





Yes	No	<b><u>Purchases, Sales, Gains and Losses</u></b>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	2	Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you receive Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you sell any assets using the installment method?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you purchase a new vehicle, aircraft or boat?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did any security become worthless during 2023?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did any debts become uncollectible during 2023?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes	No	<b><u>Business and Rental Property Income &amp; Deductions</u></b>	
<input type="checkbox"/>	<input type="checkbox"/>	1	If you own rental property, do you qualify as a Real Estate Professional?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you sell any part of an existing business, or sell business assets?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you remove any of your business assets for personal use?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you use part of your home for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2023?
<input type="checkbox"/>	<input type="checkbox"/>	8	Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>	<input type="checkbox"/>	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase any furniture or equipment for your business?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you make any improvements to your rental properties?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you receive income from raising animals or crops?

Yes	No	<b><u>Other Deductions</u></b>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2023?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2023?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you refinance a mortgage or take out a home equity loan during 2023?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you or your spouse pay any educational expenses for yourselves?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you make any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did you pay alimony?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did you donate non-cash donations?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you donate a vehicle?

Yes	No	<b><u>Miscellaneous</u></b>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you make gifts of more than \$17,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you engage the service of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	4	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	5	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2023?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	8	Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes  No

**Return preparation and filing**

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account:  Checking  Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return  Credit card

Installment Agreement

Direct debit (please provide a voided blank check)

Type of account:  Checking  Savings

3

Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's  
name \_\_\_\_\_

Phone  
Number \_\_\_\_\_

Personal identification  
Number (5 digit PIN) \_\_\_\_\_







Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

<b>"X"</b> if spouse	<b>Employer's Name</b>	<b>Box 1 Wages, Tips Other Comp</b>	<b>Box 2 Federal Income Tax Withheld</b>	<b>Box 16 State Wages</b>	<b>Box 17 State Income Tax Withheld</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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39					
40					
41					
42					
43					



Name \_\_\_\_\_

SSN \_\_\_\_\_

# Retirement Income

## 1099-R Information

<b>"X" if spouse</b>		<b>Payer's Name</b>	<b>Box 1 Gross Distribution</b>	<b>Box 4 Federal Income Tax Withheld</b>	<b>Box 16 State Distribution</b>	<b>Box 14 State Income Tax Withheld</b>
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
<input type="checkbox"/>	14					
<input type="checkbox"/>	15					
<input type="checkbox"/>	16					
<input type="checkbox"/>	17					
<input type="checkbox"/>	18					
<input type="checkbox"/>	19					
<input type="checkbox"/>	20					
<input type="checkbox"/>	21					
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<input type="checkbox"/>	23					
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<input type="checkbox"/>	26					
<input type="checkbox"/>	27					
<input type="checkbox"/>	28					
<input type="checkbox"/>	29					
<input type="checkbox"/>	30					
<input type="checkbox"/>	31					
<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Foreign Employer Compensation & Pension

<input type="checkbox"/> "X" if spouse		Foreign employer's name	Employer Compensation	Gross Pension	Taxable Pension
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				
<input type="checkbox"/>	16				
<input type="checkbox"/>	17				
<input type="checkbox"/>	18				
<input type="checkbox"/>	19				
<input type="checkbox"/>	20				
<input type="checkbox"/>	21				
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<input type="checkbox"/>	32				
<input type="checkbox"/>	33				
<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				
<input type="checkbox"/>	44				

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

**Dividend Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Seller Financed Mortgage Interest

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

\*F/S/J

		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 Name _____ Address _____		
<input type="checkbox"/>	2 Name _____ Address _____		
<input type="checkbox"/>	3 Name _____ Address _____		
<input type="checkbox"/>	4 Name _____ Address _____		
<input type="checkbox"/>	5 Name _____ Address _____		
<input type="checkbox"/>	6 Name _____ Address _____		
<input type="checkbox"/>	7 Name _____ Address _____		
<input type="checkbox"/>	8 Name _____ Address _____		
<input type="checkbox"/>	9 Name _____ Address _____		
<input type="checkbox"/>	10 Name _____ Address _____		
<input type="checkbox"/>	11 Name _____ Address _____		
<input type="checkbox"/>	12 Name _____ Address _____		
<input type="checkbox"/>	13 Name _____ Address _____		
<input type="checkbox"/>	14 Name _____ Address _____		
<input type="checkbox"/>	15 Name _____ Address _____		
<input type="checkbox"/>	16 Name _____ Address _____		
<input type="checkbox"/>	17 Name _____ Address _____		
<input type="checkbox"/>	18 Name _____ Address _____		
<input type="checkbox"/>	19 Name _____ Address _____		
<input type="checkbox"/>	20 Name _____ Address _____		
<input type="checkbox"/>	21 Name _____ Address _____		
<input type="checkbox"/>	22 Name _____ Address _____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Exclusion of Interest From Series EE and I US Savings Bonds Issued After 1989

If you cashed series EE or I U.S. savings bonds in 2023 that were issued after 1989, you may be able to exclude from your income part or all of the interest on those bonds.

- 1 Total qualified tuition and fees paid . . . . . 1 \_\_\_\_\_
- 2 Nontaxable education benefits received . . . . . 2 \_\_\_\_\_
- 3 Enter total proceeds (principal and interest) from EE or I bonds issued after 1989 and cashed in 2023 . . . . . 3 \_\_\_\_\_
- 4 Enter the face value of all post - 1989 series EE bonds cashed in 2023 . . . . . 4 \_\_\_\_\_
- 5 Enter the face value of all series I bonds cashed in 2023 . . . . . 5 \_\_\_\_\_

**Name of person (you, your spouse, or your dependent) who was enrolled at or attended an eligible educational institution**

**Eligible Educational Institution**

	First Name	M I	Last Name
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

1	Name	_____
	Address	_____
	City, State, Zip	_____
2	Name	_____
	Address	_____
	City, State, Zip	_____
3	Name	_____
	Address	_____
	City, State, Zip	_____



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Alimony Received

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Payer	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	1	
<input type="checkbox"/>	2 _____	_____	2	
<input type="checkbox"/>	3 _____	_____	3	
<input type="checkbox"/>	4 _____	_____	4	
<input type="checkbox"/>	5 _____	_____	5	
<input type="checkbox"/>	6 _____	_____	6	
<input type="checkbox"/>	7 _____	_____	7	
<input type="checkbox"/>	8 _____	_____	8	
<input type="checkbox"/>	9 _____	_____	9	

### Alimony Paid

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Recipient's Name	Recipient's SSN	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	_____	1	
<input type="checkbox"/>	2 _____	_____	_____	2	
<input type="checkbox"/>	3 _____	_____	_____	3	
<input type="checkbox"/>	4 _____	_____	_____	4	
<input type="checkbox"/>	5 _____	_____	_____	5	
<input type="checkbox"/>	6 _____	_____	_____	6	
<input type="checkbox"/>	7 _____	_____	_____	7	
<input type="checkbox"/>	8 _____	_____	_____	8	
<input type="checkbox"/>	9 _____	_____	_____	9	

Name \_\_\_\_\_ SSN \_\_\_\_\_

### Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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41					
42					
43					
44					
45					

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Installment Sale Income

### New Sale (Only)

**Note:** If the property was sold this year complete the New Sale section.

Description	Selling price including mortgages DO NOT include interest	Mortgages the buyer assumed	Cost or other basis of property	Commissions and other expenses of sale
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____

Description	Date Acquired	Date Sold	Interest	Principal
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____

### Prior Year Sale (Only)

**Note:** If the property was sold in a previous year complete the Prior Year Sale section below.

Description	Date Acquired	Date Sold	Payments Received in 2023	
			Interest	Principal
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____

Description	Gross profit percentage	Payments received in prior years (DO NOT include interest)
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____



Name \_\_\_\_\_

SSN \_\_\_\_\_

### K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

\*F/S/J Entity Name

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____
21	_____
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31	_____
32	_____
33	_____
34	_____
35	_____
36	_____
37	_____
38	_____
39	_____
40	_____
41	_____
42	_____
43	_____

Enter "S" if K1 (1120S)  
Enter "P" if K1 (1065)  
Enter "E" if K1 (1041)

		Unreimbursed Partnership Exp. Current Year
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____
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34	_____	_____
35	_____	_____
36	_____	_____
37	_____	_____
38	_____	_____
39	_____	_____
40	_____	_____
41	_____	_____
42	_____	_____
43	_____	_____

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Social Security and Railroad Retirement

**Filer**

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 4
- 5 Enter the total amount of Medicare B Premiums withheld. . . . . 5
- 6 Enter the total amount of Medicare D Premiums withheld. . . . . 6

Current Year Amount	Prior Year Amount

**Spouse**

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 10
- 11 Enter the total amount of Medicare B Premiums withheld. . . . . 11
- 12 Enter the total amount of Medicare D Premiums withheld. . . . . 12


Name \_\_\_\_\_

SSN \_\_\_\_\_

**Additional Income**

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Refund from state . . . . .			1	
2	Unemployment compensation . . . . .			2	
3	Other income (Prizes and Awards, etc.) . . . . .			3	
4	Scholarships and fellowships . . . . .			4	
5	Income from rental of personal property, if not in the business of renting such property . . . . .			5	
6	Net operating loss carryover (negative no.) . . . . .			6	
7	Canceled debts (1065 K-1) . . . . .			7	
8	_____			8	
9	_____			9	
10	_____			10	
11	Other income not provided for in this Organizer			11	

**Adjustments to Income**

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Educator expenses . . . . .			1	
2	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .			2	
3	Health Savings account deduction . . . . .			3	
4	Moving expenses (members of armed forces) . . . . .			4	
5	Self-employed SEP, SIMPLE, or other qualified plans . . . . .			5	
6	Self-employed health insurance deduction . . . . .			6	
7	Penalty on early withdrawal of savings . . . . .			7	
8	Alimony paid . . . . .			8	
9	IRA contribution . . . . .			9	
10	Student loan interest deduction . . . . .			10	
11	Tuition and fees (Total education expenses) . . . . .			11	
12	Foreign housing deduction . . . . .			12	
13	Jury duty pay given to your employer . . . . .			13	
14	Reforestation amortization . . . . .			14	
15	Repayment of sub-pay under the Trade Act of 1974 . . . . .			15	
16	Contributions to Section 501(c)(18)(D) pension plans . . . . .			16	
17	Attorney fees and court costs paid for actions involving certain unlawful discrimination claims, but only to the extent of gross income from such actions . . . . .			17	
18	Expenses from the rental of personal property but were not in the business of renting such property . . . . .			18	
19	Contributions by chaplains to section 403(b) plans . . . . .			19	
20	Archer MSA deduction . . . . .			20	
21	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the amount of the award includible in your gross income . . . . .			21	
22	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money . . . . .			22	
23	Excess deductions on termination of an estate/trust - Section 67(e) expenses . . . . .			23	
24	_____			24	
25	_____			25	
26	_____			26	
27	_____			27	

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Electing to Report Child's Income on Parent's Return.**

If your child has over \$1,250 in income from interest and dividends you may qualify to elect to report that income on your return.

**Step 1 : Enter "X" if your child:**

- 1 Is under 19 (24 if a full time student) on January 1, 2024.
- 2 Has income only from interest and dividends.
- 3 Has gross income of less than \$12,500.
- 4 Made no estimated tax payments.
- 5 Had no federal income tax withheld from his or her income.
- 6 Is required to file a 2023 return.
- 7 Does not file a joint return for 2023.

If you entered ("X") in ALL the above boxes your child qualifies.

**Step 2 : Enter "X" if as the parent:**

- 1 You are filing a joint return with the child's other parent.
- 2 You are married to the child's other parent, file separately, and you have the higher taxable income.
- 3 You are unmarried or separated and the custodial parent of this child.
- 4 You are married to someone other than the child's parent and file jointly with your spouse.
- 5 You are married to someone other than the child's parent, file separately, and you have the higher taxable income.

If you entered ("X") in ANY of the above boxes you are a qualifying parent.

**If Both the Child and Parent Qualifies Then Continue.**

Child's First Name

M.I.

Child's Last Name

Child's SSN

**Interest**

Payer	Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 _____						
2 _____						
3 _____						
4 _____						
5 _____						
6 _____						
7 _____						
8 _____						
9 _____						
10 _____						

**Dividends**

Payer	Ordinary Dividends		Qualifying Dividends		Capital Gains	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 _____						
2 _____						
3 _____						
4 _____						
5 _____						
6 _____						
7 _____						
8 _____						
9 _____						
10 _____						

Name \_\_\_\_\_

SSN \_\_\_\_\_

## IRA and Other Contribution Information

### Traditional IRA Contributions

**Filer**

- 1 Enter total traditional IRA contributions made for 2023 . . . . . 1
- 2 Enter contributions, on line 1, made after 12/31/2023 and before 04/15/2024 . . . . . 2
- 3 Enter value of all traditional IRAs on 12/31/2023 . . . . . 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2024 . . . . . 4

Current Year Amount	Prior Year Amount

**Spouse**

- 5 Enter total traditional IRA contributions made for 2023 . . . . . 5
- 6 Enter contributions, on line 5, made after 12/31/2023 and before 04/15/2024 . . . . . 6
- 7 Enter value of all traditional IRAs on 12/31/2023 . . . . . 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2024 . . . . . 8


### Roth IRA Contributions

**Filer**

- 1 Enter 2023 Roth IRA contributions . . . . . 1
- 2 Enter value of all Roth IRAs on 12/31/2023 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2023 Roth IRA contributions . . . . . 3
- 4 Enter value of all Roth IRAs on 12/31/2023 . . . . . 4


### SIMPLE IRA

**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2023 . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2023 . . . . . 2

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### Education (Coverdell ESA)

**Filer**

- 1 Enter 2023 Coverdell ESA contributions . . . . . 1
- 2 Enter value of the Coverdell ESA on 12/31/2023 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2023 Coverdell ESA contributions . . . . . 3
- 4 Enter value of the Coverdell ESA on 12/31/2023 . . . . . 4


### Other

**Filer**

- 1 Repayment of qualified reservist distributions . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Repayment of qualified reservist distributions . . . . . 2

--	--





Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest - Itemized Deductions**

**Home Mortgage Interest and Points Reported on Form 1098**

Current Year Amount	Prior Year Amount

49 Lender \_\_\_\_\_ 49

50 Lender \_\_\_\_\_ 50

51 Lender \_\_\_\_\_ 51

52 Lender \_\_\_\_\_ 52

**Home Mortgage Interest Not Reported on Form 1098**

53 Name: \_\_\_\_\_ 53

Address: \_\_\_\_\_

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

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54 Mortgage insurance premiums paid on 2023 acquisition indebtedness for principal residence . . . . . 54

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**Refinancing Points**

55 Description . . . . . 55

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2023 . . . . .


56 Description . . . . . 56

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2023 . . . . .


57 Description . . . . . 57

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2023 . . . . .


58 Description . . . . . 58

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2023 . . . . .


59 Investment interest paid . . . . . 59

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Name \_\_\_\_\_

SSN \_\_\_\_\_

### Noncash Charitable Contributions (Total of Contributions more than \$500)

**Information on Donated Property**

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
<b>1</b>	Name Address City State Zip Code	
<b>2</b>	Name Address City State Zip Code	
<b>3</b>	Name Address City State Zip Code	
<b>4</b>	Name Address City State Zip Code	
<b>5</b>	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Employee Business Expenses

Enter "X" in one box:  Filer  Spouse

Occupation in which you incurred the expenses \_\_\_\_\_

Enter "X" if expenses incurred while working as a reservist, performing artist or fee-based gov't official

**IMPORTANT: Per TCJA updates only reservists, qualified performing artists, fee-basis gov't officials, and employees with impairment-related work expenses can deduct the following business expenses on the federal return. All others, enter information below for certain applicable states that allow the deduction(s).**

		Current Year Amount	Prior Year Amount
<b>Meals</b>			
1	Meals . . . . .		
2	Enter "X" in the box if subject to DOT hours of service limits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

<b>Travel Expenses</b>			
3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work. . . . .		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals . . . . .		

<b>Other Employment Related Expenses</b>			
5	Business gifts . . . . .		
6	Employment related education expenses . . . . .		
7	Trade publications . . . . .		
8	_____		
9	_____		
10	_____		
11	_____		
12	_____		

<b>Employer Reimbursements</b>			
13	Enter employer reimbursements reported under code "L" in box 12 of Form W-2 . . . . .		
14	Enter other employer reimbursements not reported to you in box 1 of Form W-2 . . . . .		
15	Enter the total expense for meals and entertainment for the period covered by the reimbursements . . . . .		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Occupation in which you incurred these expenses \_\_\_\_\_

**Vehicle Information - Unreimbursed Employee Business Expenses**

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Average daily roundtrip commuting miles . . . . . 6				
7	Parking fees and tolls . . . . . 7				
8	Vehicle Interest . . . . . 8				
9	Vehicle Personal Property tax . . . . . 9				
<b>Actual Expenses</b>					
10	Gasoline, oil and repairs . . . . . 10				
11	Vehicle Insurance . . . . . 11				
12	Vehicle registration fees . . . . . 12				
13	Vehicle lease or rental . . . . . 13				
14	_____ 14				
15	Value of employer-provided vehicle (if 100% is included in W-2) . . . . . 15				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Average daily roundtrip commuting miles . . . . . 6				
7	Parking fees and tolls . . . . . 7				
8	Vehicle Interest . . . . . 8				
9	Vehicle Personal Property tax . . . . . 9				
<b>Actual Expenses</b>					
10	Gasoline, oil and repairs . . . . . 10				
11	Vehicle Insurance . . . . . 11				
12	Vehicle registration fees . . . . . 12				
13	Vehicle lease or rental . . . . . 13				
14	_____ 14				
15	Value of employer-provided vehicle (if 100% is included in W-2) . . . . . 15				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2022 and paid in 2023 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

#### Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	February . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	March . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	April . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	May . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	June . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	July . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	August . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	September . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	October . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	November . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	December . . . . .	_____

#### Non-Dependent Information and Qualifying Expenses

First Name	Last Name	Birthdate	SSN	Check if non-dependent was over age 12 and disabled	Amount incurred and paid in 2023
1 _____	_____	_____	_____	<input type="checkbox"/>	_____
2 _____	_____	_____	_____	<input type="checkbox"/>	_____
3 _____	_____	_____	_____	<input type="checkbox"/>	_____
4 _____	_____	_____	_____	<input type="checkbox"/>	_____

#### Persons or Organizations Who Provided the Care

Name	Address	SSN/EIN	Amount incurred and paid in 2023
1 Business: First: _____ Last: _____ State: _____ Zip: _____	City: _____	SSN: _____ EIN: _____	_____
2 Business: First: _____ Last: _____ State: _____ Zip: _____	City: _____	SSN: _____ EIN: _____	_____
3 Business: First: _____ Last: _____ State: _____ Zip: _____	City: _____	SSN: _____ EIN: _____	_____
4 Business: First: _____ Last: _____ State: _____ Zip: _____	City: _____	SSN: _____ EIN: _____	_____
5 Business: First: _____ Last: _____ State: _____ Zip: _____	City: _____	SSN: _____ EIN: _____	_____

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Adoption Expenses

### 1 Provide the Following Information on Each Eligible Child

	First Name      Last Name		Child's Year of Birth	Enter "X" if Child Was:			Child's Identifying Number (SSN or ATIN)
				Born BEFORE 2006 and Disabled	A Child With Special Needs	A Foreign Child	
1st Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3rd Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4th Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2 Expenses you paid in 2022. . . . .

3 Expenses you paid in 2023, if the adoption was final in 2023. . . . .

4 Expenses you paid in 2023, if the adoption was final before 2023.

	1st Child	2nd Child	3rd Child	4th Child

Enter "X" in the appropriate box

5 Did you receive Employer-Provided-Adoption-Benefits in a prior year? . . . . .

Yes

No

