

**General Information**

**Taxpayer**

**Spouse**

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth
Date of Death

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth
Date of Death

Check ("X") which phone number to list on return.

Home Phone
Work Phone
Cell Phone
Fax Number
Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)
Occupation
E-mail address
State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31
Sales tax rate of locality in 2023
If Part Year, Period of Residency

Home Phone
Work Phone
Cell Phone
Fax Number
Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)
Occupation
E-mail address
State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31
Sales tax rate of locality in 2023
If Part Year, Period of Residency

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type
ID number
ID issuing state
ID issue date
ID expiration date

**Filing Status**

Status on 2022 return
Status as of 12/31/2023
1 Single
2 Married filing joint
3 Married filing separately
4 Head of Household
5 Qualifying surviving spouse (QSS)

**Taxpayer's Address**

Street
City
State
Zip Code
Foreign province/county
Foreign postal code

**Preparer's Information**

Preparer's name
Firm's name
Street
City
State
Zip Code

**Attestation and Signature:**

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign here
Date



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> <b>if</b> <b>spouse</b>	<b>Employer's Name</b>	<b>Box 1</b> <b>Wages, Tips</b> <b>Other Comp</b>	<b>Box 2</b> <b>Federal Income</b> <b>Tax Withheld</b>	<b>Box 16</b> <b>State</b> <b>Wages</b>	<b>Box 17</b> <b>State Income</b> <b>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"/>	25				
<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 \_\_\_\_\_

### 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					
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<input type="checkbox"/>	21					
<input type="checkbox"/>	22					
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<input type="checkbox"/>	25					
<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				
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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 \_\_\_\_\_

### Business Assets Placed in Service in Prior Years

Activity	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
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28				
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32				
33				
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35				
36				
37				
38				
39				
40				
41				
42				
43				
44				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box:  Filer  Spouse

#### General Information

Employer Identification Number \_\_\_\_\_ (do not enter Social Security Number)

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

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

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

City . . . . . \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country . . . . . \_\_\_\_\_

Foreign Province/State . . . . . \_\_\_\_\_ Postal Code \_\_\_\_\_

#### General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method . . . . .  Cash  Accrual  Other - (Specify) \_\_\_\_\_
- 2 Did you "materially participate" in this business?  Yes  No
- 3 Check ('X') if you started or acquired this business in 2023.
- 4 Did you make any payments in 2023 that would require you to file Form(s) 1099?  Yes  No

#### Business Income

\* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

- 5 \_\_\_\_\_ 5
- 6 \_\_\_\_\_ 6
- 7 \_\_\_\_\_ 7
- 8 \_\_\_\_\_ 8
- 9 \_\_\_\_\_ 9
- 10 \_\_\_\_\_ 10
- 11 \_\_\_\_\_ 11
- 12 \_\_\_\_\_ 12
- 13 \_\_\_\_\_ 13
- 14 \_\_\_\_\_ 14
- 15 Income reported on 1099 MISC . . . . . 15
- 16 Gross amount of payment card/third party network transactions from Form 1099-K . . . . . 16
- 17 Professional gambler winnings from Form W2-G . . . . . 17
- 18 Gross installment sales less cost of goods sold . . . . . 18
- 19 Returns and allowances . . . . . 19
- 20 Other income . . . . . 20

	Current Year Amount	Prior Year Amount
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

#### Inventory (Enter "X" where applicable)

- 21 Method(s) used to value closing inventory . . . . .  Cost  Lower of cost or market  Other
- 22 Any change in determining quantities, costs, or valuations between opening and closing inventory?  Yes  No

- 23 Inventory at the beginning of year . . . . . 23
- 24 Purchases less cost of items withdrawn for personal use . . . . . 24
- 25 Cost of labor . . . . . 25
- 26 Materials and supplies . . . . . 26
- 27 Other Costs . . . . . 27
- 28 Inventory at end of year . . . . . 28

	Current Year Amount	Prior Year Amount
23		
24		
25		
26		
27		
28		

#### Assets Placed in Service This Year

Description:

- A \_\_\_\_\_ A
- B \_\_\_\_\_ B
- C \_\_\_\_\_ C
- D \_\_\_\_\_ D
- E \_\_\_\_\_ E
- F \_\_\_\_\_ F
- G \_\_\_\_\_ G

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		



Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Self-Employed Business Expenses Cont. (Schedule C)**

Expenses		Current Year Amount	Prior Year Amount
29	Advertising . . . . .		
30	Contract labor . . . . .		
31	Commissions and fees . . . . .		
32	Depletion . . . . .		
33	Employee benefit programs (other than on line 39) . . . . .		
34	Insurance (other than health) . . . . .		
<b>Interest:</b>			
35	Mortgage (paid to banks, etc.) . . . . .		
36	Other . . . . .		
37	Legal and professional services . . . . .		
38	Office expense . . . . .		
39	Pension and profit-sharing plans . . . . .		
<b>Rent or Lease:</b>			
40	Machinery rental or lease . . . . .		
41	Equipment rental or lease . . . . .		
42	_____		
43	_____		
44	_____		
	Other business property rental or lease		
45	_____		
46	_____		
47	_____		
48	Repairs and maintenance . . . . .		
49	Supplies (not included in inventory cost of goods sold) . . . . .		
50	Taxes and licenses . . . . .		
<b>Travel and Meals:</b>			
Travel			
51	_____		
52	_____		
53	_____		
54	_____		
Meals			
55	Enter "X" in the box if subject to DOT hours of service limits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
56	Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied . . . . .		
Meals subject to percentage limitation			
57	_____		
58	_____		
59	_____		
60	_____		
61	_____		
Meals not subject to percentage limitation (100% allowed)			
62	_____		
63	_____		
64	_____		
65	_____		
66	Utilities . . . . .		
67	Wages . . . . .		
<b>Other Expenses:</b>			
68	_____		
69	_____		
70	_____		
71	_____		
72	_____		
73	_____		
74	_____		
75	_____		
76	_____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

		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	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

		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	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

Name \_\_\_\_\_

SSN \_\_\_\_\_

Home Office Number \_\_\_\_\_

Description of Home Office \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check ("X") box:  Daycare

### Home Office Expenses

**Area of Home**

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples . . . . . 1

2 Total area of home . . . . . 2

**Daycare only - Part of Home Used Nonexclusively for Daycare**

3 Multiply days used for daycare during year by hours used per day . . . . . 3

4 Enter total hours home was available for daycare during year . . . . . 4

**Expenses related to entire home including business portion (Indirect)**

5 Casualty losses . . . . . 5

6 Excess mortgage interest . . . . . 6

7 Excess real estate taxes . . . . . 7

8 Insurance . . . . . 8

9 Rent . . . . . 9

10 Repairs and maintenance . . . . . 10

11 Utilities . . . . . 11

12 Other Expenses:

a \_\_\_\_\_ 12a

b \_\_\_\_\_ 12b

c \_\_\_\_\_ 12c

d \_\_\_\_\_ 12d

e \_\_\_\_\_ 12e

**Business Allocation:**

Business 1: \_\_\_\_\_

Business 2: \_\_\_\_\_

Business 3: \_\_\_\_\_

Business 4: \_\_\_\_\_

Current Year Amount	Prior Year Amount




Current Year Allocation %	Prior Year Allocation %

**Business:** \_\_\_\_\_

**Additional expenses related to business portion only (Direct)**

13 Casualty losses . . . . . 13

14 Excess mortgage interest . . . . . 14

15 Excess real estate taxes . . . . . 15

16 Insurance . . . . . 16

17 Rent . . . . . 17

18 Repairs and maintenance . . . . . 18

19 Utilities . . . . . 19

20 Other Expenses:

a \_\_\_\_\_ 20a

b \_\_\_\_\_ 20b

c \_\_\_\_\_ 20c

d \_\_\_\_\_ 20d

e \_\_\_\_\_ 20e

Current Year Amount	Prior Year Amount


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					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

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	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____
29	_____
30	_____
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	_____	_____
25	_____	_____
26	_____	_____
27	_____	_____
28	_____	_____
29	_____	_____
30	_____	_____
31	_____	_____
32	_____	_____
33	_____	_____
34	_____	_____
35	_____	_____
36	_____	_____
37	_____	_____
38	_____	_____
39	_____	_____
40	_____	_____
41	_____	_____
42	_____	_____
43	_____	_____

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Farm Rental Income and Expenses

Enter "X" in one box:  Filer  Spouse

#### General Information

- 1 Federal Employer Identification Number (do not enter Social Security Number) . . . . . \_\_\_\_\_
- 2 Description of the principal crop or activity . . . . . \_\_\_\_\_
- 3 Did you actively participate in the operation of this farm? . . . . . Enter "X" in the appropriate box  Yes  No

#### Farm Rental Income

		Current Year Amount	Prior Year Amount
4	Income from production of livestock, produce, grains, and other crops . . . . .	4	
5	Total cooperative distributions . . . . .	5	
6	CCC loans reported under election . . . . .	6	
7	Total CCC loans forfeited . . . . .	7	
8	Crop insurance proceeds and certain disaster payments . . . . .	8	
9	If election to defer, "X" the box. . . . .	9	<input type="checkbox"/> <input type="checkbox"/>
10	Amount deferred from last year . . . . .	10	

#### Other income (including Federal and state gasoline or fuel tax credit or refund)

11	_____	11	
12	_____	12	
13	_____	13	
14	_____	14	
15	_____	15	

#### Assets Placed in Service This Year

(Description):

		Date Placed In Service	Purchase Amount
A	_____	A	
B	_____	B	
C	_____	C	
D	_____	D	
E	_____	E	
F	_____	F	
G	_____	G	
H	_____	H	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Activity \_\_\_\_\_

**Farm Rental Expenses Cont.**

Expenses		Current Year Amount	Prior Year Amount
16	Chemicals . . . . .	16	
17	Conservation expenses . . . . .	17	
18	Custom hire (machine work) . . . . .	18	
19	Employee benefit programs (other than on line 28) . . . . .	19	
20	Feed purchased . . . . .	20	
21	Fertilizers and lime . . . . .	21	
22	Freight and trucking . . . . .	22	
23	Gasoline, fuel, and oil . . . . .	23	
24	Insurance (other than health) . . . . .	24	
<b>Interest:</b>			
25	Mortgage (paid to banks, etc.) . . . . .	25	
26	Other . . . . .	26	
27	Labor hired (less employment credits) . . . . .	27	
28	Pension and profit-sharing plans . . . . .	28	
<b>Rent or lease:</b>			
29	Machinery rental or lease . . . . .	29	
30	Equipment rental or lease . . . . .	30	
31	_____	31	
32	_____	32	
33	_____	33	
34	_____	34	
35	_____	35	
36	_____	36	
	Other (land, animals, etc.)		
37	_____	37	
38	_____	38	
39	_____	39	
40	_____	40	
41	_____	41	
42	_____	42	
43	_____	43	
44	_____	44	
45	_____	45	
46	Repairs and maintenance . . . . .	46	
47	Seeds and plants purchased . . . . .	47	
48	Storage and warehousing . . . . .	48	
49	Supplies purchased . . . . .	49	
50	Taxes . . . . .	50	
51	Utilities . . . . .	51	
52	Veterinary, breeding, and medicine . . . . .	52	
<b>Other Expenses:</b>			
53	Meals _____	53	
54	_____	54	
55	_____	55	
56	_____	56	
57	_____	57	
58	_____	58	
59	_____	59	
60	_____	60	



Name \_\_\_\_\_

SSN \_\_\_\_\_

Activity \_\_\_\_\_

**Vehicle Information - Farm Rental**

		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	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

		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	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				





Name \_\_\_\_\_

SSN \_\_\_\_\_

Principal crop or activity \_\_\_\_\_

**Vehicle Information - Farm**

		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	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

		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	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

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 \_\_\_\_\_

### 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

--	--

#### 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 \_\_\_\_\_

### Taxes - Itemized Deductions

		Current Year Amount	Prior Year Amount
<b>Real Estate Taxes</b>			
23	Principal residence . . . . .	23	
24	Real estate taxes from Schedule E properties . . . . .	24	
<b>Real Estate Not Held For Investment</b>			
25	_____	25	
26	_____	26	
27	_____	27	
28	_____	28	
29	_____	29	
<b>Real Estate Held For Investment</b>			
30	_____	30	
31	_____	31	
32	_____	32	
33	_____	33	
34	_____	34	
<b>Personal property taxes</b>			
35	Non-business portion of vehicle personal property taxes . . . . .	35	
36	_____	36	
37	_____	37	
38	_____	38	
39	_____	39	
40	_____	40	
<b>Non-Personal Property Taxes</b>			
41	K1 (1065) - Other deductions/taxes . . . . .	41	
42	K1 (1120S) - Other deductions/taxes . . . . .	42	
43	K1 (1041) - Other deductions/taxes . . . . .	43	
44	Foreign Taxes . . . . .	44	
45	From Schedule E properties . . . . .	45	
46	_____	46	
47	_____	47	
48	_____	48	

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: \_\_\_\_\_

--	--

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

--	--

**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

--	--



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

