#### CENTRAL ARKANSAS TAX & ACCOUNTING

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January 02, 2024

Subject: Preparation of Your 2023 Tax Returns

:

Thank you for choosing Eric J. Scism, C.P.A., P.L.L.C. to assist you with your 2023 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2023 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2023 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (501)777-7213.

Sincerely,

| Eric J. Scism C.P.A. CENTRAL ARKANSAS TAX & ACCOUNTING     |   |
|--|---|
| (Both spouses must sign for preparation of joint returns.) |   |
| Accepted By:   |   |
|  |   |
|  | - |
| Taxpayer   |   |
|  | _ |
| Spouse   |   |
| Date   | - |
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Name: SSN: \*\*\*\_\*\*\_\*\*\*

| Check    | list  |   |
|----------|-------|---|
|          | alo   | ist is provided to help you gather necessary information for us to prepare your 2023 income tax return. Return<br>ng with the supporting documentation, to our office and let us know of any significant changes from your 2022 |
| Genera   | l Inf | formation and Prior Year Documentation  |
|          |       | Proof of identity for those claimed on the return (driver's license or state issued ID, Social Security card, birth certificates for children. etc.)  |
|          | []    | Income tax returns from the prior two years   |
|          |       | If there were losses from business activities in prior years, include prior five years of returns instead of two  |
|          | []    | Depreciation schedules from prior years for businesses, rentals, etc.   |
| Current  | : Ye  | ar Income Documentation   |
|          |       | Wage and tax statements (Form W-2)  |
|          | []    |   |
|          | []    |   |
|          | []    |   |
|          | []    | Interest income (Form 1099-INT)   |
|          | []    | Miscellaneous income (Form 1099-MISC)   |
|          | []    | Nonemployee compensation (Form 1099-NEC)  |
|          | []    | Unemployment compensation and other government payments (Form 1099-G)   |
|          | []    | Credit card, debit card, and third-party network transactions (Form 1099-K)   |
|          | []    | Reportable payment transactions   |
|          | []    | Social Security benefits (Form SSA-1099)  |
|          | []    | Railroad retirement benefits (Form RRB-1099)  |
|          | []    | Income from partnerships, S corporations, estates, and trusts (Schedule K-1)  |
|          | LJ    | [ ] Basis information for any partnerships and S corporations   |
|          | []    | Documentation of brokerage transactions and disposition of capital assets (Form 1099-B)   |
|          | []    |   |
|          | []    | Self-employed business income (Schedule C)  |
|          | []    |   |
|          | []    |   |
|          | []    | Income from rental real estates and royalties (Schedule E)  |
|          | LJ    | modific from relitariosa estates and royalites (obriedule L)  |
| Other In | nco   | me (provide supporting documentation for income received for the following items)   |
|          | []    | Sale of assets or property  |
|          | []    | Cancellation of debt  |
|          | []    | Other income  |
| Pavmer   | nts   | (provide supporting documentation for payments made for the following items)  |
|          |       | Educator classroom expenses   |
|          |       | Employee business expenses  |
|          |       | Contributions to a Health Savings Account   |
|          | []    | Expenses related to work relocation with the military   |
|          |       | Alimony   |
|          | []    |   |
|          | [ ]   | Refunded student loan interest payments   |
|          | [ ]   | Student loan forgiveness  |
|          |       | Tuition and fees for higher education   |
|          |       | Expenses related to child or dependent care   |
|          | [ ]   |   |
|          | [ ]   | Medical and dental expenses   |
|          | [ ]   | Real estate taxes   |
|          | [ ]   | Other state and local taxes   |
|          | LJ    | Other state and read taxes  |

| 2023      | Checklist   |      | 3          |
|-----------|---|------|------------|
| Name:     |   | SSN: | ***_**_*** |
| Checklist |   |      |            |
| Checklist | Mortgage interest Investment interest Cash contributions Noncash contributions (provide organization name) Unreimbursed employee expenses Investment expenses | SSN: | ***_**     |
|           |   |      |            |
|           |   |      |            |

|           |                | Questionnaire  |         |          |
|-----------|----------------|--|---------|----------|
| Name:     |                |  | SSN:    | ***_**   |
|           | noiro          |  |         |          |
| Question  | mane           |  |         |          |
|           |                | a.   |         |          |
| Personal  | Intorm<br>s No | ation  |         |          |
| _         | []             | Did your marital status change during the year?  If "Yes," explain.  |         |          |
| []        | []             | If "Yes," explain  Did your name change during the tax year?   |         |          |
| r 1       | r 1            | If "Yes," explain  If your filing status is married, but you are filing separately from your spouse, did you and your  | r enoue | 0        |
| l J       | []             | live apart for the last six months of 2023?  | spousi  | E        |
| []        | []             | Can you or your spouse be claimed as a dependent by someone else?  |         |          |
| i i       | [ ]            | Did your address change during the year?   |         |          |
| []        | []             | Were you, your spouse, or any dependents a victim of identity theft?  If "Yes," explain.   |         |          |
| []        | []             | Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?  If "Yes," provide Notice CP01A from the IRS.   |         |          |
| Pro       | ovide p        | roof of identity to be eligible to e-file your tax return (driver's license or state-issued pho  | to ID)  |          |
| Depender  | nt Infor       | mation   |         |          |
| =         | s No           |  |         |          |
| []        | []             | Did you have any changes in dependents during the year?  If "Yes," explain.  |         |          |
| []        | []             | Can another person qualify to claim any of your dependents?  |         |          |
| []        | []             | Did you have any child or dependent care expenses during the year?   |         |          |
| []        | []             | Did you have any adoption expenses during the year?  |         |          |
| []        | []             | Did you have any children under age 19 or a full-time student under age 24 with more than \$2 unearned income?   | ,500 of |          |
| Pro       | ovide d        | ocumentation for proof of dependent credits (school records, medical records, daycare  | record  | s, etc.) |
| Health Ca | re Info        | rmation  |         |          |
| Yes       | s No           |  |         |          |
| []        | []             | Did any member of your household have healthcare coverage through the Marketplace (Obar If "Yes," provide copies of Form 1095-A.   | nacare) | )?       |
| []        | []             | Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medic MSA during the year?   | care Ad | lvantage |
| Income, P | urchas         | ses, Sales, and Debt Information   |         |          |
| Yes       | s No           |  |         |          |
| []        | []             | Did you receive any tips not reported to your employer?  |         |          |
| []        | []             | Did you receive any disability income during the year?   |         |          |
| []        | []             | Did you cash in any U.S. savings bonds during the year?  |         |          |
| []        | []             | Did you start a new business or purchase any rental property during the year?  |         |          |
| i i       | []             | Did you sell an existing business, rental property, or other property during the year?   |         |          |
|           | []             | Did you purchase any business assets or convert any assets to business use?  If "Yes," provide the cost of the asset, the date it was placed in service, and the business uses.      | ıse     |          |
| r 1       | [ ]            | percentage.  Did you purchase any gasoline, diesel, or special fuels for off-road business use?  |         |          |
|           | []             | Did you purchase any gasoline, diesel, or special fuels for off-road business use?  Did you buy or sell any stocks, bonds, or other investments during the year?                     |         |          |
|           | []             | Did you sell a principal residence during the year?  |         |          |
|           |                | If "Yes," provide closing documentation for the purchase and sale of the home.   |         |          |
|           | []             | Did you have a principal residence or a piece of real property foreclosed on during the year?  |         |          |
|           | []             | Did you abandon a principal residence or a piece of real property during the year?   |         |          |
| []        | []             | Did you refinance your principal home or second home or take out a home equity loan during If "Yes," provide all escrow, closing, and other pertinent documentation and information. | the yea | ır?      |
| []        | []             | Did you receive any principal or interest during this year from property sold in prior years?  |         |          |

|                 | Questionnaire  |
|-----------------|--|
| Name:           | SSN: ***_****  |
| Questionnaire   |  |
|                 | Did you want and your home on you it for hypings 2   |
| [][]            | Did you rent out your home or use it for business?   |
| [][]            | Did you sell, exchange, or purchase any real estate during the year?  Did you acquire a new or additional interest in a partnership or S corporation?  |
| [][]            | Did you have any debts canceled or forgiven this year?   |
| [][]            | Does anyone owe you money that has become uncollectible?   |
| [][]            | Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel-cell  |
|                 | vehicle, qualified commercial clean vehicle) during the year?  |
|                 | If "Yes," provide the report the dealer or seller is required to provide to you.   |
| [][]            | Did you receive income or incur expenses associated with a fantasy sports league?  |
|                 | If "Yes," provide documentation.   |
| [][]            | Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?   |
|                 | If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.  |
| [][]            | Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?   |
| 1111            | If "Yes," attach Form 1099-K or Form W-2.  Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?       |
| [][]            | If "Yes," provide documentation.   |
| [][]            | Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?  |
|                 | If "Yes," attach Form 1099-K.  |
| [][]            | Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb, VRBO or  |
|                 | HomeAway)?   |
|                 | If "Yes," provide documentation.   |
| [][]            | Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?  |
|                 | If "Yes," provide documentation.   |
| [][]            | Did you receive any other income you have not provided information for with this organizer?  If "Yes," explain   |
|                 | п тез, ехріант   |
| Itemized Deduct | tion Information   |
| Yes No          |  |
| [][]            | Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the   |
|                 | year?  |
| [][]            | Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?   |
| [][]            | Did you receive any state or local income tax refunds from prior years?  |
| [][]            | Did you make any major purchases (vehicle, boat, etc.) during the year?  Did you pay any real estate property taxes or personal taxes during the year? |
| [][]            | Did you pay mortgage interest during the year?   |
| [][]            | Did you make cash donations to charity during the year?  |
| [][]            | Did you make noncash donations to charity (clothes, furniture, etc.) during the year?  |
| [][]            | Did you donate a boat or vehicle during the year?  |
|                 | If "Yes," attach Form 1098-C.  |
| [][]            | Did you have gambling winnings or losses during the year?  |
| [][]            | Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety  |
|                 | equipment, etc.)?  |
| [][]            | Did you use your vehicle on the job other than for commuting to work?  |
| [][]            | Did you work out of town at any time during the year?  |
| Retirement Info | rmation  |
| Yes No          | mation   |
|                 | Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement  |
|                 | plan during the year?  |
| [][]            | Did you make any withdrawals or receive distributions from a pension or profit-sharing plan, IRA, Roth,  |
|                 | Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?  |
| [][]            | Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified  |
|                 | retirement plan during the year?   |
| [][]            | Did you receive any Social Security benefits during the year?  |

|                    | Questionnaire  |
|--------------------|--|
| Name:              | SSN: ***_***   |
| Questionna         | ire  |
| 4                  |  |
| Education In       | formation  |
| Yes I              |  |
| [][                |  |
| ] []<br>] []       | Did anyone in your household attend a post-secondary school during the year?   |
| [][                |  |
| [][                | ·  |
| Foreign Tax<br>Yes |  |
| [][                |  |
|                    | a foreign country?   |
| [][                |  |
| []                 |  |
| []                 |  |
| [][                |  |
| ] [ ]<br>] [ ]     |  |
| [][                | J Did you own property in a foreign country:   |
| Refund, With       | holding, and Estimated Tax Information   |
| [][                |  |
| ] []               |  |
| ] []               |  |
| ] []               |  |
| [][                | Do you anticipate your income or withholdings to be different for 2024?  |
| Miscellaneo        | us Information   |
| Yes M              | lo   |
| [][                | ] Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset?               |
| [][                | Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared<br>disaster area?                       |
|                    | If "Yes," provide the incident date, value of the property, amount of insurance reimbursements, and the declaration number assigned by FEMA. |
| [][                |  |
| [][                | Yes No   |
|                    | [ ] [ ] If "Yes," are you splitting the gift with your spouse?   |
| []                 |  |
| ] [ ]<br>] [ ]     |  |
| []                 |  |
| 111                | related transactions during the year?  Yes No  |
|                    | [ ] [ ] If "Yes," was Form 8300, Report of Cash Payment over \$10,000 Received in Trade or Business, filed?                                  |
| 111                |  |

| 2023           | Questionnaire   |         |            |
|----------------|---|---------|------------|
| Name:          |   | SSN:    | ***_**_*** |
| Questionnaire  |   |         |            |
| [][]           | Did you make any purchases subject to use tax during the year?  If "Yes," provide details.  |         |            |
| [][]           | Did you receive any notices from the IRS or state taxing authority?  If "Yes," explain.  May the IRS diagrap your tay return with your property?            |         |            |
| [][]<br>[][]   | May the IRS discuss your tax return with your preparer?  Would you like a copy of your tax return sent to you electronically instead of receiving a printed | d copy? | ?          |
| Preparer Notes |   |         |            |
|                |   |         |            |
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# 2023 Tax Organizer Personal Information

| Persona  | al Infori   | mation   |                                 |   |                        |                       |                  |               |        |             |
|--|---|--|---------------------------------|---|------------------------|-----------------------|------------------|---------------|--------|-------------|
|  |   |  | Name                            |   |                        | \$                    | SSN              | Has<br>IP PIN | Dat    | te of Birth |
| Taxpayer   |   |  |                                 |   |                        |                       |                  |               |        |             |
| Spouse   |   |  |                                 |   |                        |                       |                  |               |        |             |
| Name of per  | erson to wh   | om all info  | rmation should be addressed, if | not the taxpayer  |                        |                       |                  |               |        |             |
| Street add   | dress, city   | , state, an  | d ZIP                           |   |                        |                       |                  |               |        |             |
|  | 1   |  | Occupation                      |   | Daytime Phone          | Evening               | g Phone          |               | Cell F | Phone       |
| Taxpayer   |   |  |                                 |   |                        |                       |                  |               |        |             |
| Spouse   |   |  |                                 |   |                        |                       |                  |               |        |             |
| Taxpayer 6   | email   |  |                                 |   |                        |                       |                  |               |        |             |
| Spouse en  | mail  |  |                                 |   |                        |                       |                  |               |        |             |
| Identific  Taxpayer's  Drive  Photo ID n                                     | Are yo Are yo Do you At any (a) r (b) s  cation li s type of mumber | u or your u or your u or your u or your time duri ecceive (a: ell, excha nformat f photo II se |                                 | s3 to go to the Presider<br>nent for property or sen<br>ose of a digital asset (o | vice) a digital asset? | digital asset)  ID Si | ?<br>tate-issued | photo IC      | D      |             |
| Date photo ID was issued  Date photo ID was issued  Date photo ID was issued |   |  |                                 |   |                        |                       |                  |               |        |             |
| Date photo ID expires Date photo ID expires                                  |   |  |                                 |   |                        |                       |                  |               |        |             |
| Account Information for Deposits and Withdrawals                             |   |  |                                 |   |                        |                       |                  |               |        |             |
| Bank Bank Type of Account Use this Account for                               |   |  |                                 |   |                        |                       | ccount for       |               |        |             |
|  |   | Name o   | f Bank                          | Routing Number  | Account Number         | Checking              | Savings          | Dep           | osits  | Withdrawals |
|  |   |  |                                 |   |                        |                       |                  |               |        |             |
|  |   |  |                                 |   |                        |                       |                  |               |        |             |
| Appoint  | tment lı  | nformat  | ion                             |   |                        |                       |                  |               |        |             |
| Your 2023  | appointr  | nent is sc   | heduled for                     |   |                        |                       |                  |               |        |             |

| Dependent and Other Information |                 |                 |              |                      |               |                |                          |                       |  |
|---------------------------------|-----------------|-----------------|--------------|----------------------|---------------|----------------|--------------------------|-----------------------|--|
| Name: SSN: ***_***              |                 |                 |              |                      |               |                |                          |                       |  |
| Dependent Information           | 1               |                 |              |                      |               |                |                          |                       |  |
| First and Last Name<br>SSN      |                 | Has<br>IP PIN   | Relationship | Months<br>in<br>Home | Date of Birth | Disabled       | Full-<br>time<br>Student | Childcare<br>Expenses |  |
|                                 |                 |                 |              |                      |               |                |                          |                       |  |
|                                 |                 |                 |              |                      |               |                |                          |                       |  |
|                                 |                 |                 |              |                      |               |                |                          |                       |  |
|                                 |                 |                 |              |                      |               |                |                          |                       |  |
|                                 |                 |                 |              |                      |               |                |                          |                       |  |
|                                 |                 |                 |              |                      |               |                |                          |                       |  |
| _ist dependents required to fi  | ile a return    |                 |              |                      |               |                |                          |                       |  |
| Child and Other Depen           | ·               | enses           |              |                      |               |                |                          |                       |  |
| Name of Care Provider           |                 |                 | Address      |                      |               | SSN or E       | :IN                      | Amount Paid           |  |
|                                 |                 |                 |              |                      |               |                |                          |                       |  |
|                                 |                 |                 |              |                      |               |                |                          |                       |  |
|                                 |                 |                 |              |                      |               |                |                          |                       |  |
| Estimates                       |                 |                 |              |                      |               |                |                          |                       |  |
|                                 | Fe<br>Date Paid | deral<br>Amount | Resid        | dent State           | Amount        | F<br>Date Paid | Resident                 | nt City<br>Amount     |  |
| Overpayment applied from 2022   | Date Faiu       | Amount          | Date Faiu    |                      |               | Date Faid      |                          | Amount                |  |
| First quarter                   |                 | -               |              |                      |               |                |                          |                       |  |
| Second quarter                  |                 |                 | _            |                      |               |                |                          |                       |  |
| Third quarter                   |                 |                 | _            |                      |               |                |                          |                       |  |
| Fourth quarter                  |                 |                 | _            |                      |               |                |                          |                       |  |
| Additional payments             |                 |                 |              |                      |               |                |                          |                       |  |
|                                 |                 |                 |              |                      |               |                |                          |                       |  |
|                                 |                 |                 |              |                      |               |                |                          |                       |  |
|                                 |                 |                 |              |                      |               |                |                          |                       |  |
|                                 |                 |                 |              |                      |               |                |                          |                       |  |
|                                 |                 |                 |              |                      |               |                |                          |                       |  |
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|                                 |                 |                 |              |                      |               |                |                          |                       |  |
|                                 |                 |                 |              |                      |               |                |                          |                       |  |

| Name: SSN: ASSISTION AND ASSISTION AND ASSISTION AND ASSISTION AND ASSISTION AND ASSISTION ASSIS | Wages<br>Provide all | SSN:                                  |                       |
|--|----------------------|---------------------------------------|-----------------------|
| Provide all copies of Form W-2  TS Employer Name Wages  Employer Name Wages  Retirement  Provide all copies of Form 1099-R   | Provide all          |                                       | ***_**_***            |
| TS Employer Name 2023 Federal Wages  Retirement Provide all copies of Form 1099-R  |                      | & Salaries                            |                       |
| Provide all copies of Form 1099-R  2023  |                      |                                       | 2023 Federal<br>Wages |
| Provide all copies of Form 1099-R  2023  |                      |                                       |                       |
| Provide all copies of Form 1099-R  2023  |                      |                                       |                       |
| Provide all copies of Form 1099-R  2023  |                      |                                       |                       |
| Provide all copies of Form 1099-R  2023  |                      |                                       |                       |
| Provide all copies of Form 1099-R  2023  |                      |                                       |                       |
| Provide all copies of Form 1099-R  2023  |                      |                                       |                       |
| Provide all copies of Form 1099-R  2023  |                      |                                       |                       |
| Provide all copies of Form 1099-R  2023  |                      |                                       |                       |
| Provide all copies of Form 1099-R  2023  |                      |                                       |                       |
| Provide all copies of Form 1099-R  2023  | Dating an            |                                       |                       |
| TS Payer Name 2023 Distribution  | Provide all          | <b>ent</b><br>l copies of Form 1099-R |                       |
|  | TS                   | Payer Name                            | 2023<br>Distribution  |
|  |                      |                                       |                       |
|  |                      |                                       |                       |
|  |                      |                                       |                       |
|  |                      |                                       |                       |
|  |                      |                                       |                       |
|  |                      |                                       |                       |
|  |                      |                                       |                       |
|  |                      |                                       |                       |
|  |                      |                                       |                       |
| Yes No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?  Yes No Did you use any of the distributions for disaster relief?  | _                    |                                       | ons?                  |
|  |                      |                                       |                       |
|  |                      |                                       |                       |
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|        | Income   |                |
|--------|--|----------------|
| Name:  | SSN:   | ***_**         |
| Forn   | n 1099-MISC Income                                 |                |
| Provid | e all copies of Form 1099-MISC                     | 2023           |
| TS     | Payer Name   | Amount         |
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| Forn   | n 1099-NEC Income<br>e all copies of Form 1099-NEC |                |
| TOVIU  | e all copies of Form 1099-14EC                     |                |
| TS     | Payer Name   | 2023<br>Amount |
|        | <u>.</u>   |                |
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|       |  | Income  |                               |                               |
|-------|--|---|-------------------------------|-------------------------------|
| ame:  |  |   | SSN:                          | ***_**_***                    |
| ivid  | lend Income                                    |   |                               |                               |
| ovide | e all copies of Form 1099-DIV and other statem | ents that report dividend income.                 |                               |                               |
| SJ.   | Account Number Payer Name                      |   | 2023<br>Ordinary<br>Dividends | 2023<br>Qualified<br>Dividend |
|       | _  | <u></u>   |                               |                               |
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| _     |  | <del></del>                                       |                               |                               |
|       | est Income                                     |   |                               |                               |
|       |  | and other statements that report interest income. |                               |                               |
|       | Account Number                                 |   |                               | 2023                          |
|       | Payer name                                     |   |                               | Interes                       |
|       |  |   |                               |                               |
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If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

| Sale | of | Cai | oital | Asse | ets |
|------|----|-----|-------|------|-----|
|------|----|-----|-------|------|-----|

| Name:   |                   |                      | SSN            | : ***_**    |
|---|-------------------|----------------------|----------------|-------------|
| Sale of Capital Assets (including items not reported on Fo    | rm 1099-B)        |                      |                |             |
| Provide all brokerage statements  TSJ Description of Property | Date<br>Purchased | Date<br>Sold         | Sales<br>Price | Cost        |
|   |                   |                      |                |             |
|   |                   |                      |                |             |
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|   |                   |                      |                |             |
| Installment Sale Income                                       |                   |                      |                |             |
| TSJ Description of property:                                  |                   |                      |                |             |
| Date acquired Date sold                                       |                   |                      | 2023           | Prior Years |
| Selling price   |                   | · · · · · · _        |                |             |
| Mortgages assumed   |                   | · · · · · ·          |                |             |
| Cost of property sold   |                   | · · · · · ·          |                |             |
| Depreciation allowed  |                   | · · · · · · <u> </u> |                |             |
| Commissions and expense of sale                               |                   | · · · · · · <u> </u> |                |             |
| Gross profit percentage                                       |                   | · · · · · · _        |                |             |
| Interest received   |                   | · · · · · · _        |                |             |
| Principal payments received                                   |                   | · · · · · ·          |                |             |
| Property was sold to a related party                          |                   |                      |                |             |

### Other Income and Adjustments

| Name:  | SSN:             | ***_**_***     |
|--|------------------|----------------|
| Other Income   |                  |                |
|  | 2023<br>Taxpayer | 2023<br>Spouse |
| Social Security Benefits (attach Forms 1099-SSA)   |                  |                |
| Railroad Retirement Benefits (attach Forms 1099-RRB)   |                  |                |
| State income tax refund (attach Forms 1099-G)  |                  |                |
| Alimony received   |                  |                |
| 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             | 2023           |
|  | Taxpayer         | Spouse         |
| Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) |                  |                |
| Contributions made to a Health Savings Account (HSA)   |                  |                |
| Payments made for Self-Employed Health Insurance for you, your spouse, or dependents         |                  |                |
| Alimony paid  Name   |                  |                |
| SSN Divorce or separation date   |                  |                |
| Name   |                  |                |
| SSN Divorce or separation date   |                  |                |
| Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K               |                  |                |
| Contributions made to an Individual Retirement Account (IRA)                                 |                  |                |
| Contributions made to a Roth IRA   |                  |                |
| Interest paid on a student loan · · · · · · · · · · · · · · · · · · ·                        |                  |                |
| Other adjustments:   |                  |                |
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| 2023   |  | Page 14 |
|--|--|---------|
| Schedule C - Profit  | or Loss from Business  |         |
| Name:  | SSN:   | ***_**  |
| General Business Information   |  |         |
| TS Professional product or service   | Employer ID number   |         |
| Business name  |  |         |
| Business address, city, state, ZIP   |  |         |
| Accounting Method: Cash Accrual Other (sp  | pecify)  |         |
| This business started or was acquired during 2023.   | This business was disposed of during 2023.                             |         |
| Select if this business is for:  | _  |         |
| Professional gambler Exempt Notary income  | Newspaper delivery and you are under 18 years of age A clergy          |         |
|  | _ Acteryy  |         |
| Yes No  Payments of \$600 or more were paid to an individual, who is  If "Yes," did you file Forms 1099 for the individuals? | not your employee, for services provided for this business.            |         |
| Did you receive a Paycheck Protection Program (PPP) loan f   | or this business prior to June 1, 2021?                                |         |
| Income   |  |         |
| 2023   |  | 2023    |
| Gross receipts or sales  | Other income   |         |
| Returns & allowances   | <u> </u>   |         |
| Expenses   |  | 0000    |
| 2023   | Paris American   | 2023    |
| Advertising  | Repairs & maintenance  |         |
| Car & truck expenses   | Supplies   |         |
| Commissions & fees   | Taxes & licenses   |         |
| Contract labor   | Travel   |         |
| Depletion  | Total meals  |         |
| Employee benefit programs  | Utilities  |         |
| Insurance (other than health)  | Wages  |         |
| Interest - mortgage  | Family health coverage payments — for taxpayer, spouse or dependents — |         |
| Interest - other   | Other expenses (list)  |         |
| Legal & professional services  |  |         |
| Office expenses  |  |         |
| Pension & profit-sharing plans   |  |         |
| Rent (other business property)   |  |         |
| Cost of Goods Sold   |  |         |
| 2023   |  | 2023    |
| Inventory at beginning of year   | Materials & supplies   |         |
| Purchases  | Other costs  |         |
| Cost of personal use items   | Inventory at end of year   |         |
| Cost of labor  | There was a change in inventory method.                                |         |

| Schedule E - Income or Loss from Rental Real Estate & Royalties   |                         |  |  |  |  |
|---|-------------------------|--|--|--|--|
| Name:   |                         |  | SSN: ***_***   |  |  |
| General Property Information  |                         |  |  |  |  |
| TSJProperty description   |                         |  |  |  |  |
| Address, city, state, ZIP   |                         |  |  |  |  |
| If the rental is a multi-dwelling unit and you occupied part of t  This property was placed in service during 2023.  This property was disposed of during 2023. | Number of days p        | No Payments of \$600 or                              | Self-rental Other al use more were paid to an individual, who is or services provided for this rental. |  |  |
| ☐ This property is your main home or second home. ☐ This property was owned as a qualified joint venture.   |                         |  | e Forms 1099 for the individuals?  |  |  |
| Income  |                         |  |  |  |  |
|   | 2023                    |  | 2023   |  |  |
| Rent income   |                         | Royalties from oil, gas, mineral, copyright or pater | t  |  |  |
| Expenses  |                         |  |  |  |  |
|   | Rental Unit<br>Expenses | Rental <u>and</u> Homeowner<br>Expenses              |  |  |  |
| Advertising   |                         |  | If this Schedule E is for a  |  |  |
| Auto & travel   |                         |  | a multi-unit dwelling and you lived in one unit and rented   |  |  |
| Cleaning & maintenance  |                         |  | out the other units, use the   |  |  |
| Commissions   |                         |  | "Rental and homeowner  |  |  |
| Insurance   |                         |  | expenses" column to show expenses that apply to the entire   |  |  |
| Legal & professional fees   |                         |  | property. Use the "Rental unit   |  |  |
| Management fees   |                         |  | expenses" column to show expenses that pertain ONLY to   |  |  |
| Mortgage interest   |                         |  | the rental portion of the property.  |  |  |
| Other interest  |                         |  | If the Schedule E is not for a   |  |  |
| Repairs   |                         |  | multi-unit property in which you   |  |  |
| Supplies  |                         |  | lived in one unit, complete just the "Rental unit expenses"  |  |  |
| Taxes   |                         |  | column.  |  |  |
| Utilities   |                         |  |  |  |  |
| Depletion   |                         |  |  |  |  |
| Other expenses  |                         |  |  |  |  |
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## Income or Loss from Investments in Partnerships, S Corporations, and Fiduciaries

| Name:   | SSN   | : ***_** |
|---------|---|----------|
| Scho    | edule K-1 from Partnerships, S Corporations, Estates and Trusts |          |
|         | e all copies of Schedule K-1 and attachments                    |          |
| Provide | all copies of Scriedule K-1 and attachments                     |          |
| TS      | Entity Name   | EIN      |
|         | •   |          |
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| 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 you If "Yes," did you file Forms 1099 for the individuals?  Did you receive a Paycheck Protection Program (PPP) loan for this If "Yes," was any portion of the loan forgiven in 2023? |  |  |  |
| Income  |  |  |  |
| 2023  | 2023   |  |  |
| Sale of livestock / other items   | Custom hire income   |  |  |
| Cost of items bought for resale   | Beginning inventory for accrual                                    |  |  |
| Sale of products you raised   | Ending inventory for accrual                                       |  |  |
| Total cooperative distributions (Provide 1099-PATR)   | You used unit-livestock-price or farm-price inventory method.      |  |  |
| Total agricultural payments   | Other income   |  |  |
| CCC loans forfeited   |  |  |  |
| Expenses  |  |  |  |
| 2023  | 2023   |  |  |
| Car & truck expenses  | Rent - other (land, animals, etc.)                                 |  |  |
| Chemicals   | Repairs & maintenance  |  |  |
| Conservation expenses   | Seeds & plants purchased   |  |  |
| Custom hire (machine work)  | Storage & warehousing  |  |  |
| Employee benefit programs   | Supplies purchased   |  |  |
| Feed purchased  | Taxes  |  |  |
| Fertilizers & lime  | Utilities  |  |  |
| Freight & trucking  | Veterinary, breeding, & medicine                                   |  |  |
| Gasoline, fuel, & oil   | Family health coverage payments for taxpayer, spouse or dependents |  |  |
| Insurance (other than health)   | Other expenses · · · · · · · · · · · · · · · · · ·                 |  |  |
| Interest - mortgage (paid to banks, etc.)   |  |  |  |
| Interest - other  |  |  |  |
| Non-W-2 labor hired   |  |  |  |
| W-2 wages paid  |  |  |  |
| Pension & profit-sharing plans  |  |  |  |
| Rent - vehicles, machinery, & equipment   |  |  |  |

| Form 4835 - Fa  |      | ·                          |            |
|---|------|----------------------------|------------|
| lame:   |      | SSN:                       | ***_**_*** |
| General Information   |      |                            |            |
| SJ Employer ID Number   |      |                            |            |
| Description   |      |                            |            |
| This farm was disposed of during 2023                             |      |                            |            |
| Income  | 2023 |                            | 2023       |
| ncome from production of livestock, roduce, grains, & other crops | 2023 | Crop insurance proceeds:   | 2023       |
| otal cooperative distributions                                    |      | Amount received in 2023    |            |
| ·   |      | You elect to defer to 2024 |            |
| otal agricultural payments  |      |                            |            |
| ommodity Credit Corporation (CCC) loans:                          |      | Amount deferred from 2022  |            |
| CCC loans reported  |      | Other income               |            |
| CCC loans forfeited   |      |                            |            |
| Expenses  | 2023 |                            | 2023       |
| ar & truck expenses   |      | Seeds & plants purchased   |            |
|   |      | _                          |            |
|   |      |                            |            |
|   |      | <u> </u>                   |            |
|   |      | <del>-</del>               |            |
|   |      | <del>-</del>               |            |
| ertilizers & lime   |      | Other expenses (list)      |            |
| reight & trucking   |      | Outer expenses (list)      |            |
| <u> </u>  |      |                            |            |
| asoline, fuel, & oil  |      |                            |            |
| surance (other than health)                                       |      |                            |            |
| nterest - mortgage (paid to banks, etc.)                          |      |                            |            |
| terest - other  |      |                            |            |
| abor hired (less jobs credit)                                     |      |                            |            |
| ension & profit-sharing plans                                     |      | <del>-</del>               |            |
| ent - vehicles, machinery & equipment                             |      |                            |            |
| tent - other (land, animals, etc.)                                |      |                            |            |
| epairs & maintenance  |      |                            |            |

| Expenses Related to Business   |   |  |  |  |  |
|--|---|--|--|--|--|
| Name:  | SSN: ***_****   |  |  |  |  |
| Auto Expense   |   |  |  |  |  |
| Name of business vehicle is used for   |   |  |  |  |  |
| Description of vehicle   | Date vehicle was placed in service  |  |  |  |  |
| Yes No  Was this vehicle available for use during off-duty hours?  Was another vehicle available for personal use? | Yes No Do you have evidence to support your deduction? If "Yes," is the evidence written? |  |  |  |  |
| <b>Mileage</b> Number of miles the vehicle was driven during 2023  |   |  |  |  |  |
| Business · · · · · · · · · · · · · · · · · ·   | Other   |  |  |  |  |
| Commuting · · · · · · · · · · · · · · · · · · ·  | _   |  |  |  |  |
| Expenses Garage rent   |   |  |  |  |  |
| Gas  | <del>-</del>  |  |  |  |  |
| Insurance  |   |  |  |  |  |
| Licenses   |   |  |  |  |  |
| Oil  | <u>-</u>  |  |  |  |  |
| Parking fees   |   |  |  |  |  |
| Rental fees  |   |  |  |  |  |
| Interest   |   |  |  |  |  |
| Property tax   |   |  |  |  |  |
| Business Use of Home   |   |  |  |  |  |
| Name of business home is used for  |   |  |  |  |  |
| What is the total square footage of your home that was used regularly and ex                                       | xclusively for business?  |  |  |  |  |
| What is the total square footage of your home?   |   |  |  |  |  |
| For daycare facilities not used exclusively for business, complete the following                                   | ng questions  |  |  |  |  |
| How many days during the year was the area used?   | _   |  |  |  |  |
| How many hours per day was the area used?  |   |  |  |  |  |
| The daycare facility was in operation for the entire year  |   |  |  |  |  |
| Expenses Office expens  Mortgage interest  | ses Home expenses In the "Office expenses" column,  |  |  |  |  |
| Real estate taxes  | enter those expenses that   |  |  |  |  |
| Excess mortgage interest   | pertain exclusively to your office,   |  |  |  |  |
| Excess real estate taxes   | enter those expenses that   |  |  |  |  |
| Insurance  | pertain to the entire dwelling.   |  |  |  |  |
| Rent   |   |  |  |  |  |
| Repairs & maintenance  |   |  |  |  |  |
| Utilities  |   |  |  |  |  |
| Other expenses   |   |  |  |  |  |

|         |          | 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       |
| Total   | aab wa   | ges subject to Social Security tax   |              | 2023       |
|         |          |  |              |            |
|         |          | ges subject to Medicare tax  |              |            |
|         |          | ges subject to Additional Medicare tax withholding   |              |            |
|         |          | ne tax withheld  |              |            |
|         |          | leave wages  |              |            |
|         |          | ly leave wages   |              |            |
| Qualif  | ied hea  | th plan expenses · · · · · · · · · · · · · · · · · ·   | · · <u> </u> |            |
| TSJ_    |          | Employer Identification Number   |              |            |
| Total o | cash wa  | 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?  ges subject to Social Security tax | ···_         |            |
|         |          | ges subject to Additional Medicare tax withholding   |              | <u> </u>   |
|         |          | ne tax withheld  |              |            |
| Qualif  | ied sick | leave wages  | • •          |            |
| Qualif  | ied fam  | ly leave wages   | • • _        |            |
| Qualif  | ied hea  | th plan expenses · · · · · · · · · · · · · · · · · ·   |              |            |
|         |          |  |              |            |

#### **Schedule A - Itemized Deductions**

| Name:   | SSN: ***_**   |
|---|---|
| Medical and Dental Expenses   | Charitable Contributions  |
| Health insurance premiums (paid by you, not through work)                               | Donations to charity Cash Noncash Amount  Church  |
| Amount above that is for Medicare premiums  | Boy or Girl Scouts  |
| Long-term care premiums (you)   | ,   |
| Long-term care premiums (your spouse) · · · · · · ·                                     | Red Cross   |
| Long-term care premiums (dependents)  |   |
| Mileage driven for medical purposes   | ·   |
| Out of pocket medical & dental expenses   | Veterans  |
| Doctor, dental, etc   | Hospital  |
| Prescription medicines  | University  |
| Glasses & contacts  | Other   |
| Hearing aids · · · · · · · · · · · · · · · · · · ·                                      | Miles driven for charitable purposes  |
| Medical equipment & supplies  | Other Miscellaneous Deductions  |
| Hospital services   |   |
| Laboratory services   | Amortizable bond premiums   |
| Nursing services  | Federal estate tax  |
| Other   | Gambling losses   |
| Other   | Impairment-related work expenses  |
| Taxes Paid  | Claim repayments  |
| State and local income taxes  | Unrecovered pension investments   |
| General sales tax (vehicle, boat, home, etc.)   | Loss from other activities from Schedule K-1  |
| Real estate taxes   | Ordinary loss debt instrument   |
| Personal property taxes   | Excess deduction on termination   |
| Auto registration taxes not   | Job Expenses & Certain Miscellaneous Deductions  Necessary job expenses you paid that were not reimbursed by your |
| Other taxes (list)  | employer  |
|   | Safety equipment, tools, & supplies   |
|   | Uniforms  |
| Interest Paid   | Protective clothing (shoes, hardhats, glasses, etc.)  |
|   | Dues to professional organizations  |
| Home mortgage interest paid (attach Form 1098)  Some of your home mortgage loan was not | Books & subscriptions   |
| ☐ used to buy, build, or improve your home.   | Other   |
| Home mortgage interest paid to an individual • • • • • • Paid to:                       | Union dues  |
| Name  | Tax preparation fees  |
| Address   | Other nonpersonal expenses related to taxable income  |
| City, State, ZIP  | Safe deposit box fees   |
| SSN or EIN  | Investment expenses not entered elsewhere   |
| Points not reported on Form 1098  | Other   |
| Investment interest   | Home equity interest  |

| Other Information   |   |                                    |                                   |                                      |  |
|---|---|------------------------------------|-----------------------------------|--------------------------------------|--|
| Name:   |   |                                    |                                   | SSN: ***_***                         |  |
| Mortgage Interest Provide all copies of Form 1098   |   |                                    |                                   |                                      |  |
| TSJ Lender's Name   |   | Mortgage<br>Interest<br>Received   | Mortgage<br>Insurance<br>Premiums | Real Estate<br>Taxes Paid            |  |
|   |   |                                    |                                   |                                      |  |
|   |   |                                    |                                   |                                      |  |
| Employee Business Expenses  |   |                                    |                                   |                                      |  |
| тѕ  |   |                                    |                                   |                                      |  |
| Select if you are:  A qualified performing artist  A fee-based state or local government official  A disabled employee with impairment-related work expenses  An Armed Forces reservist  You are a member of the clergy | Select if you:  Used your personal vehicle for your job during 2023 |                                    |                                   |                                      |  |
|   | NOT reim<br>by your er  |                                    |                                   | y your employer<br>box 1 of your W-2 |  |
| Parking fees, tolls, local transportation   |   |                                    |                                   |                                      |  |
| Overnight business travel expenses (Do not include meals & entertainment)   |   |                                    |                                   |                                      |  |
| Other business expenses   |   |                                    |                                   |                                      |  |
|   |   |                                    |                                   |                                      |  |
|   |   |                                    |                                   |                                      |  |
| Casualties and Thefts   |   |                                    |                                   |                                      |  |
| TSJ FEMA code   | TSJ   | FEMA code                          | e                                 |                                      |  |
| Property description  | Property d  | lescription                        |                                   |                                      |  |
| Property location   | Property lo   | ocation                            |                                   |                                      |  |
| Date property was acquired  | Date prop   | erty was acquired                  |                                   |                                      |  |
| Date property was damaged or stolen   | Date prop   | erty was damaged                   | d or stolen                       |                                      |  |
| Cost of property damaged or stolen  | Cost of pro   | Cost of property damaged or stolen |                                   |                                      |  |
| Fair market value before incident   | Fair marke  | et value before inc                | cident                            |                                      |  |
| Fair market value after incident  | Fair marke  | Fair market value after incident   |                                   |                                      |  |
| Insurance reimbursement   | Insurance   | reimbursement                      |                                   |                                      |  |
|   |   |                                    |                                   |                                      |  |

| Other Information  |                      |   |        |  |  |
|--|----------------------|---|--------|--|--|
| Name:  |                      | SSN:                                    | ***_** |  |  |
| Health Savings Account   |                      |   |        |  |  |
| TS   |                      |   |        |  |  |
| The taxpayer's coverage is under a high-deductible hear a high-deduc |                      | • | 2023   |  |  |
| Total distributions from all HSAs during 2023  |                      |   |        |  |  |
| Distributions included above that were rolled over into a  | another account      |   |        |  |  |
| Qualified medical expenses paid using HSA distribution   | ns                   |   |        |  |  |
| Education Expenses Provide all copies of Form  | 1098-T               |   |        |  |  |
| Student name   |                      | Student name                            |        |  |  |
| Type of Expense  | Amount               | Type of Expense                         | Amount |  |  |
|  |                      |   |        |  |  |
|  |                      |   |        |  |  |
|  |                      |   |        |  |  |
|  |                      |   |        |  |  |
|  |                      |   |        |  |  |
|  |                      |   |        |  |  |
| Student name   |                      | Student name                            |        |  |  |
| Type of Expense  | Amount               | Type of Expense                         | Amount |  |  |
| <i>,</i> ,   |                      | <i>,</i> ,                              |        |  |  |
|  |                      |   |        |  |  |
|  |                      |   |        |  |  |
|  |                      |   |        |  |  |
|  |                      | ·                                       |        |  |  |
| Job-related Moving Expenses  |                      |   |        |  |  |
| TSJ  |                      |   |        |  |  |
| Select this box and complete the fields below if you   | ı are a member of th | he Armed Forces on active duty,         |        |  |  |
| and moved due to a military order for a permanent  | change of station.   |   | 2023   |  |  |
| Number of miles from old home to old workplace   |                      | • |        |  |  |
| Number of miles from old home to new workplace .   |                      | • |        |  |  |
| Expenses to transport and store household goods and  | personal effects     |   |        |  |  |
| Travel and lodging expenses while traveling to your new  | w home               |   |        |  |  |
|  |                      |   |        |  |  |
|  |                      |   |        |  |  |
|  |                      |   |        |  |  |
|  |                      |   |        |  |  |
|  |                      |   |        |  |  |
|  |                      |   |        |  |  |