\_\_\_

Total meals . . . . . \_\_\_\_\_

Utilities . . . . . \_\_\_\_\_

Wages . . . . . \_\_\_\_\_

Family health coverage payments for taxpayer, spouse or dependents . . . . . \_\_\_\_\_

Other expenses (list):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Vehicle Credits

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Form 8936 - Clean Vehicle Credits**

TSJ \_\_\_\_\_

**Part I - Vehicle Details**

Year of vehicle . . . . . \_\_\_\_\_

Make of vehicle . . . . . \_\_\_\_\_

Model of vehicle . . . . . \_\_\_\_\_

Vehicle Identification Number . . . . . \_\_\_\_\_

Date vehicle was placed in service . . . . . \_\_\_\_\_

	Yes	No
Was the vehicle used primarily outside the U.S.? If "Yes," stop here. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Does the VIN entered above belong to a new clean vehicle placed in service during 2023? If "Yes," go to Part II. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Does the VIN entered above belong to a previously owned clean vehicle acquired after 2022 and placed in service during 2023? If "Yes," go to Part IV. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Does the VIN entered above belong to a qualified commercial clean vehicle acquired after 2022 and placed in service during 2023? If "Yes," go to Part IV. If "No," stop here. . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part II - Credit Amount for Business / Investment Use Part of New Clean Vehicle**

Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person. . . . .

Business or investment use percentage . . . . . \_\_\_\_\_

**Part IV - Credit Amount for Previously Owned Clean Vehicle**

Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person. . . . .

Is the vehicle a qualified fuel cell motor vehicle? . . . . .

Sales price of vehicle . . . . . \_\_\_\_\_

**Part V - Credit Amount for Qualified Commercial Clean Vehicle**

Did you acquire the vehicle for use and not for resale? Select "No," if leasing the vehicle from another person. . . . .

Is the vehicle powered by gas or diesel? . . . . .

Sales price of vehicle . . . . . \_\_\_\_\_

Vehicle's gross weight rating (GVWR) is 14,000 pounds or more . . . . .

**Form 8910 - Alternative Motor Vehicle Credit**

TSJ \_\_\_\_\_

**Vehicle 1**

**Vehicle 2**

Year of vehicle . . . . .	_____	_____
Make of vehicle . . . . .	_____	_____
Model of vehicle . . . . .	_____	_____
Vehicle Identification Number . . . . .	_____	_____
Date vehicle was placed in service . . . . .	_____	_____
Business / investment use percentage . . . . .	_____	_____







## Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Property Information

TSJ \_\_\_\_\_

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |  |                          |                          |  |
|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> This property was placed in service during 2023.      | Yes                      | No                       | Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.<br><br>If "Yes," did you file Forms 1099 for the individuals? |
| <input type="checkbox"/> This property was disposed of during 2023.            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> This property is your main home or second home.       | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> This property was owned as a qualified joint venture. | <input type="checkbox"/> | <input type="checkbox"/> |  |

### Income

	2023	2022		2023	2022
Rent Income . . . . .			Royalties from oil, gas, mineral, copyright, or patent . . . . .		

### Expenses

	Rental Unit Expenses		Rental <u>and</u> Homeowner Expenses	
Advertising . . . . .				If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.  If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Auto and travel . . . . .				
Cleaning and maintenance . . . . .				
Commissions . . . . .				
Insurance . . . . .				
Legal and professional fees . . . . .				
Management fees . . . . .				
Mortgage interest . . . . .				
Other interest . . . . .				
Repairs . . . . .				
Supplies . . . . .				
Taxes . . . . .				
Utilities . . . . .				
Depletion . . . . .				
Other expenses (list)				
_____				
_____				
_____				
_____				
_____				
_____				
_____				

Schedule F - Profit or Loss from Farming

Name:

SSN:

General Information

TS Principal product Employer ID number

Accounting method, if not cash: Accrual

This farm was disposed of during 2023.

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

If "Yes," did you file Forms 1099 for the individuals?

You received a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021.

If "Yes," was any portion of the loan forgiven in 2023?

Income

Table with 5 columns: Description, 2023, 2022, Description, 2023, 2022. Rows include Crop insurance proceeds, Sale of livestock and other items, Cost of items bought for resale, Sale of products you raised, Total cooperative distributions, Total agricultural payments, Commodity Credit Corporation (CCC) loans, and Other income.

Expenses

Table with 5 columns: Description, 2023, 2022, Description, 2023, 2022. Rows include Car and truck expenses, Chemicals, Conservation expenses, Custom hire (machine work), Employee benefit programs, Feed purchased, Fertilizers and lime, Freight and trucking, Gasoline, fuel, and oil, Insurance (other than health), Interest - mortgage (paid to banks, etc.), Interest - other, Non-W-2 labor hired, W-2 wages paid, Pension and profit-sharing plans, Rent - vehicles, machinery, equipment, and Rent - other (land, animals, etc.).



### Household Employment

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes No**

- Did you pay any one household employee cash wages of \$2,600 or more in 2023?
- Did you withhold federal income tax during 2023 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2023 by April 15, 2024?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2023	2022
Total cash wages subject to Social Security tax . . . . .		
Total cash wages subject to Medicare tax . . . . .		
Total cash wages subject to Additional Medicare tax withholding . . . . .		
Federal income tax withheld . . . . .		
Qualified sick leave wages . . . . .		
Qualified family leave wages . . . . .		
Qualified health plan expenses . . . . .		

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes No**

- Did you pay any one household employee cash wages of \$2,600 or more in 2023?
- Did you withhold federal income tax during 2023 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2023 by April 15, 2024?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2023	2022
Total cash wages subject to Social Security tax . . . . .		
Total cash wages subject to Medicare tax . . . . .		
Total cash wages subject to Additional Medicare tax withholding . . . . .		
Federal income tax withheld . . . . .		
Qualified sick leave wages . . . . .		
Qualified family leave wages . . . . .		
Qualified health plan expenses . . . . .		

### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

	2023 Taxpayer	2022 Taxpayer	2023 Spouse	2022 Spouse
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Unemployment compensation repaid in 2023 . . . . .	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____	_____	_____
Alaska Permanent Fund . . . . .	_____	_____	_____	_____
Jury duty pay . . . . .	_____	_____	_____	_____
ABLE distributions . . . . .	_____	_____	_____	_____
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Adjustments

	2023 Taxpayer	2022 Taxpayer	2023 Spouse	2022 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____	_____	_____
Alimony paid				
Name _____		_____		_____
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____		_____		_____
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____	_____	_____
Interest paid on a student loan . . . . .	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____





Form 1099-NEC - Nonemployee Compensation

Name:

SSN:

Provide all copies of Form 1099-NEC

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number \_\_\_\_\_ Account number \_\_\_\_\_

Payer's name \_\_\_\_\_

Payer's address \_\_\_\_\_

	<b>2023</b>	<b>2022</b>		<b>2023</b>	<b>2022</b>
Non-employee compensation . . . . .	_____	_____	Federal tax withheld . . . . .	_____	_____

Payer made direct sales of \$5000 or more of consumer products.

State \_\_\_\_ State ID \_\_\_\_\_ State \_\_\_\_ State ID \_\_\_\_\_

State tax withheld . . . . . \_\_\_\_\_ \_\_\_\_\_ State tax withheld . . . . . \_\_\_\_\_ \_\_\_\_\_

State income . . . . . \_\_\_\_\_ \_\_\_\_\_ State income . . . . . \_\_\_\_\_ \_\_\_\_\_

Name of locality \_\_\_\_\_ Name of locality \_\_\_\_\_

Local tax withheld . . . . . \_\_\_\_\_ \_\_\_\_\_ Local tax withheld . . . . . \_\_\_\_\_ \_\_\_\_\_

Local income . . . . . \_\_\_\_\_ \_\_\_\_\_ Local income . . . . . \_\_\_\_\_ \_\_\_\_\_

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number \_\_\_\_\_ Account number \_\_\_\_\_

Payer's name \_\_\_\_\_

Payer's address \_\_\_\_\_

	<b>2023</b>	<b>2022</b>		<b>2023</b>	<b>2022</b>
Non-employee compensation . . . . .	_____	_____	Federal tax withheld . . . . .	_____	_____

Payer made direct sales of \$5000 or more of consumer products.

State \_\_\_\_ State ID \_\_\_\_\_ State \_\_\_\_ State ID \_\_\_\_\_

State tax withheld . . . . . \_\_\_\_\_ \_\_\_\_\_ State tax withheld . . . . . \_\_\_\_\_ \_\_\_\_\_

State income . . . . . \_\_\_\_\_ \_\_\_\_\_ State income . . . . . \_\_\_\_\_ \_\_\_\_\_

Name of locality \_\_\_\_\_ Name of locality \_\_\_\_\_

Local tax withheld . . . . . \_\_\_\_\_ \_\_\_\_\_ Local tax withheld . . . . . \_\_\_\_\_ \_\_\_\_\_

Local income . . . . . \_\_\_\_\_ \_\_\_\_\_ Local income . . . . . \_\_\_\_\_ \_\_\_\_\_

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number \_\_\_\_\_ Account number \_\_\_\_\_

Payer's name \_\_\_\_\_

Payer's address \_\_\_\_\_

	<b>2023</b>	<b>2022</b>		<b>2023</b>	<b>2022</b>
Non-employee compensation . . . . .	_____	_____	Federal tax withheld . . . . .	_____	_____

Payer made direct sales of \$5000 or more of consumer products.

State \_\_\_\_ State ID \_\_\_\_\_ State \_\_\_\_ State ID \_\_\_\_\_

State tax withheld . . . . . \_\_\_\_\_ \_\_\_\_\_ State tax withheld . . . . . \_\_\_\_\_ \_\_\_\_\_

State income . . . . . \_\_\_\_\_ \_\_\_\_\_ State income . . . . . \_\_\_\_\_ \_\_\_\_\_

Name of locality \_\_\_\_\_ Name of locality \_\_\_\_\_

Local tax withheld . . . . . \_\_\_\_\_ \_\_\_\_\_ Local tax withheld . . . . . \_\_\_\_\_ \_\_\_\_\_

Local income . . . . . \_\_\_\_\_ \_\_\_\_\_ Local income . . . . . \_\_\_\_\_ \_\_\_\_\_

## 2023 Tax Organizer Personal Information

### Personal Information

	Name	SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

### Filing status at the end of 2023

Single     Married     Widowed - If widowed and your spouse died after December 31, 2021, enter the date of death \_\_\_\_\_

Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2023? \_\_\_\_\_

### Yes    No

Are you or your spouse blind?

Are you or your spouse disabled?

Are you or your spouse a full-time student?

Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?

At any time during 2023 did you:

(a) receive (as a reward, award, or payment for property or services) a digital asset?

(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

### Identification Information

#### Taxpayer's type of photo ID

Driver's license     State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

#### Spouse's type of photo ID

Driver's license     State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

### Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account For	
			Checking	Savings	Deposits	Withdrawals

### Appointment Information

Your 2023 appointment is scheduled for \_\_\_\_\_

### Dependent and Other Information

Name:

SSN:

#### Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

#### Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2022	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

## Wages and Salaries

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form W-2**

TS \_\_\_\_\_ Federal EIN \_\_\_\_\_

Payers name \_\_\_\_\_

Payer's address \_\_\_\_\_

	2023	2022		2023	2022
Wages, tips, other compensation	_____	_____	State _____ State ID _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State ID _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

TS \_\_\_\_\_ Federal EIN \_\_\_\_\_

Payer's name \_\_\_\_\_

Payer's address \_\_\_\_\_

	2023	2022		2023	2022
Wages, tips, other compensation	_____	_____	State _____ State ID _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State ID _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			