

SCOTT B. PRICE & COMPANY  
CERTIFIED PUBLIC ACCOUNTANTS 456  
MONTGOMERY STREET, SUITE 1288  
SAN FRANCISCO, CA 94104

January 22, 2024

Dear Valued Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

In order to meet the filing deadline for your 2023 income tax returns, **your tax questionnaire, signed engagement letter and all requested tax documents must be received by our office no later than March 15, 2024.** Any information received after that date may require an extension of time to be filed for your returns. Before we file an extension for your tax returns we will require that we receive the signed engagement letter no later than April 1, 2024. If an extension is filed, your completed tax organizer and supporting documentation needs to be received by our office no later than August 15, 2024. We understand that you may be waiting for K-1s that may not be available by the March 15 or August 15 cutoffs, but we still ask that you send your other tax preparation materials by March 15, 2024 and no later than August 15, 2024. Please send your K-1s as soon as you receive them.

Any information received after April 5 may not be able to be thoroughly reviewed or considered in any extension computations. We do our best to accommodate last minute documents, but we cannot make any guarantees that we will have enough time to thoroughly process this information. In this situation we will use our best judgment to prepare an extension we believe will not result in assessment of late payment penalties.

We request that you are timely and responsive to our requests for additional information.

We encourage you to upload all tax documents to your Tax Caddy account or Client Access portal. These are the most secure and efficient ways to provide us with documents. Your Tax Caddy account will have an accurate and updated list of all outstanding documents requested by our office. If the majority of your materials are ready, please send them, and add the last pieces as they become available. This will provide us more time to accurately assess and calculate any payments due with your extension request. If you need assistance using Tax Caddy or the client portal, please call our office for help.

**If you are planning to send paper documents, we ask that you provide us with photocopies of your original tax documents, as we will be destroying any hard copies mailed to us after retaining them electronically for our records.**

We will prepare your 2023 federal and state income tax returns from information you provide to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

We are encouraging all clients to electronically submit any payments required for the 2023 return or 2024 estimated tax payments. Our filing instructions will provide you the website links to be able to electronically submit payments. **Please be sure to confirm that the bank account information that we have on file is correct or provide information about new accounts to replace the information we have on file.**

You will also need to provide the following information:

- Please update personal information including dependent information, particularly if their status as a dependent has changed. We also need to know if they will need to file 2023 tax returns.
- Forms W-2 for wages, salaries, and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts – including basis schedules.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Forms 1099-SA and 5498-SA for distributions from or contributions to Health Savings Accounts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions, and medical expenses (including all Forms 1098 and/or 1098-C).
- Copies of closing statements regarding the sale, purchase, or refinance of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority that you have not previously sent to us.
- Information regarding stock-based compensation, including copies of new awards, exercise confirmations, and IRS Forms 3921 and 3922.
- **We do not need copies of receipts for business, personal or medical expenses.** Please retain copies for your records. Please enter these expenses in the applicable sections of the organizer.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

**This engagement does not cover Beneficial Ownership Information reporting. Should you want us to assist with the new Beneficial Ownership Information reporting, we will send out a separate engagement letter.**

Our fee for these services will be based upon the amount of time required at standard billing rates, plus out-of-pocket expenses. In addition, this fee depends upon the timely delivery, availability, quality, and completeness of the information you provide to us. You agree that you will deliver all records requested and respond to all inquiries made by our staff to complete this engagement on a timely basis. All invoices are due and payable upon presentation. We require that your account(s) is brought current before we begin 2023 tax preparation.

The law provides that various penalties may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement, your return will be electronically filed this year. E-filing is a secure way to file tax returns and provides proof that the IRS has accepted your return for processing. Contact our office if you prefer your return be filed on paper.

The IRS does not send unsolicited emails requesting detailed personal information. Such authentic looking emails are called "phishing" emails and responding may expose you to identity theft. If you receive such an email from the IRS, send a copy of the email to [phishing@irs.gov](mailto:phishing@irs.gov). Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS.

If the foregoing fairly sets forth your understanding, please sign and date this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Scott B. Price & Company

**Accepted By:**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Questions (Page 1 of 5)

The following questions pertain to the 2023 tax year. For any question answered Yes, include supporting detail or documents.

### Personal Information:

Yes No

Did your marital status change?

\_\_\_\_\_

Are you married?

\_\_\_\_\_

If Yes, do you and your spouse want to file separate returns?

\_\_\_\_\_

If No, are you in a domestic partnership, civil union, or other state-defined relationship?

\_\_\_\_\_

Can you or your spouse be claimed as a dependent by another taxpayer?

\_\_\_\_\_

Did you or your spouse serve in the military or were you or your spouse on active duty?

\_\_\_\_\_

Did you or your spouse apply for and/or receive an Identity Protection PIN from the IRS?

\_\_\_\_\_

### Dependents:

Were there any changes in dependents from the prior year?

Note: Include non-child dependents for whom you provided more than half the support.

\_\_\_\_\_

Did you or your spouse pay for child care while you or your spouse worked or looked for work?

\_\_\_\_\_

Did any of your dependents have unearned income more than \$1,250?

\_\_\_\_\_

Do you have any of your dependents have earned income? If so, please provide 1099, W-2, and/or other income information.

\_\_\_\_\_

Did you adopt a child or begin adoption proceedings?

\_\_\_\_\_

Are any of your dependents non-U.S. citizens or non-U.S. residents?

\_\_\_\_\_

### Healthcare:

Did you obtain healthcare coverage through the Marketplace?

If Yes, include all Forms 1095-A.

\_\_\_\_\_

If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?

\_\_\_\_\_

Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?

\_\_\_\_\_

Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed on another taxpayer's return?

\_\_\_\_\_

Are any of your dependents required to file a tax return?

\_\_\_\_\_

Were all of your dependents covered for health insurance?

\_\_\_\_\_

## Questions (Page 2 of 5)

### Healthcare (continued):

**Yes    No**

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? \_\_\_\_\_

Were you eligible for employer-sponsored healthcare coverage? \_\_\_\_\_

Did you or your spouse have any transactions pertaining to a health savings account (HSA)?  
If you received a distribution from an HSA, include all Forms 1099-SA. \_\_\_\_\_

Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?  
If you received a distribution from an MSA, include all Forms 1099-SA. \_\_\_\_\_

Did you or your spouse receive any distributions from long-term care insurance contracts?  
If Yes, include Forms 1099-LTC. \_\_\_\_\_

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? \_\_\_\_\_

If Yes, how many months were you covered? \_\_\_\_\_

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? \_\_\_\_\_

If Yes, how many months were you covered? \_\_\_\_\_

### Education:

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? \_\_\_\_\_

Did you or your spouse pay any student loan interest? \_\_\_\_\_

Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? \_\_\_\_\_

Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan? \_\_\_\_\_

If Yes, include all Forms 1099-Q.

If Yes, were the amounts withdrawn in the calendar year and used for qualified tuition expenses incurred during the year? \_\_\_\_\_

### Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? \_\_\_\_\_

If yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.

Do you have supporting documentation to substantiate your charitable contributions? \_\_\_\_\_

Did you or your spouse incur any casualty or theft losses? \_\_\_\_\_

Did you or your spouse make any large purchases, such as motor vehicles and boats? \_\_\_\_\_

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? \_\_\_\_\_

Did you purchase a clean energy (electric) vehicle? If yes, please provide the purchase documents. \_\_\_\_\_

Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? \_\_\_\_\_

Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? \_\_\_\_\_

## Questions (Page 3 of 5)

### Investments:

**Yes    No**

- Did you or your spouse have any debts canceled, forgiven or refinanced? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse start or purchase a business, rental property, or farm? \_\_\_\_\_ \_\_\_\_\_
- Do you plan to start a new business in 2024? There are additional reporting requirements for newly organized/registered businesses which have to be filed within 90 days of registration with the Secretary of State. \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse sell an existing business, rental property, or farm? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse sell, exchange, or purchase any real estate?  
If Yes, include closing statements. \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired via option exercise or under a qualified employee stock purchase plan? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse engage in any put or call transactions?  
If Yes, provide the transaction details. \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse close any open short sales? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse sell any securities or other assets or goods not reported on Form 1099-B? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse acquire a new or sell an existing interest in any K-1 investment? \_\_\_\_\_ \_\_\_\_\_
- Did you receive any cash or stock distributions from any K-1 investment? \_\_\_\_\_ \_\_\_\_\_
- Did you have any securities that became worthless or loans that became uncollectible during the year? \_\_\_\_\_ \_\_\_\_\_

### Retirement or Severance:

- Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter or deferred compensation plan? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse take the required minimum distribution (RMD) from an IRA or other qualified plan in 2023? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse make a qualified charitable distribution directly from an IRA? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse retire or change jobs? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse receive deferred, retirement or severance compensation?  
If Yes, enter the date received (Mo/Da/Yr). \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse contribute, or plan to contribute, to a traditional or Roth IRA for the last calendar year? If so, please specify the amount. Contributions must be made no later than April 15, 2024. \_\_\_\_\_ \_\_\_\_\_
- Did you convert IRA funds or any other qualified retirement plan funds into a Roth IRA? \_\_\_\_\_ \_\_\_\_\_
- Did you inherit an IRA in the current year? \_\_\_\_\_ \_\_\_\_\_

### Personal Residence:

- Did your address change?  
If Yes, provide the new address. \_\_\_\_\_ \_\_\_\_\_
- If Yes, did you move to a different home because of a change in the location of your job? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse claim a homebuyer credit for a home purchased in 2008? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? \_\_\_\_\_ \_\_\_\_\_
- Are your total mortgages on your first and/or second residence greater than \$750,000?  
If Yes, provide the principal balance and interest rate at the beginning and end of the year. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse take out a home equity loan? \_\_\_\_\_ \_\_\_\_\_
- Did you or your spouse have an outstanding home equity loan at the end of the year?  
If Yes, provide the principal balance and interest rate at the beginning and end of the year. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
- Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? \_\_\_\_\_ \_\_\_\_\_
- Did you or your mortgagee receive mortgage assistance payments?  
If Yes, include all Forms 1098-MA. \_\_\_\_\_ \_\_\_\_\_
- Did you refinance any mortgages during the year? If yes, please provide all closing statements. \_\_\_\_\_ \_\_\_\_\_

## Questions (Page 4 of 5)

### Sale of Your Home:

Yes No

Did you sell your home?

\_\_\_\_\_

Did you receive Form 1099-S?

\_\_\_\_\_

If Yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?

\_\_\_\_\_

Did you or your spouse ever rent out the property?

\_\_\_\_\_

Did you or your spouse ever use any portion of the home for business purposes?

\_\_\_\_\_

Have you or your spouse sold a principal residence within the last two years?

\_\_\_\_\_

### Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$17,000 to any individual?

\_\_\_\_\_

Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?

\_\_\_\_\_

Did you or your spouse make any gifts to a trust for any amount?

\_\_\_\_\_

Did you or your spouse have a life insurance trust?

\_\_\_\_\_

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?

\_\_\_\_\_

Did you or your spouse forgive any indebtedness to any individual, trust or entity?

\_\_\_\_\_

### Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes not reflected on an enclosed Form 1099?

\_\_\_\_\_

Do you or your spouse have any interest in, or signature authority over a bank, securities or other financial account in a foreign country?

\_\_\_\_\_

Were you or your spouse a grantor, transferor or a beneficiary of a foreign trust?

\_\_\_\_\_

Did you or your spouse own any foreign financial assets?

\_\_\_\_\_

Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?

\_\_\_\_\_

Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?

\_\_\_\_\_

If Yes, did the corporation cease to be an S corporation?

\_\_\_\_\_

If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?

\_\_\_\_\_

If Yes, did you or your spouse transfer any share of stock in the corporation?

\_\_\_\_\_

Do you or your spouse own any foreign real estate?

\_\_\_\_\_

Did you or your spouse receive any gifts from a foreign person?

\_\_\_\_\_

## Questions (Page 5 of 5)

### Miscellaneous:

Yes No

Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,600 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

\_\_\_\_\_

Did your business hire and pay any employees during the year?

\_\_\_\_\_

Did you or your spouse receive tip income not reported to your employer?

\_\_\_\_\_

Did you receive any income from any legal proceedings during the year? If yes, please provide details.

\_\_\_\_\_

Did you or your spouse engage in any bartering transactions (including the use of virtual currency/digital asset)?

\_\_\_\_\_

Did you receive (as a reward, award or compensation) or sell, exchange, or otherwise dispose of a digital asset or a financial interest in a digital asset? If yes, provide details.

\_\_\_\_\_

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? If yes, please provide copies of all correspondence.

\_\_\_\_\_

Did you perform work outside of your resident state, and/or did you receive income from more than one state during the year?

\_\_\_\_\_

Do you have any unpaid sales/use tax for the year (such as from goods you purchased online)?

\_\_\_\_\_

Did your business receive any cash payments (excluding checks) of more than \$10,000 in the current year in one transaction or in related transactions? If yes, was Form 8300, Report of Cash Payments over \$10,000 Received in Trade or Business, filed?

\_\_\_\_\_

Did you create or update any trusts during the year?

\_\_\_\_\_

Did you receive distributions from any trusts during the year?

\_\_\_\_\_

For any trusts that you or your spouse created or are trustee, did any beneficiaries, grantors or trustees die or move?

\_\_\_\_\_

**Additional state pages have been included at the back of the organizer and should be reviewed.**



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# Personal Information

### Taxpayer:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Spouse:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Contact Information:

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

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

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Yes  No

Are you a U.S. citizen or Green Card holder?  Yes  No

**Personal Identification Numbers:** Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit [IRS.gov](https://www.irs.gov) to retrieve it or apply.

| TS | State | City | Code | PIN |
|----|-------|------|------|-----|
|    |       |      |      |     |
|    |       |      |      |     |

### Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



# Personal Information

### Taxpayer:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification  Choose not to provide

### Spouse:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification  Choose not to provide

### Contact Information:

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

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

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Yes  No

Are you a U.S. citizen or Green Card holder?  Yes  No

**Personal Identification Numbers:**  Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit [IRS.gov](https://www.irs.gov) to retrieve it or apply.

| TS | State | City | Code | PIN |
|----|-------|------|------|-----|
|    |       |      |      |     |
|    |       |      |      |     |

### Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



2023

# Dependents and Wages

3A

## Dependent Information:

|   | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A |                        |           |                        |                          |                          |                          |
| B |                        |           |                        |                          |                          |                          |
| C |                        |           |                        |                          |                          |                          |
| D |                        |           |                        |                          |                          |                          |
| E |                        |           |                        |                          |                          |                          |
| F |                        |           |                        |                          |                          |                          |
| G |                        |           |                        |                          |                          |                          |
| H |                        |           |                        |                          |                          |                          |

Did dependent have income over \$4,700?



|   | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A |                           |               |           |                         |
| B |                           |               |           |                         |
| C |                           |               |           |                         |
| D |                           |               |           |                         |
| E |                           |               |           |                         |
| F |                           |               |           |                         |
| G |                           |               |           |                         |
| H |                           |               |           |                         |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

## Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | Tax Withheld |             |          |       |       |
|----|-----------------|---------------|--------------|-------------|----------|-------|-------|
|    |                 |               | Federal      | FICA/TIER 1 | Medicare | State | Local |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |



2023

# Dependents

3A

## Dependent Information:

|   | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A |                        |           |                        |                          |                          |                          |
| B |                        |           |                        |                          |                          |                          |
| C |                        |           |                        |                          |                          |                          |
| D |                        |           |                        |                          |                          |                          |
| E |                        |           |                        |                          |                          |                          |
| F |                        |           |                        |                          |                          |                          |
| G |                        |           |                        |                          |                          |                          |
| H |                        |           |                        |                          |                          |                          |

Did dependent have income over \$4,700?



|   | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A |                           |               |           |                         |
| B |                           |               |           |                         |
| C |                           |               |           |                         |
| D |                           |               |           |                         |
| E |                           |               |           |                         |
| F |                           |               |           |                         |
| G |                           |               |           |                         |
| H |                           |               |           |                         |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

---

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

---

List the years that a release of claim to exemption is given for a dependent child not living with you.

---



# Electronic Filing

## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Would you like to use a randomly generated PIN? |                          | <b>Yes</b>               | <b>No</b>                |
| Taxpayer .....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse .....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



2023

# Electronic Filing

## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. Electronic filing is the only filing method that provides you with acknowledgment that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 3 weeks.

Note that not all returns qualify for electronic filing under IRS rules.

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

If you qualify for electronic filing, would you like to file the return electronically with the IRS? .....

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If you qualify, would you like to file your state returns electronically? .....

## The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

Taxpayer .....

Spouse .....

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If No, provide a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



# Electronic Filing

## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

## Opt-Out Statement:

\_\_\_\_\_ has informed me (us) that my (our) 2023 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) understand that electronic filing may provide a number of benefits to taxpayers, including an acknowledgment that the IRS received the return, a reduced chance of errors in processing, and faster refunds. I (we) do not want to file my (our) return electronically and will personally file the paper return. My (our) preparer will not file or otherwise mail or submit my (our) paper return to the IRS.

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.**

|   |  |                          |                          |
|---|--|--------------------------|--------------------------|
| Would you like to use a randomly generated PIN? |  | <b>Yes</b>               | <b>No</b>                |
| Taxpayer .....                                  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse .....                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_





2023

# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2022, your account information is already included below.

|   |                          |                          |            |           |
|---|--------------------------|--------------------------|------------|-----------|
| Would you like any refunds owed to you directly deposited? .....  | <input type="checkbox"/> | <input type="checkbox"/> | <b>Yes</b> | <b>No</b> |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |            |           |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____  |                          |                          |            |           |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)                                  |                          |                          |            |           |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....                                | <input type="checkbox"/> | <input type="checkbox"/> |            |           |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____  |                          |                          |            |           |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)                                  |                          |                          |            |           |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.           |                          |                          |            |           |
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....                    | <input type="checkbox"/> | <input type="checkbox"/> |            |           |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? ..... | <input type="checkbox"/> | <input type="checkbox"/> |            |           |

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.   

|   |                          |                          |            |           |
|---|--------------------------|--------------------------|------------|-----------|
| Would you like any refunds owed to you directly deposited? .....  | <input type="checkbox"/> | <input type="checkbox"/> | <b>Yes</b> | <b>No</b> |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |            |           |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____  |                          |                          |            |           |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)                                  |                          |                          |            |           |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....                                | <input type="checkbox"/> | <input type="checkbox"/> |            |           |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____  |                          |                          |            |           |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)                                  |                          |                          |            |           |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.           |                          |                          |            |           |
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....                    | <input type="checkbox"/> | <input type="checkbox"/> |            |           |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? ..... | <input type="checkbox"/> | <input type="checkbox"/> |            |           |

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2023

# U.S. Series I Savings Bonds Purchase

4B

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds? .....

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

Joint:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.

Taxpayer:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Spouse:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....





# Dividend Income

5B

## Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

| TSJ          | Name of Payer | Box 1a<br>Total Ordinary<br>Dividends | Box 1b<br>Qualified<br>Dividends | Box 2a<br>Total Capital<br>Gain Distribution | U.S. Bond Interest<br>Amount or<br>Percent in Box 1a |
|--------------|---------------|---------------------------------------|----------------------------------|--|--|
| A            |               |                                       |                                  |  |  |
| B            |               |                                       |                                  |  |  |
| C            |               |                                       |                                  |  |  |
| D            |               |                                       |                                  |  |  |
| E            |               |                                       |                                  |  |  |
| F            |               |                                       |                                  |  |  |
| G            |               |                                       |                                  |  |  |
| H            |               |                                       |                                  |  |  |
| I            |               |                                       |                                  |  |  |
| J            |               |                                       |                                  |  |  |
| K            |               |                                       |                                  |  |  |
| L            |               |                                       |                                  |  |  |
| M            |               |                                       |                                  |  |  |
| N            |               |                                       |                                  |  |  |
| <b>Total</b> |               |                                       |                                  |  |  |

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

| Code         | Tax-Exempt<br>Interest | 2022 Gross<br>Dividends<br>Amount |
|--------------|------------------------|-----------------------------------|
| A            |                        |                                   |
| B            |                        |                                   |
| C            |                        |                                   |
| D            |                        |                                   |
| E            |                        |                                   |
| F            |                        |                                   |
| G            |                        |                                   |
| H            |                        |                                   |
| I            |                        |                                   |
| J            |                        |                                   |
| K            |                        |                                   |
| L            |                        |                                   |
| M            |                        |                                   |
| N            |                        |                                   |
| <b>Total</b> |                        |                                   |

## Enter Any Additional Information:

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

Note: List all items sold during the year on Form 7.



2023

# Interest Income and Foreign Information

5A

**Include all Forms 1099-INT or other documents for interest received**

**Interest Income:**

(List all items sold during the year on Form 7.)

Special Interest Code: 1 - Qualified Educational Series EE Bonds    2 - Seller Financed Mortgage Interest    3 - Early Withdrawal Penalty    4 - Nominee Interest    5 - Accrued Interest    6 - Original Issue Discount Adjustment    7 - Amortizable Bond Premium Adjustment

| TSJ | Source | Interest Income | U.S. Bonds and Obligations | Code | Special Interest |
|-----|--------|-----------------|----------------------------|------|------------------|
| A   |        |                 |                            |      |                  |
| B   |        |                 |                            |      |                  |
| C   |        |                 |                            |      |                  |
| D   |        |                 |                            |      |                  |
| E   |        |                 |                            |      |                  |

Tax-Exempt Interest Code: 1 - 1099-INT    2 - Private Activity Bond    3 - Both

| Social Security No. of Home Buyer | Address of Individual from Whom Mortgage Interest Was Received | Code | Tax-Exempt Interest |
|-----------------------------------|--|------|---------------------|
| A                                 |  |      |                     |
| B                                 |  |      |                     |
| C                                 |  |      |                     |
| D                                 |  |      |                     |
| E                                 |  |      |                     |

| Federal Withholding | State Withholding | Investment Expenses | Tax Exempt Paid CUSIP No. | 2022 Interest Amount |
|---------------------|-------------------|---------------------|---------------------------|----------------------|
| A                   |                   |                     |                           |                      |
| B                   |                   |                     |                           |                      |
| C                   |                   |                     |                           |                      |
| D                   |                   |                     |                           |                      |
| E                   |                   |                     |                           |                      |

**Foreign Taxes Paid or Accrued:**

| Source | Name of Foreign Country Imposing Tax | X if Tax Accrued | Date Paid or Accrued (Mo/Da/Yr) | Tax Amount (in Foreign Currency) | Tax Amount (in U.S. Dollars) |
|--------|--------------------------------------|------------------|---------------------------------|----------------------------------|------------------------------|
| A      |                                      |                  |                                 |                                  |                              |
| B      |                                      |                  |                                 |                                  |                              |
| C      |                                      |                  |                                 |                                  |                              |
| D      |                                      |                  |                                 |                                  |                              |
| E      |                                      |                  |                                 |                                  |                              |

**Additional State Information:**

| Payer ID | New Hampshire or Illinois Reason Interest is Nontaxable |
|----------|---|
| A        |   |
| B        |   |
| C        |   |
| D        |   |
| E        |   |

**Foreign Bank Accounts and Trusts:**

At any time during 2023, did you have an interest in or a signature authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?  Yes     No

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2023, whether or not you had any beneficial interest in it?



# Dividend Income and Foreign Information

**Dividend Income:** Include all Forms 1099-DIV or other documents for dividends received  
(List all items sold during the year on Form 7.)

|   | TSJ | Source | Form 1099-DIV                         |                                  |  |      |                        |
|---|-----|--------|---------------------------------------|----------------------------------|--|------|------------------------|
|   |     |        | Box 1a<br>Total Ordinary<br>Dividends | Box 1b<br>Qualified<br>Dividends | U.S. Bond Interest<br>Amount or<br>Percent in Box 1a | Code | Tax-Exempt<br>Interest |
| A |     |        |                                       |                                  |  |      |                        |
| B |     |        |                                       |                                  |  |      |                        |
| C |     |        |                                       |                                  |  |      |                        |
| D |     |        |                                       |                                  |  |      |                        |
| E |     |        |                                       |                                  |  |      |                        |

| Form 1099-DIV                                   |  |                                |                                      |                                       |                                      |
|---|--|--------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| Box 2a<br>Total Capital<br>Gain<br>Distribution | Box 2b<br>Unrecaptured<br>Section 1250<br>Gain | Box 2c<br>Section 1202<br>Gain | Box 2d<br>Collectibles<br>(28%) Gain | Box 3<br>Nondividend<br>Distributions | 2022<br>Gross<br>Dividends<br>Amount |
| A   |  |                                |                                      |                                       |                                      |
| B   |  |                                |                                      |                                       |                                      |
| C   |  |                                |                                      |                                       |                                      |
| D   |  |                                |                                      |                                       |                                      |
| E   |  |                                |                                      |                                       |                                      |

Tax-Exempt Interest Code:  
 1 - 1099-DIV  
 2 - Private Activity Bonds  
 3 - Both

| Form 1099-DIV                   |                                    |                                 |                      |
|---------------------------------|------------------------------------|---------------------------------|----------------------|
| Box 4<br>Federal<br>Withholding | Box 5<br>Section 199A<br>Dividends | Box 6<br>Investment<br>Expenses | State<br>Withholding |
| A                               |                                    |                                 |                      |
| B                               |                                    |                                 |                      |
| C                               |                                    |                                 |                      |
| D                               |                                    |                                 |                      |
| E                               |                                    |                                 |                      |

### Foreign Taxes Paid or Accrued:

|   | Source | Name of Foreign Country<br>Imposing Tax | X if Tax<br>Accrued | Date Paid<br>or Accrued<br>(Mo/Da/Yr) | Tax Amount<br>(in Foreign<br>Currency) | Tax Amount<br>(in U.S.<br>Dollars) |
|---|--------|---|---------------------|---------------------------------------|--|------------------------------------|
| A |        |   |                     |                                       |  |                                    |
| B |        |   |                     |                                       |  |                                    |
| C |        |   |                     |                                       |  |                                    |
| D |        |   |                     |                                       |  |                                    |
| E |        |   |                     |                                       |  |                                    |

### Additional State Information:

| Payer ID | New Hampshire Reason Dividend is Nontaxable |
|----------|---|
| A        |   |
| B        |   |
| C        |   |
| D        |   |
| E        |   |

### Foreign Bank Accounts and Trusts:

At any time during 2023, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2023, whether or not you had any beneficial interest in it?  Yes  No



2023

# Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

## General Information:

TSJ ..... \_\_\_\_\_  
 Title of filer ..... \_\_\_\_\_  
 Enter all countries where you have foreign bank accounts ..... \_\_\_\_\_

## Foreign Identification:

|                   | Yes                      | No                       |
|-------------------|--------------------------|--------------------------|
| Passport .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| Foreign TIN ..... | <input type="checkbox"/> | <input type="checkbox"/> |

If not passport or TIN, enter description .....

Number .....

Country of issue .....

## Information on Foreign Financial Accounts:

1 - Bank Account    2 - Securities Account    3 - Other

| Account Type | If Other Account Type, Describe | Maximum Account Value | Account Number | Financial Institution Name |
|--------------|---------------------------------|-----------------------|----------------|----------------------------|
| A            |                                 |                       |                |                            |
| B            |                                 |                       |                |                            |

| Street Address | City |
|----------------|------|
| A              |      |
| B              |      |

| State | ZIP/Postal Code | Country | GIIN |
|-------|-----------------|---------|------|
| A     |                 |         |      |
| B     |                 |         |      |

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN)    B - SSN or ITIN    C - Foreign

| Last Name or Organization Name | First Name | Middle Initial | Suffix | Taxpayer ID Number |
|--------------------------------|------------|----------------|--------|--------------------|
| A                              |            |                |        |                    |
| B                              |            |                |        |                    |

| # of Joint Owners | Street Address | City |
|-------------------|----------------|------|
| A                 |                |      |
| B                 |                |      |

1 - No financial interest    1B - No financial interest - US person, officer or employee, residing outside US    2A - Joint - spouse is joint owner    2B - Joint - other joint owner    3 - Consolidated

| State | ZIP/Postal Code | Country | Owner-ship Code | Filer's Title |
|-------|-----------------|---------|-----------------|---------------|
| A     |                 |         |                 |               |
| B     |                 |         |                 |               |

1 - Deposit    2 - Custodial

| Type | Foreign Currency | Exchange Rate | Source of Exchange | Acct Open | Acct Closed | Joint | No Tax Items Reported |
|------|------------------|---------------|--------------------|-----------|-------------|-------|-----------------------|
| A    |                  |               |                    |           |             |       |                       |
| B    |                  |               |                    |           |             |       |                       |



2023

# Foreign Assets

5D

### Asset Information:

| Description | Identifying Number | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) | Jointly Owned | No Tax Items Reported |
|-------------|--------------------|--------------------------|----------------------|---------------|-----------------------|
|             |                    |                          |                      |               |                       |

  

| Value | Foreign Currency | Exchange Rate | Source of Exchange Rate |
|-------|------------------|---------------|-------------------------|
|       |                  |               |                         |

### If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership 2 - Corporation 3 - Trust 4 - Estate

| Name of Foreign Entity | Type of Foreign Entity | Mailing Address of Foreign Entity |  |  |
|------------------------|------------------------|-----------------------------------|--|--|
|                        |                        |                                   |  |  |

  

| City or Town of Foreign Entity | Province, County or State of Foreign Entity | Country of Foreign Entity | Postal Code of Foreign Entity | GIIN |
|--------------------------------|---|---------------------------|-------------------------------|------|
|                                |   |                           |                               |      |

### If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Issuer 2 - Counterparty

1 - U.S. person  
2 - Foreign person

| Name of Issuer | Issuer Code | Type of Issuer | Residence of Issuer |
|----------------|-------------|----------------|---------------------|
|                |             |                |                     |
|                |             |                |                     |
|                |             |                |                     |

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

| Mailing Address of Issuer | City or Town of Issuer |
|---------------------------|------------------------|
|                           |                        |
|                           |                        |
|                           |                        |

  

| Province, County or State of Issuer | Country of Issuer | Postal Code of Issuer |
|-------------------------------------|-------------------|-----------------------|
|                                     |                   |                       |
|                                     |                   |                       |
|                                     |                   |                       |

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

Foreign assets were acquired or sold during the tax year .....

### Foreign Bank Accounts and Trusts:

At any time during 2023, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?  Yes  No

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2023, whether or not you had any beneficial interest in it?  Yes  No





2023

# Brokerage Statement Details

5EA

|   | TSJ | Payer Name | Account No. | Information Included (X or ✓) |
|---|-----|------------|-------------|-------------------------------|
| A |     |            |             |                               |
| B |     |            |             |                               |
| C |     |            |             |                               |
| D |     |            |             |                               |
| E |     |            |             |                               |
| F |     |            |             |                               |
| G |     |            |             |                               |
| H |     |            |             |                               |
| I |     |            |             |                               |
| J |     |            |             |                               |
| K |     |            |             |                               |
| L |     |            |             |                               |
| M |     |            |             |                               |
| N |     |            |             |                               |
| O |     |            |             |                               |
| P |     |            |             |                               |
| Q |     |            |             |                               |
| R |     |            |             |                               |
| S |     |            |             |                               |
| T |     |            |             |                               |

|   | Interest Income | U.S. Bonds and Obligations | Code | Tax-Exempt Interest | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|---|-----------------|----------------------------|------|---------------------|---------------------------------|----------------------------|--|--|
| A |                 |                            |      |                     |                                 |                            |  |  |
| B |                 |                            |      |                     |                                 |                            |  |  |
| C |                 |                            |      |                     |                                 |                            |  |  |
| D |                 |                            |      |                     |                                 |                            |  |  |
| E |                 |                            |      |                     |                                 |                            |  |  |
| F |                 |                            |      |                     |                                 |                            |  |  |
| G |                 |                            |      |                     |                                 |                            |  |  |
| H |                 |                            |      |                     |                                 |                            |  |  |
| I |                 |                            |      |                     |                                 |                            |  |  |
| J |                 |                            |      |                     |                                 |                            |  |  |
| K |                 |                            |      |                     |                                 |                            |  |  |
| L |                 |                            |      |                     |                                 |                            |  |  |
| M |                 |                            |      |                     |                                 |                            |  |  |
| N |                 |                            |      |                     |                                 |                            |  |  |
| O |                 |                            |      |                     |                                 |                            |  |  |
| P |                 |                            |      |                     |                                 |                            |  |  |
| Q |                 |                            |      |                     |                                 |                            |  |  |
| R |                 |                            |      |                     |                                 |                            |  |  |
| S |                 |                            |      |                     |                                 |                            |  |  |
| T |                 |                            |      |                     |                                 |                            |  |  |

▲

Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



2023

# Consolidated Brokerage Statement

5E

|                |     |                |
|----------------|-----|----------------|
| Brokerage Name | TSJ | Account Number |
|----------------|-----|----------------|

|                   |
|-------------------|
| Brokerage Address |
|-------------------|

## Interest Income and Foreign Information

Interest Income: (List all items sold during the year on Form 5G.)

Special Interest Code: 2 - Early Withdrawal Penalty 4 - Accrued Interest 6 - Amortizable Bond  
 1 - Qualified Educational Series EE Bonds 3 - Nominee Interest 5 - Original Issue Discount Adjustment Premium Adjustment

|   | Source | Interest Income | U.S. Bonds and Obligations | Code | Special Interest |
|---|--------|-----------------|----------------------------|------|------------------|
| A |        |                 |                            |      |                  |
| B |        |                 |                            |      |                  |
| C |        |                 |                            |      |                  |
| D |        |                 |                            |      |                  |
| E |        |                 |                            |      |                  |

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

| Code | Tax-Exempt Interest | Investment Expenses | Federal Withholding | State Withholding | Tax Exempt Bond CUSIP No. | 2022 Interest Amount |
|------|---------------------|---------------------|---------------------|-------------------|---------------------------|----------------------|
| A    |                     |                     |                     |                   |                           |                      |
| B    |                     |                     |                     |                   |                           |                      |
| C    |                     |                     |                     |                   |                           |                      |
| D    |                     |                     |                     |                   |                           |                      |
| E    |                     |                     |                     |                   |                           |                      |

### Foreign Taxes Paid or Accrued:

|   | Source | Name of Foreign Country Imposing Tax | X if Tax Accrued | Date Paid or Accrued (Mo/Da/Yr) | Tax Amount (in Foreign Currency) | Tax Amount (in U.S. Dollars) |
|---|--------|--------------------------------------|------------------|---------------------------------|----------------------------------|------------------------------|
| A |        |                                      |                  |                                 |                                  |                              |
| B |        |                                      |                  |                                 |                                  |                              |
| C |        |                                      |                  |                                 |                                  |                              |
| D |        |                                      |                  |                                 |                                  |                              |
| E |        |                                      |                  |                                 |                                  |                              |

### Additional State Information:

|   | Payer ID | New Hampshire or Illinois Reason Interest is Nontaxable |
|---|----------|---|
| A |          |   |
| B |          |   |
| C |          |   |
| D |          |   |
| E |          |   |



# Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

## Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-MISC, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

|  | Yes | No |
|--|-----|----|
| Mutual fund transactions   |     |    |
| Exchange of any securities or investments for something other than cash  |     |    |
| Sales of inherited property  |     |    |
| Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale |     |    |
| Commodity sales, short sales or straddles  |     |    |
| Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest  |     |    |
| Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock   |     |    |
| Securities which became worthless  |     |    |

|   | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|---|----------------------------------|----------|--------------------------|----------------------|
| A |                                  |          |                          |                      |
| B |                                  |          |                          |                      |
| C |                                  |          |                          |                      |
| D |                                  |          |                          |                      |

|   | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A |                                      |                     |                      |                    |
| B |                                      |                     |                      |                    |
| C |                                      |                     |                      |                    |
| D |                                      |                     |                      |                    |

## Other Income:

| Nature and Source | 2023 Amount | 2022 Amount |
|-------------------|-------------|-------------|
|                   |             |             |
|                   |             |             |

## Other Adjustments to Income:

| Nature and Source | 2023 Amount | 2022 Amount |
|-------------------|-------------|-------------|
|                   |             |             |
|                   |             |             |

## Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| Paid To | 2023 Amount | 2022 Amount |
|---------|-------------|-------------|
|         |             |             |
|         |             |             |

## Foreign Bank Accounts and Trusts:

At any time during 2023, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2023, whether or not you had any beneficial interest in it?  Yes  No



2023

# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, ZIP or postal code, and country \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2023:

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you dispose of this business? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what was the disposition date? _____ (Mo/Da/Yr)  |                          |                          |
| Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you involved in the operations of this business on a regular, continuous and substantial basis? _____     | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you prepared or will you prepare all required Forms 1099? _____   | <input type="checkbox"/> | <input type="checkbox"/> |

|   | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Health insurance premiums paid for yourself and your dependents _____ |             |             |

### Income:

Payment card and third party transactions:  Include all Forms 1099-K

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Miscellaneous income:  Include all Forms 1099-MISC and 1099-NEC

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

### Other Income:

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Other gross receipts or sales \_\_\_\_\_  
 Less returns and allowances \_\_\_\_\_

### Cost of Goods Sold:

|   | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Beginning inventory _____                                     |             |             |
| Purchases less cost of items withdrawn for personal use _____ |             |             |
| Cost of labor (do not include amounts paid to yourself) _____ |             |             |
| Materials and supplies _____                                  |             |             |

### Other costs of goods sold:

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Ending inventory \_\_\_\_\_





# Business Expenses - Vehicle and Other Listed Property

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2023:

|   |                          |                          |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

### If you are an employer who provides vehicles for use by employees:

|  |                          |                          |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

### Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr)

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

Was your vehicle available for use during off-duty hours? .....

| Vehicle 1  |             |
|--|-------------|
| Description of vehicle .....   |             |
| Date placed in service ..... (Mo/Da/Yr)  |             |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| Was your vehicle available for use during off-duty hours? .....  |             |
| 2023 Miles   | 2022 Miles  |
|  |             |
|  |             |
|  |             |
| 2023 Amount  | 2022 Amount |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |

| Vehicle 2  |             |
|--|-------------|
| Description of vehicle .....   |             |
| Date placed in service ..... (Mo/Da/Yr)  |             |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| Was your vehicle available for use during off-duty hours? .....  |             |
| 2023 Miles   | 2022 Miles  |
|  |             |
|  |             |
|  |             |
| 2023 Amount  | 2022 Amount |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year ..

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



# Business Expenses

Name of Business: \_\_\_\_\_  
Principal Business or Profession: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, please enter the percentage to apply to this business \_\_\_\_\_ %

|   | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Parking fees and tolls .....                                |             |             |
| Local transportation .....                                  |             |             |
| Travel expenses .....                                       |             |             |
| Meals .....   |             |             |
| Entertainment (deductible only on some state returns) ..... |             |             |

Other Business Expenses:

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

|  | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Amount received for other expenses ..... |             |             |
| Amount received for meals .....          |             |             |
| Amount received for entertainment .....  |             |             |

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

### Vehicle:

If not 100%, please enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

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

|   | 2023 | 2022 |
|---|------|------|
| Total miles .....                         |      |      |
| Total business miles .....                |      |      |
| Average daily commuting miles .....       |      |      |
| Total commuting miles for the year .....  |      |      |
| Gasoline and oil .....                    |      |      |
| Repairs .....                             |      |      |
| Insurance .....                           |      |      |
| Interest .....                            |      |      |
| Taxes .....                               |      |      |
| Value of employer provided vehicle .....  |      |      |
| Temporary vehicle rentals .....           |      |      |
| Fair market value of leased vehicle ..... |      |      |
| Vehicle leases .....                      |      |      |

Other Vehicle Expenses:

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |



# Business Use of Home

6D

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

| 2023 | 2022 |
|------|------|
|      |      |
|      |      |
|      |      |

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

| Yes | No |
|-----|----|
|     |    |
|     |    |

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

|                                       | Direct Expenses |             | Indirect Expenses |             |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
|                                       | 2023 Amount     | 2022 Amount | 2023 Amount       | 2022 Amount |
| Casualty losses .....                 |                 |             |                   |             |
| Deductible mortgage interest paid to: |                 |             |                   |             |
| Financial institutions .....          |                 |             |                   |             |
| Individuals .....                     |                 |             |                   |             |
| Real estate taxes .....               |                 |             |                   |             |
| Insurance .....                       |                 |             |                   |             |
| Repairs and maintenance .....         |                 |             |                   |             |
| Utilities .....                       |                 |             |                   |             |
| Rent .....                            |                 |             |                   |             |

### Other Expenses:

| Description | Direct Expenses |             | Indirect Expenses |             |
|-------------|-----------------|-------------|-------------------|-------------|
|             | 2023 Amount     | 2022 Amount | 2023 Amount       | 2022 Amount |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |

### Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
|   |                                     |  |





# Sales of Stocks, Securities, Capital Assets & Installment Sales

**Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:**

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Mutual fund transactions .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Exchange of any securities or investments for something other than cash .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of inherited property .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Commodity sales, short sales or straddles .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Reinvestment of the proceeds of gains in a qualified opportunity fund .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any investments in qualified opportunity funds .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Debts that became uncollectible .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Securities that became worthless .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any property where you will receive payments in future years .....   | <input type="checkbox"/> | <input type="checkbox"/> |

| TSJ | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|-----|----------------------------------|----------|--------------------------|----------------------|
| A   |                                  |          |                          |                      |
| B   |                                  |          |                          |                      |
| C   |                                  |          |                          |                      |
| D   |                                  |          |                          |                      |
| E   |                                  |          |                          |                      |
| F   |                                  |          |                          |                      |
| G   |                                  |          |                          |                      |
| H   |                                  |          |                          |                      |

|   | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A |                                      |                     |                      |                    |
| B |                                      |                     |                      |                    |
| C |                                      |                     |                      |                    |
| D |                                      |                     |                      |                    |
| E |                                      |                     |                      |                    |
| F |                                      |                     |                      |                    |
| G |                                      |                     |                      |                    |
| H |                                      |                     |                      |                    |

**Installment Sales:**    Do not include interest received in principal amount

| TSJ | Property Description | Date Sold (Mo/Da/Yr) | 2023 Principal Received | 2022 Principal Received |
|-----|----------------------|----------------------|-------------------------|-------------------------|
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |



# Sale of Your Home and Moving Expenses

## Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

### Former Home Information:

TSJ \_\_\_\_\_

Date acquired \_\_\_\_\_ (Mo/Da/Yr)

Date sold \_\_\_\_\_ (Mo/Da/Yr)

Selling price \_\_\_\_\_

### Original Cost and Cost of Improvements:

| Description | Amount |
|-------------|--------|
|             |        |
|             |        |
|             |        |

### Sale Expenses:

Commissions, legal fees, advertising and other expenses.

| Description | Amount |
|-------------|--------|
|             |        |
|             |        |
|             |        |

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

## Moving Expenses:

TSJ \_\_\_\_\_

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2 \_\_\_\_\_

Was the move due to a permanent change of station pursuant to a military order?  Yes  No

### Mileage:

Number of miles from old home to new workplace (applicable only on some state returns) \_\_\_\_\_

Number of miles from old home to old workplace (applicable only on some state returns) \_\_\_\_\_

Number of automobile miles \_\_\_\_\_

| Miles |
|-------|
|       |
|       |
|       |

### Transportation Expenses:

Costs of transportation of household goods and personal effects \_\_\_\_\_

Costs of travel and lodging (do not include meals or automobile expenses) \_\_\_\_\_

Automobile expenses (gasoline, oil, etc.) \_\_\_\_\_

Meals (Pennsylvania only) \_\_\_\_\_

| Amount |
|--------|
|        |
|        |
|        |
|        |





# Pension, Annuity and Retirement Plan Information

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

| TSJ | Name of Payer | 2023 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2022 Gross Distributions |
|-----|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

| Taxpayer |    | Spouse |    |
|----------|----|--------|----|
| Yes      | No | Yes    | No |
|          |    |        |    |
|          |    |        |    |

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

| 2023 Amount | 2023 Amount |
|-------------|-------------|
|             |             |
|             |             |
|             |             |
|             |             |



# Rental and Royalty Income

**Location of Property:** \_\_\_\_\_

TSJ .....

Type of property .....

Have you prepared or will you prepare all required Forms 1099? 

|     |    |
|-----|----|
| Yes | No |
|-----|----|

Ownership percentage if not 100% .....

How many days was this property rented at fair market value? .....

How many days was this property used personally (including use by family members)? .....

| 2023 | 2022 |
|------|------|
| %    |      |
|      |      |

**Income:**

Rents received .....

Royalties received .....

| 2023 Amount | 2022 Amount |
|-------------|-------------|
|             |             |

Payment card and third party transactions:  Include all Forms 1099-K

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |

Miscellaneous income:  Include all Forms 1099-MISC

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |

Other income:

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |





# Rental and Royalty Property and Equipment & Depletion

Location of Property: \_\_\_\_\_

Property and Equipment:  Include a list if more space is needed

**Acquisitions:**

| X if not new | Description | Date Acquired (Mo/Da/Yr) | Cost |
|--------------|-------------|--------------------------|------|
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |

**Dispositions:**

| Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|-------------|--------------------------|------|----------------------|---------------|
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |

**Percentage Depletion Information:**

| Production Type | Royalty Income |             |
|-----------------|----------------|-------------|
|                 | 2023 Amount    | 2022 Amount |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |



# Rental and Royalty Vehicle and Other Listed Property

Location of Property: \_\_\_\_\_

**Listed Property Questions for 2023:**

|   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| Do you have evidence to support your deduction? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**If you are an employer who provides vehicles for use by employees:**

|  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Vehicle:**

Description of vehicle .....

Date placed in service . . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

| Vehicle 1  |             |
|--|-------------|
|  |             |
|  |             |
|  |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 2023 Miles   | 2022 Miles  |
|  |             |
|  |             |
|  |             |
| 2023 Amount  | 2022 Amount |
|  |             |
|  |             |
|  |             |
|  |             |

| Vehicle 2  |             |
|--|-------------|
|  |             |
|  |             |
|  |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 2023 Miles   | 2022 Miles  |
|  |             |
|  |             |
|  |             |
| 2023 Amount  | 2022 Amount |
|  |             |
|  |             |
|  |             |
|  |             |

**Mileage:**

Total miles .....

Total business miles .....

Total commuting miles for the year ..

**Actual Expenses:**

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....







# Rental - Business Use of Home

Location of Property: \_\_\_\_\_

**Partial Use of Your Home for Business:**

|      |
|------|
| 2023 |
|      |
|      |

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? ..  Yes  No

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

|                                       | Direct Expenses |             | Indirect Expenses |             |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
|                                       | 2023 Amount     | 2022 Amount | 2023 Amount       | 2022 Amount |
| Casualty losses .....                 |                 |             |                   |             |
| Deductible mortgage interest paid to: |                 |             |                   |             |
| Financial institutions .....          |                 |             |                   |             |
| Individuals .....                     |                 |             |                   |             |
| Real estate taxes .....               |                 |             |                   |             |
| Insurance .....                       |                 |             |                   |             |
| Repairs and maintenance .....         |                 |             |                   |             |
| Utilities .....                       |                 |             |                   |             |
| Rent .....                            |                 |             |                   |             |

**Other Expenses:**

| Description | Direct Expenses |             | Indirect Expenses |             |
|-------------|-----------------|-------------|-------------------|-------------|
|             | 2023 Amount     | 2022 Amount | 2023 Amount       | 2022 Amount |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |

**Seller-Financed Mortgage Interest Information:**

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
|   |                                     |  |





# Partnership and S Corporation Business Expenses

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

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business \_\_\_\_\_ %

|   | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Parking fees and tolls .....                                |             |             |
| Local transportation .....                                  |             |             |
| Travel expenses .....                                       |             |             |
| Meals .....   |             |             |
| Entertainment (deductible only on some state returns) ..... |             |             |
| Other Business Expenses:                                    |             |             |

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses .....

Amount received for meals .....

Amount received for entertainment .....

| 2023 Amount | 2022 Amount |
|-------------|-------------|
|             |             |
|             |             |
|             |             |

### Vehicle:

If not 100%, enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? .....

Was your vehicle available for personal use during off-duty hours? .....

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

|   | 2023 | 2022 |
|---|------|------|
| Total miles .....                         |      |      |
| Total business miles .....                |      |      |
| Average daily commuting miles .....       |      |      |
| Total commuting miles for the year .....  |      |      |
| Gasoline and oil .....                    |      |      |
| Repairs .....                             |      |      |
| Insurance .....                           |      |      |
| Interest .....                            |      |      |
| Taxes .....                               |      |      |
| Value of employer provided vehicle .....  |      |      |
| Temporary vehicle rentals .....           |      |      |
| Fair market value of leased vehicle ..... |      |      |
| Vehicle leases .....                      |      |      |

Other Vehicle Expenses:

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |



# Passthrough Business Use of Home

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

### Partial Use of Your Home for Business:

|      |
|------|
| 2023 |
|      |
|      |

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? ...  Yes  No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

|                                       | Direct Expenses |             | Indirect Expenses |             |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
|                                       | 2023 Amount     | 2022 Amount | 2023 Amount       | 2022 Amount |
| Casualty losses .....                 |                 |             |                   |             |
| Deductible mortgage interest paid to: |                 |             |                   |             |
| Financial institutions .....          |                 |             |                   |             |
| Individuals .....                     |                 |             |                   |             |
| Real estate taxes .....               |                 |             |                   |             |
| Insurance .....                       |                 |             |                   |             |
| Repairs and maintenance .....         |                 |             |                   |             |
| Utilities .....                       |                 |             |                   |             |
| Rent .....                            |                 |             |                   |             |

### Other Expenses:

| Description | Direct Expenses |             | Indirect Expenses |             |
|-------------|-----------------|-------------|-------------------|-------------|
|             | 2023 Amount     | 2022 Amount | 2023 Amount       | 2022 Amount |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |

### Seller-Financed Mortgage Interest Information:

|   |                                     |  |
|---|-------------------------------------|--|
| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|   |                                     |  |



2023

# Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

### Miscellaneous Income and Adjustments:

|  | TSJ _____   |             | TSJ _____   |             |
|--|-------------|-------------|-------------|-------------|
|  | 2023 Amount | 2022 Amount | 2023 Amount | 2022 Amount |
| Unemployment compensation received                 |             |             |             |             |
| Unemployment compensation repaid in 2023           |             |             |             |             |
| Social security benefits received                  |             |             |             |             |
| Social security benefits repaid in 2023            |             |             |             |             |
| Medicare premiums withheld                         |             |             |             |             |
| Tier 1 railroad retirement benefits received       |             |             |             |             |
| Tier 1 railroad retirement benefits repaid in 2023 |             |             |             |             |
| Total lump sum social security received            |             |             |             |             |
| Lump sum taxable social security                   |             |             |             |             |
| Other federal withholding                          |             |             |             |             |
| Other state withholding                            |             |             |             |             |

### State and Local Income Tax Refunds:

| TSJ | State | City | Tax Year | Income Tax Refund |       |
|-----|-------|------|----------|-------------------|-------|
|     |       |      |          | State             | Local |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |

### Other Income:

| TSJ | Nature and Source | 2023 Amount | 2022 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

### Alimony Paid or Received:

| TSJ | Recipient's Name | Recipient's Social Security Number | Date of Original Divorce or Separation (Mo/Da/Yr) | Date Divorce or Separation Agreement Modified (Mo/Da/Yr) | Alimony Received? | 2023 Amount | 2022 Amount |
|-----|------------------|------------------------------------|---|--|-------------------|-------------|-------------|
|     |                  |                                    |   |  |                   |             |             |
|     |                  |                                    |   |  |                   |             |             |
|     |                  |                                    |   |  |                   |             |             |
|     |                  |                                    |   |  |                   |             |             |
|     |                  |                                    |   |  |                   |             |             |



# Miscellaneous Adjustments

## Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

| TS | 2023 Amount | 2022 Amount |
|----|-------------|-------------|
|    |             |             |
|    |             |             |

## Health Savings Accounts (HSAs) Include all Forms 1099-SA

| TS | Description                                  | 2023 Amount | 2022 Amount |
|----|--|-------------|-------------|
|    | Contributions made for 2023                  |             |             |
|    | Distributions received from all HSAs in 2023 |             |             |

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2? ..... 

|     |    |
|-----|----|
| Yes | No |
|     |    |

Were all distributions from your HSA for unreimbursed medical expenses? ..... 

|     |    |
|-----|----|
| Yes | No |
|     |    |

Did you or your spouse enroll in Medicare? ..... 

|     |    |
|-----|----|
| Yes | No |
|     |    |

If Yes, what month did you enroll? .....

What month did your spouse enroll? .....

## Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

| TSJ | Nature and Source | 2023 Amount | 2022 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |



# Itemized Deductions - Medical and Taxes

### Medical and Dental Expenses:

- Prescription medicines and drugs .....
- Total medical insurance premiums paid \* .....
- Long-term care expenses .....
- Total insurance reimbursement .....
- Number of miles traveled for medical care .....
- Personal protective equipment .....
- Lodging .....
- Doctors, dentists, etc. ....
- Hospitals .....
- Lab fees .....
- Eyeglasses and contacts .....

| TSJ | 2023 Amount | 2022 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |

| 2023 Amount | 2022 Amount |
|-------------|-------------|
|             |             |
|             |             |

- Taxpayer long-term care insurance premiums paid .....
- Spouse long-term care insurance premiums paid .....

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

### Other Medical Expenses:

| TSJ | Description | 2023 Amount | 2022 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

### Taxes Paid: Include copies of your tax bills

- Personal property taxes paid (include vehicle taxes) .....
- General sales taxes paid on specified items .....

| TSJ | 2023 Amount | 2022 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2023 Amount | 2022 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

### Other Taxes Paid:

| TSJ | Description | 2023 Amount | 2022 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

If you purchased or sold your home in 2023, did you include any taxes from your closing statement in the amounts above?  Yes  No





Mortgage Questions for 2023:

|   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? . . . . . _____   |                          |                          |
| Did you purchase a new home or sell your former home during the year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enclose the closing statements from the purchase and sale of your new and former homes.   |                          |                          |
| If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US<br>during the 3 year period prior to the purchase of this home? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence<br>in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

Home Mortgage Interest Paid To Financial Institutions:

| TSJ | Paid To | Did You Receive Form 1098? |    | 2023 Amount | 2022 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

Other Home Mortgage Interest Paid:

| TSJ | Paid To |         | ID Number | 2023 Amount | 2022 Amount |
|-----|---------|---------|-----------|-------------|-------------|
|     | Name    | Address |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |

Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? |    | 2023 Amount | 2022 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2023 Amount | 2022 Amount |
|-----|---------|-------------|-------------|
|     |         |             |             |
|     |         |             |             |
|     |         |             |             |



# Itemized Deductions - Contributions

**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2023 Amount | 2022 Amount |
|-----|---|-------------|-------------|
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |

| TSJ | Conservation Real Property | 2023 Amount | 2022 Amount |
|-----|----------------------------|-------------|-------------|
|     | 100% limit                 |             |             |
|     | 50% limit                  |             |             |

| TSJ | Description   | 2023 Miles | 2022 Miles |
|-----|---|------------|------------|
|     | Number of miles traveled performing volunteer work for qualified charitable organizations |            |            |

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

| TSJ | Description of Donated Property | 2023 Amount | 2022 Amount |
|-----|---------------------------------|-------------|-------------|
|     |                                 |             |             |
|     |                                 |             |             |

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

| TSJ | Property Description | Date Acquired | Date of Donation | Cost or Basis |
|-----|----------------------|---------------|------------------|---------------|
| A   |                      |               |                  |               |
| B   |                      |               |                  |               |
| C   |                      |               |                  |               |

|   | Fair Market Value (FMV) | Method Used to Determine FMV | Other Method Description | Method of Acquisition |
|---|-------------------------|------------------------------|--------------------------|-----------------------|
| A |                         |                              |                          |                       |
| B |                         |                              |                          |                       |
| C |                         |                              |                          |                       |

- 1 - Appraisal    3 - Comparable Sale    5 - Thrift Shop Value
- 2 - Catalog    4 - Other (Describe)

- 1 - Gift    3 - Exchange
- 2 - Inheritance    4 - Purchase

|   | Donee Organization Name | Donee Organization Address |
|---|-------------------------|----------------------------|
| A |                         |                            |
| B |                         |                            |
| C |                         |                            |



# Itemized Deductions - Miscellaneous

\* These expenses are not deductible on the federal return but may be deductible on some state returns.

### Miscellaneous Itemized Deductions:

- Union and professional dues \* .....
- Tax preparation fee \* .....
- Professional subscriptions \* .....
- Hobby expense (To extent of income) \* .....
- Safe deposit box \* .....
- Uniforms and protective clothing \* .....
- Work tools \* .....
- Gambling losses .....
- Estate taxes .....

| TSJ | 2023 Amount | 2022 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |

### Other Itemized Deductions:

#### Examples:

- Certain legal and accounting fees \*
- Investment expenses \*
- Custodial fees \*
- Employment agency fees \*
- Certain educational expenses \*
- Amortizable bond premium
- Impairment-related work expense of a disabled person
- Repayment of amounts under a claim of right

| TSJ | Description | 2023 Amount | 2022 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

### Casualty or Theft Loss:

TSJ ..... \_\_\_\_\_  
 Property description ..... \_\_\_\_\_

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use  
  Business use  
  Income producing  
  Employee Use  
  Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? .....  Yes  No

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost ..... (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis .....

Fair market value before casualty .....

Fair market value after casualty .....

Cost of replacement .....

Insurance reimbursement .....



2023

# Itemized Deductions - Business Use of Home

16A

**These expenses are not deductible on the Federal return but may be deductible on some state returns.**

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

| 2023 | 2022 |
|------|------|
|      |      |
|      |      |
|      |      |

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

| Yes | No |
|-----|----|
|     |    |
|     |    |

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

|                                       | Direct Expenses |             | Indirect Expenses |             |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
|                                       | 2023 Amount     | 2022 Amount | 2023 Amount       | 2022 Amount |
| Casualty losses .....                 |                 |             |                   |             |
| Deductible mortgage interest paid to: |                 |             |                   |             |
| Financial institutions .....          |                 |             |                   |             |
| Individuals .....                     |                 |             |                   |             |
| Real estate taxes .....               |                 |             |                   |             |
| Insurance .....                       |                 |             |                   |             |
| Repairs and maintenance .....         |                 |             |                   |             |
| Utilities .....                       |                 |             |                   |             |
| Rent .....                            |                 |             |                   |             |

### Other Expenses:

| Description | Direct Expenses |             | Indirect Expenses |             |
|-------------|-----------------|-------------|-------------------|-------------|
|             | 2023 Amount     | 2022 Amount | 2023 Amount       | 2022 Amount |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
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|             |                 |             |                   |             |

### Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
|   |                                     |  |



# Employee Business Expenses (Page 1 of 2)

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

Business Expenses: Enter all expenses at 100 percent Include all documentation

Occupation code \_\_\_\_\_

- |                          |  |                         |
|--------------------------|--|-------------------------|
| 1 - Performing artist    | 3 - Fee-basis state or local government official | 5 - Outside salesperson |
| 2 - Handicapped employee | 4 - National Guard or Reserve                    | (Big Rapids, MI only)   |

If not 100%, enter the percentage to apply to Schedule A \_\_\_\_\_ %

|   | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Parking fees and tolls .....                                |             |             |
| Local transportation .....                                  |             |             |
| Travel expenses .....                                       |             |             |
| Meals .....   |             |             |
| Entertainment (deductible only on some state returns) ..... |             |             |

Other Business Expenses:

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

|  | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Amount received for other expenses ..... |             |             |
| Amount received for meals .....          |             |             |
| Amount received for entertainment .....  |             |             |

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No





# Employee Business Expenses- Business Use of Home

17B

**Partial Use of Your Home for Business:**

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

| 2023 | 2022 |
|------|------|
|      |      |
|      |      |
|      |      |

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

| Yes | No |
|-----|----|
|     |    |
|     |    |

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

|                                       | Direct Expenses |             | Indirect Expenses |             |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
|                                       | 2023 Amount     | 2022 Amount | 2023 Amount       | 2022 Amount |
| Casualty losses .....                 |                 |             |                   |             |
| Deductible mortgage interest paid to: |                 |             |                   |             |
| Financial institutions .....          |                 |             |                   |             |
| Individuals .....                     |                 |             |                   |             |
| Real estate taxes .....               |                 |             |                   |             |
| Insurance .....                       |                 |             |                   |             |
| Repairs and maintenance .....         |                 |             |                   |             |
| Utilities .....                       |                 |             |                   |             |
| Rent .....                            |                 |             |                   |             |

**Other Expenses:**

| Description | Direct Expenses |             | Indirect Expenses |             |
|-------------|-----------------|-------------|-------------------|-------------|
|             | 2023 Amount     | 2022 Amount | 2023 Amount       | 2022 Amount |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
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|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |

**Seller-Financed Mortgage Interest Information:**

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
|   |                                     |  |



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No

Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2022 but paid in 2023 .....

Employer-provided dependent care benefits that were forfeited in 2023 .....

2022 carryover used in grace period .....

### Child/Dependent Care Providers:

#### Provider 1:

Name .....

Street address .....

City, state, ZIP or postal code, and country .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

Provider was a household employee  Yes  No

Expenses incurred and paid in 2023

Expenses incurred and not paid in 2023

#### Provider 2:

Name .....

Street address .....

City, state, ZIP or postal code, and country .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

Provider was a household employee  Yes  No

Expenses incurred and paid in 2023

Expenses incurred and not paid in 2023

### Qualifying Persons for Child/Dependent Care Expenses:

| First Name and Initial | Last Name | Social Security Number | Dis-abled | 2023 Expenses Incurred | 2022 Expenses Incurred |
|------------------------|-----------|------------------------|-----------|------------------------|------------------------|
|                        |           |                        |           |                        |                        |
|                        |           |                        |           |                        |                        |
|                        |           |                        |           |                        |                        |

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

| First Name and Initial | Last Name | Social Security Number | 2023 Qualified Expenses |
|------------------------|-----------|------------------------|-------------------------|
|                        |           |                        |                         |
|                        |           |                        |                         |
|                        |           |                        |                         |





# Household Employment Taxes

### General Information:

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$2,400 or more in 2023?  Yes  No

Did you withhold any federal income tax from wages paid to any household employee?  Yes  No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023?  Yes  No

### Social Security, Medicare and Income Taxes:

|   | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Cash wages subject to social security taxes .....   |             |             |
| Cash wages subject to Medicare taxes (if different than cash wages subject to social security)                              |             |             |
| Cash wages subject to additional Medicare tax withholding .....   |             |             |
| Federal income tax withheld .....   |             |             |
| State disability plan payments subject to social security taxes .....   |             |             |
| State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) ..... |             |             |

### Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state?  Yes  No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?  Yes  No

| State | Total Cash Wages Subject to FUTA | 2022 Amount |
|-------|----------------------------------|-------------|
|       |                                  |             |
|       |                                  |             |
|       |                                  |             |
|       |                                  |             |

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2024

| Name of State | Total Taxable Wages | Contribution Paid to Unemployment Fund | X | 2022 Amount |
|---------------|---------------------|--|---|-------------|
|               |                     |  |   |             |
|               |                     |  |   |             |
|               |                     |  |   |             |
|               |                     |  |   |             |
|               |                     |  |   |             |



# Federal Tax Payments

## Refund Application:

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

Refunded .....  Yes  No  
 Applied to your 2024 estimated tax liability  Yes  No

## Federal Estimated Tax Payments:

2023 1st Quarter Estimate ..... (Due 04-18-2023)  
 2023 2nd Quarter Estimate ..... (Due 06-15-2023)  
 2023 3rd Quarter Estimate ..... (Due 09-15-2023)  
 2023 4th Quarter Estimate ..... (Due 01-16-2024)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--------------------------------------|-------------|
|            |                                      |             |
|            |                                      |             |
|            |                                      |             |
|            |                                      |             |

2022 overpayment applied to 2023 estimate .....

## Tax Planning Information for Tax Year 2024:

Do you expect any of the following to occur in 2024?

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A change in your marital status .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions .....        | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

|  |
|--|
|  |
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|  |



2023

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

| TSJ _____        |                                      |             |
|------------------|--------------------------------------|-------------|
| State/City _____ |                                      |             |
| Amount Due       | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |

2023 1st Quarter Estimate .....

2023 2nd Quarter Estimate .....

2023 3rd Quarter Estimate .....

2023 4th Quarter Estimate .....

If you have an overpayment of 2023 taxes, do you want the excess applied to your 2024 estimated tax liability? .....  Yes  No

2022 overpayment applied to 2023 estimate .....

Balance of prior year(s)' tax paid in 2023 plus amount paid with 2022 extensions .....

Estimated tax payments for 2022 paid in 2023 .....

## State and City Estimated Tax Payments:

| TSJ _____        |                                      |             |
|------------------|--------------------------------------|-------------|
| State/City _____ |                                      |             |
| Amount Due       | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |

2023 1st Quarter Estimate .....

2023 2nd Quarter Estimate .....

2023 3rd Quarter Estimate .....

2023 4th Quarter Estimate .....

If you have an overpayment of 2023 taxes, do you want the excess applied to your 2024 estimated tax liability? .....  Yes  No

2022 overpayment applied to 2023 estimate .....

Balance of prior year(s)' tax paid in 2023 plus amount paid with 2022 extensions .....

Estimated tax payments for 2022 paid in 2023 .....

## State and City Estimated Tax Payments:

| TSJ _____        |                                      |             |
|------------------|--------------------------------------|-------------|
| State/City _____ |                                      |             |
| Amount Due       | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |
|                  |                                      |             |

2023 1st Quarter Estimate .....

2023 2nd Quarter Estimate .....

2023 3rd Quarter Estimate .....

2023 4th Quarter Estimate .....

If you have an overpayment of 2023 taxes, do you want the excess applied to your 2024 estimated tax liability? .....  Yes  No

2022 overpayment applied to 2023 estimate .....

Balance of prior year(s)' tax paid in 2023 plus amount paid with 2022 extensions .....

Estimated tax payments for 2022 paid in 2023 .....









2023

# Itemized Deductions

| TSJ | Description | Prior Year Amount | Information Included (X or ✓) |
|-----|-------------|-------------------|-------------------------------|
|-----|-------------|-------------------|-------------------------------|

## Medical/Dental Expenses:

|  |  |  |  |
|--|--|--|--|
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## Real Estate Taxes:

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## Property Taxes:

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## Mortgage Interest:

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## Charitable Contributions:

|  |  |  |  |
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2023

# Federal, State, and City Tax Payments

## Refund Application:

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

Refunded .....  Yes  No  
 Applied to next year's estimated tax liability  Yes  No

## Federal Estimated Tax Payments:

2023 1st Quarter Estimate ..... (Due 04-18-2023)  
 2023 2nd Quarter Estimate ..... (Due 06-15-2023)  
 2023 3rd Quarter Estimate ..... (Due 09-15-2023)  
 2023 4th Quarter Estimate ..... (Due 01-16-2024)

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
|            |                      |             |
|            |                      |             |
|            |                      |             |
|            |                      |             |

## State and City Estimated Tax Payments:

2023 1st Quarter Estimate .....  
 2023 2nd Quarter Estimate .....  
 2023 3rd Quarter Estimate .....  
 2023 4th Quarter Estimate .....

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
|            |                      |             |
|            |                      |             |
|            |                      |             |
|            |                      |             |

2023 1st Quarter Estimate .....  
 2023 2nd Quarter Estimate .....  
 2023 3rd Quarter Estimate .....  
 2023 4th Quarter Estimate .....

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
|            |                      |             |
|            |                      |             |
|            |                      |             |
|            |                      |             |

2023 1st Quarter Estimate .....  
 2023 2nd Quarter Estimate .....  
 2023 3rd Quarter Estimate .....  
 2023 4th Quarter Estimate .....

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
|            |                      |             |
|            |                      |             |
|            |                      |             |
|            |                      |             |

2023 1st Quarter Estimate .....  
 2023 2nd Quarter Estimate .....  
 2023 3rd Quarter Estimate .....  
 2023 4th Quarter Estimate .....

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
|            |                      |             |
|            |                      |             |
|            |                      |             |
|            |                      |             |





2023

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Did you, your spouse, and all household members have full-year health care coverage?

Attach all Forms FTB 3895 and/or IRS 1095 received and any applicable exemption information.

Principal/Physical Residence at Time of Filing:

California Residents Only

County at time of filing
Street address
Apt No.
City, State, ZIP
Country, province, and postal code (if foreign)

Residency Information:

Complete this section only if you were a resident of any other state during any portion of the year
Taxpayer Spouse
State or country of domicile
If you were a military nonresident, enter state stationed in abbreviation
If you became a resident of California in 2023, enter - State of prior residence abbreviation
- Date of move (Mo/Da/Yr)
If you became a nonresident of California in 2023, enter - New state of residence abbreviation
- Date of move (Mo/Da/Yr)
If you were a California nonresident the entire year, enter your state of residence
How many days during 2023 were spent in California?
Did you own homes and/or properties in California during 2023?
If you were a prior resident of California, enter the date you moved back to California (Mo/Da/Yr)
If you were a prior resident of California, enter the date you left California (Mo/Da/Yr)

Voluntary Contributions: Enter the amount you wish to contribute on your 2023 tax return to the following funds:

California Seniors Special Fund
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund
Rare and Endangered Species Preservation Voluntary Tax Contribution Program
California Breast Cancer Research Voluntary Tax Contribution Fund
California Firefighters' Memorial Voluntary Tax Contribution Fund
Emergency Food for Families Voluntary Tax Contribution Fund
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund
California Sea Otter Voluntary Tax Contribution Fund
California Cancer Research Voluntary Tax Contribution Fund
School Supplies for Homeless Children Voluntary Tax Contribution Fund
State Parks Protection Fund/Parks Pass Purchase
Protect Our Coast and Oceans Voluntary Tax Contribution Fund
Keep Arts in School Voluntary Tax Contribution Fund
California Senior Citizen Advocacy Voluntary Tax Contribution Fund
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund
Rape Kit Backlog Voluntary Tax Contribution Fund
Suicide Prevention Voluntary Tax Contribution Fund
Mental Health Crisis Prevention Voluntary Tax Contribution Fund

