

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. **Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.**

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

Do you authorize us to discuss your return with the IRS? (Y. N) [34]

In care of addressee	[51]
----------------------	------

Social security number of qualifying person	[54]
---	------

Form ID: 1040

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse)

____ [8]

Taxpayer email address

____ [9]

Spouse email address

____ [10]

Taxpayer

Spouse

Fax telephone number

____ [11]

____ [20]

Mobile telephone number

____ [12]

____ [21]

Mobile telephone #2 number

____ [13]

____ [22]

Pager number

____ [14]

____ [23]

Other:

____ [15]

____ [24]

Telephone number

____ [16]

____ [25]

Extension

____ [17]

____ [26]

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

____ [18]

____ [27]

NOTES/QUESTIONS:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____[1]

Primary account:

Financial institution routing transit number _____[3]
 Name of financial institution _____[4]
 Your account number _____[5]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____[6]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____[9]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____[10]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____[11] or Percent (xxx.xx) _____[12]

Secondary account #1:

Financial institution routing transit number _____[27]
 Name of financial institution _____[28]
 Your account number _____[29]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____[30]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____[31]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____[32]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____[13] or Percent (xxx.xx) _____[14]

Secondary account #2:

Financial institution routing transit number _____[33]
 Name of financial institution _____[34]
 Your account number _____[35]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____[36]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____[37]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____[38]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____[17] or Percent (xxx.xx) _____[18]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____[15] or Percent (xxx.xx) _____[16]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____[19] or Percent (xxx.xx) _____[20]
 Owner's name (First Last) _____[40] _____[41]
 Co-owner or beneficiary (First Last) _____[42] _____[43]
 Mark if the name listed above is a beneficiary _____[44]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____[23] or Percent (xxx.xx) _____[24]
 Owner's name (First Last) _____[45] _____[46]
 Co-owner or beneficiary (First Last) _____[47] _____[48]
 Mark if the name listed above is a beneficiary _____[49]

Please provide copies of all Forms 1042-S, SSA-1042S, 8288A, and 8805

Country where you are a citizen or national during the tax year _____ [2]
 Foreign address to use for refund check, if different than mailing address entered on Screen 1040:
 Foreign address _____ [3]
 Foreign city _____ [4]
 Foreign country name _____ [6]
 Foreign province or county _____ [7]
 Foreign postal code _____ [8]
 Country of permanent residence for tax purposes _____ [10]
 Scholarships and fellowship grants received during tax year: _____
 _____ + _____ [15]
 U.S. real property interests that were disposed at a gain during the tax year _____ + _____ [18]

Income Not Effectively Connected with a U.S. Trade or Business

Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations:			
_____	_____ +	_____ [21] +	_____
_____	_____ +	_____ +	_____
Dividends paid by foreign corporations:			
_____	_____ +	_____ [23] +	_____
_____	_____ +	_____ +	_____
Interest received on mortgages:			
_____	_____ +	_____ [27] +	_____
_____	_____ +	_____ +	_____
Interest paid by foreign corporations:			
_____	_____ +	_____ [29] +	_____
_____	_____ +	_____ +	_____
Other Interest received:			
_____	_____ +	_____ [31] +	_____
_____	_____ +	_____ +	_____
Industrial royalties (patents, trademarks, etc.)			
_____	_____ +	_____ [33] +	_____
Motion picture or T.V. copyright royalties			
_____	_____ +	_____ [35] +	_____
Other royalties (copyrights, recording, publishing, etc.)			
_____	_____ +	_____ [37] +	_____
Real property income and natural resources royalties			
_____	_____ +	_____ [39] +	_____
Pensions and annuities:			
_____	_____ +	_____ [41] +	_____
Gambling - Residents of Canada only+ Winnings _____ [42] Losses _____ [44]			_____ + _____ [43]
Gambling - Residents of countries other than Canada:			
_____	_____ +	_____ [47] +	_____
Other income:			
_____	_____ +	_____ [49] +	_____
_____	_____ +	_____ +	_____

Capital Gains & Losses Not Effectively Connected with a U.S. Trade or Business

Description of Property [51]	Date Acquired	Date Sold	Sales Price	Cost/Basis	U.S. Fed W/H
_____	_____	_____	_____ + _____	_____ + _____	_____ + _____
_____	_____	_____	_____ + _____	_____ + _____	_____ + _____
_____	_____	_____	_____ + _____	_____ + _____	_____ + _____
_____	_____	_____	_____ + _____	_____ + _____	_____ + _____
_____	_____	_____	_____ + _____	_____ + _____	_____ + _____

Control Totals +

Form ID: NRA

Have you ever applied to be a green card holder of the United States (Y, N) _____[1]
 Were you ever a U.S. citizen? (Y, N) _____[2]
 Were you ever a green card holder of the U.S.? (Y, N) _____[3]
 If you had a visa on December 31, 2022, enter your visa type _____[5]
 If you did not have a visa, enter your U.S. immigration status on December 31, 2022 _____[6]
 Date you first entered U.S. _____[7]
 If you've ever changed your visa types (nonimmigrant status) or U.S. immigration status:
 Date of visa change _____[9]
 Nature of your visa change _____[10]
 If you are a resident of Canada or Mexico **AND** commute to work in the U.S. at frequent intervals, enter 1 for Canada or 2 for Mexico _____[11]

List all dates you entered and left the United States during 2022 (NA for residents of Canada or Mexico)[12]

Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Enter the total number of days (including vacation, nonworkdays, partial work days) you were present in the U.S. during:
 2020 _____[13]
 2021 _____[14]
 2022 _____[15]

Latest U.S. income tax return you filed prior to 2022:
 Year filed _____[16]
 Type of return filed _____[17]

Did you receive total compensation of \$250,000 or more during 2022 (Y, N) _____[18]
 If "Yes" did you use an alternative method to determine the source of the compensation? (Y, N) _____[20]
 If you used an alternative method to determine the source of the compensation, provide details in the space below[19]

Complete the following if claiming exemption from income tax under a U.S. income tax treaty

Country Name[21]	Tax Treaty Article	Months Claimed in 2021	Exempt Income in 2022
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were you subject to tax in a foreign country on any of the income entered in the "Exempt income 2022" column (Y, N) _____[22]
 Are you claiming treaty benefits pursuant to a Competent Authority determination. If yes, attach a copy of the determination (Y, N) _____[23]

If you paid any amounts related to your 2022 nonresident return (i.e. estimates, extension, Form 1040-C), enter the Internal Revenue Service office that received the payments _____[26]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [1]
Identification number _____ [3]
Issue date _____ [4]
Expiration date (mm/dd/yyyy) _____ [5]
Location of issuance (State issued only) _____ [6]
Document number (New York only) _____ [7]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [10]
Identification number _____ [12]
Issue date _____ [13]
Expiration date (mm/dd/yyyy) _____ [14]
Location of issuance (State issued only) _____ [15]
Document number (New York only) _____ [16]

NOTES/QUESTIONS:

If you have an overpayment of 2022 taxes, do you want the excess:

Refunded

____ [52]

Applied to 2023 estimated tax liability

____ [53]

Do you expect a considerable change in your 2023 income? (Y, N)

____ [54]

If yes, please explain any differences:

____ [55]

____ [56]

____ [57]

____ [58]

Do you expect a considerable change in your deductions for 2023? (Y, N)

____ [59]

If yes, please explain any differences:

____ [60]

____ [61]

____ [62]

____ [63]

Do you expect a considerable change in the amount of your 2023 withholding? (Y, N)

____ [64]

If yes, please explain any differences:

____ [65]

____ [66]

____ [67]

____ [68]

Do you expect a change in the number of dependents claimed for 2023? (Y, N)

____ [69]

If yes, please explain any differences:

____ [70]

____ [71]

____ [72]

____ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay)

____ [74]

2022 Federal Estimated Tax Payments

2021 overpayment applied to 2022 estimates

+ _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields.

____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/22	____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/22	____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/22	____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/17/23	____ [12]	+ _____ [13]	_____	_____
Additional payment		____ [14]	+ _____ [15]	_____	_____

***Method of payment indicated in prior year**

EFW = Electronic funds withdrawal

EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J)

____[1]

State postal code

____[2]

Amount paid with 2021 return

+ _____[3]

2021 overpayment applied to '22 estimates

+ _____[4]

Treat calculated amounts as paid

____[8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____[9]	+ _____[10]	_____
2nd quarter payment _____[11]	+ _____[12]	_____
3rd quarter payment _____[13]	+ _____[14]	_____
4th quarter payment _____[15]	+ _____[16]	_____
Additional payment _____[17]	+ _____[18]	_____

2022 City Estimated Tax Payments

City #1		City #2	
City name _____[28]		City name _____[50]	
Amount paid with 2021 return + _____[31]		Amount paid with 2021 return + _____[53]	
2021 overpayment applied to '22 estimates + _____[32]		2021 overpayment applied to '22 estimates + _____[54]	
Treat calculated amounts as paid _____[36]		Treat calculated amounts as paid _____[58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____[37]	+ _____[38]	1st quarter payment _____[59]	+ _____[60]
2nd quarter payment _____[39]	+ _____[40]	2nd quarter payment _____[61]	+ _____[62]
3rd quarter payment _____[41]	+ _____[42]	3rd quarter payment _____[63]	+ _____[64]
4th quarter payment _____[43]	+ _____[44]	4th quarter payment _____[65]	+ _____[66]

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment _____

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment _____

City #3		City #4	
City name _____[72]		City name _____[94]	
Amount paid with 2021 return + _____[75]		Amount paid with 2021 return + _____[97]	
2021 overpayment applied to '22 estimates + _____[76]		2021 overpayment applied to '22 estimates + _____[98]	
Treat calculated amounts as paid _____[80]		Treat calculated amounts as paid _____[102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____[81]	+ _____[82]	1st quarter payment _____[103]	+ _____[104]
2nd quarter payment _____[83]	+ _____[84]	2nd quarter payment _____[105]	+ _____[106]
3rd quarter payment _____[85]	+ _____[86]	3rd quarter payment _____[107]	+ _____[108]
4th quarter payment _____[87]	+ _____[88]	4th quarter payment _____[109]	+ _____[110]

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment _____

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment _____

1 = Attached
2 = N/A

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

[illegible]

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S)		[1]
Employer name		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		[5]
Mark if this is your current employer		[6]
Federal wages and salaries (Box 1)	+ _____	[10]
Federal tax withheld (Box 2)	+ _____	[12]
Social security wages (Box 3) (If different than federal wages)	+ _____	[14]
Social security tax withheld (Box 4)	+ _____	[16]
Medicare wages (Box 5) (If different than federal wages)	+ _____	[18]
Medicare tax withheld (Box 6)	+ _____	[21]
SS tips (Box 7)	+ _____	[23]
Allocated tips (Box 8)	+ _____	[25]
Dependent care benefits (Box 10)	+ _____	[27]
Box 13 -		
Statutory employee		[29]
Retirement plan		[30]
Third-party sick pay		[31]
State postal code (Box 15)		[32]
State wages (Box 16) (If different than federal wages)	+ _____	[34]
State tax withheld (Box 17)	+ _____	[36]
Local wages (Box 18)	+ _____	[38]
Local tax withheld (Box 19)	+ _____	[40]
Name of locality (Box 20)		[43]

[illegible]

Control Totals +

Wages and Salaries #2

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S)		[1]
Employer name		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		[5]
Mark if this your current employer		[6]
Federal wages and salaries (Box 1)	+ _____	[10]
Federal tax withheld (Box 2)	+ _____	[12]
Social security wages (Box 3) (If different than federal wages)	+ _____	[14]
Social security tax withheld (Box 4)	+ _____	[16]
Medicare wages (Box 5) (If different than federal wages)	+ _____	[18]
Medicare tax withheld (Box 6)	+ _____	[21]
SS tips (Box 7)	+ _____	[23]
Allocated tips (Box 8)	+ _____	[25]
Dependent care benefits (Box 10)	+ _____	[27]
Box 13 -		
Statutory employee		[29]
Retirement plan		[30]
Third-party sick pay		[31]
State postal code (Box 15)		[32]
State wages (Box 16) (If different than federal wages)	+ _____	[34]
State tax withheld (Box 17)	+ _____	[36]
Local wages (Box 18)	+ _____	[38]
Local tax withheld (Box 19)	+ _____	[40]
Name of locality (Box 20)		[43]

[illegible]

Control Totals +

Interest Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes

Blank = Regular Interest

3 = Nominee Distribution

4 = Accrued Interest

5 = OID Adjustment

6 = ABP Adjustment

7 = Series EE & I Bond

Control Totals +

Form ID: B-1

Dividend Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code (**See codes below)	Ordinary Dividends	[2] Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer										
		Amounts +										
	2	Payer										
		Amounts +										
	3	Payer										
		Amounts +										
	4	Payer										
		Amounts +										
	5	Payer										
		Amounts +										
	6	Payer										
		Amounts +										
	7	Payer										
		Amounts +										
	8	Payer										
		Amounts +										
	9	Payer										
		Amounts +										
	10	Payer										
		Amounts +										

**Dividend Codes

Blank = Other

3 = Nominee

Control Totals +

Seller Financed Mortgage Interest Income

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

2022 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J)

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2022

+ [1]

Taxpayer/Spouse/Joint (T, S, J)

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2022

+ [1]

Taxpayer/Spouse/Joint (T, S, J)

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2022

+ [1]

Taxpayer/Spouse/Joint (T, S, J)

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2022

+ [1]

Taxpayer/Spouse/Joint (T, S, J)

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2022

+ [1]

Taxpayer/Spouse/Joint (T, S, J)

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2022

+ [1]

Taxpayer/Spouse/Joint (T, S, J)

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2022

+ [1]

Taxpayer/Spouse/Joint (T, S, J)

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2022

+ [1]

Control Totals +

Form ID: B-3

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J)

Name of activity

Employer identification number

State postal code

__[1]

Taxpayer/Spouse/Joint (T, S, J)

Name of activity

Employer identification number

State postal code

__[1]

NOTES/QUESTIONS:

[illegible]

Form ID: InfoD

Preparer use only

Investment management/advisory fees

Type Code	1099-INT	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					

[illegible]

			+	+
			+	+
			+	+
			+	+
			+	+

Net 1256 loss carryback

Form ID: Broker

Miscellaneous Income #1

18a

Please provide all Forms 1099-MISC

Preparer use only

2022 Information**Prior Year Information**

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Payer made direct sales of \$5,000 or more of consumer products (Box 7)	_____	[27]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[29]
Crop Insurance proceeds (Box 9)	+ _____	[31]
Gross proceeds paid to an attorney (Box 10)	+ _____	[36]
Fish purchased for resale (Box 11)	+ _____	[38]
Section 409A deferrals (Box 12)	+ _____	[40]
Excess golden parachute payments (Box 14)	+ _____	[42]
Nonqualified deferred compensation (Box 15)	+ _____	[44]
State tax withheld (Box 16)	+ _____	[46]
State/Payer's state no. (Box 17)	_____	[48]
State income (Box 18)	+ _____	[49]

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

2022 Information**Prior Year Information**

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Payer made direct sales of \$5,000 or more of consumer products (Box 7)	_____	[27]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[29]
Crop Insurance proceeds (Box 9)	+ _____	[31]
Gross proceeds paid to an attorney (Box 10)	+ _____	[36]
Fish purchased for resale (Box 11)	+ _____	[38]
Section 409A deferrals (Box 12)	+ _____	[40]
Excess golden parachute payments (Box 14)	+ _____	[42]
Nonqualified deferred compensation (Box 15)	+ _____	[44]
State tax withheld (Box 16)	+ _____	[46]
State/Payer's state no. (Box 17)	_____	[48]
State income (Box 18)	+ _____	[49]

Control Totals +

NOTES/QUESTIONS:

Nonemployee Compensation #1

18b

Please provide all Forms 1099-NEC

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Preparer use only
2022 Information**Prior Year Information**

Name of payer		[3]	
Taxpayer/Spouse/Joint (T, S, J)		[5]	
State postal code		[6]	
Nonemployee compensation (Box 1)	+	[13]	
Payer made direct sales of \$5,000 or more of consumer products (Box 2)		[15]	
Federal income tax withheld (Box 4)	+	[17]	
State tax withheld (Box 5)	+	[19]	
State/Payer's state no. (Box 6)		[21]	
State income (Box 7)	+	[22]	

	Control Totals +	
--	-------------------------	--

Nonemployee Compensation #2

Please provide all Forms 1099-NEC

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Preparer use only
2022 Information**Prior Year Information**

Name of payer		[3]	
Taxpayer/Spouse/Joint (T, S, J)		[5]	
State postal code		[6]	
Nonemployee compensation (Box 1)	+	[13]	
Payer made direct sales of \$5,000 or more of consumer products (Box 2)		[15]	
Federal income tax withheld (Box 4)	+	[17]	
State tax withheld (Box 5)	+	[19]	
State/Payer's state no. (Box 6)		[21]	
State income (Box 7)	+	[22]	

	Control Totals +	
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NOTES/QUESTIONS:

Taxable Distributions Received from Cooperatives #1**18c**

Please provide all Forms 1099-PATR

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Patron dividends (Box 1)	+ _____	[10]
Nonpatronage distributions (Box 2)	+ _____	[12]
Per-unit retain allocations (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Redeemed nonqualified notices (Box 5)	+ _____	[18]
Section 199A(g) deduction (Box 6)	+ _____	[23]
Qualified payments (Section 199A(b)(7) (Box 7)	+ _____	[24]
Section 199A(a) qual items (Box 8)	+ _____	[25]
Section 199A(a) SSTB items (Box 9)	+ _____	[26]
Investment credit (Box 10)	+ _____	[27]
Work opportunity credit (Box 11)	+ _____	[29]
Patron's AMT adjustments	+ _____	[31]
Other credits and deductions #1 (Box 12)	+ _____	[33]
Other credits and deductions #2 (Box 12)	+ _____	[35]
Specified Coop (Box 13)	_____	[37]

Control Totals +

Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Patron dividends (Box 1)	+ _____	[10]
Nonpatronage distributions (Box 2)	+ _____	[12]
Per-unit retain allocations (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Redeemed nonqualified notices (Box 5)	+ _____	[18]
Section 199A(g) deduction (Box 6)	+ _____	[23]
Qualified payments (Section 199A(b)(7) (Box 7)	+ _____	[24]
Section 199A(a) qual items (Box 8)	+ _____	[25]
Section 199A(a) SSTB items (Box 9)	+ _____	[26]
Investment credit (Box 10)	+ _____	[27]
Work opportunity credit (Box 11)	+ _____	[29]
Patron's AMT adjustments	+ _____	[31]
Other credits and deductions #1 (Box 12)	+ _____	[33]
Other credits and deductions #2 (Box 12)	+ _____	[35]
Specified Coop (Box 13)	_____	[37]

Control Totals +

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

19

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

[51]

Taxpayer/Spouse/Joint (T, S, J)

[5]

State postal code

[6]

Name of creditor/lender

[3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1)

[10]

Amount of debt discharged (Box 2)

+ [11]

Interest if included in box 2 (Box 3)

+ [12]

Personally liable for repayment of the debt (if checked) (Box 5)

[13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Other actual discharge)

[14]

Fair market value of property (Box 7)

+ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1)

[16]

Balance of principal outstanding (Box 2)

+ [17]

Fair market value of property (Box 4)

+ [18]

Personally liable for repayment of the debt (if checked) (Box 5)

[19]

Control Totals +

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

[51]

Taxpayer/Spouse/Joint (T, S, J)

[5]

State postal code

[6]

Name of creditor

[3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1)

[10]

Amount of debt discharged (Box 2)

+ [11]

Interest if included in box 2 (Box 3)

+ [12]

Personally liable for repayment of the debt (if checked) (Box 5)

[13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Other actual discharge)

[14]

Fair market value of property (Box 7)

+ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1)

[16]

Balance of principal outstanding (Box 2)

+ [17]

Fair market value of property (Box 4)

+ [18]

Personally liable for repayment of the debt (if checked) (Box 5)

[19]

Control Totals +

NOTES/QUESTIONS:

Gambling Winnings #1

20

Please provide all copies of Form W-2G.

2022 Information**Prior Year Information**

Taxpayer/Spouse (T, S)	_____	[1]
Payer name	_____	[3]
State postal code	_____	[4]
Mark if professional gambler	_____	[9]
Reportable winnings (Box 1)	+ _____	[11]
Date won (Box 2)	_____	[13]
Type of wager (Box 3)	_____	[15]
Federal withholding (Box 4)	+ _____	[17]
Transaction (Box 5)	_____	[19]
Race (Box 6)	_____	[21]
Identical wager winnings (Box 7)	+ _____	[23]
Cashier (Box 8)	_____	[25]
Taxpayer identification number (Box 9)	_____	[27]
Window (Box 10)	_____	[28]
First ID (Box 11)	_____	[30]
Second ID (Box 12)	_____	[31]
Payer's state ID no. (Box 13)	_____	[32]
State winnings (Box 14)	+ _____	[33]
State withholding (Box 15)	+ _____	[35]
Local winnings (Box 16)	+ _____	[37]
Local withholding (Box 17)	+ _____	[39]
Name of locality (Box 18)	_____	[42]

Control Totals +**Gambling Winnings #2**

Please provide all copies of Form W-2G.

2022 Information**Prior Year Information**

Taxpayer/Spouse (T, S)	_____	[1]
Payer name	_____	[3]
State postal code	_____	[4]
Mark if professional gambler	_____	[9]
Reportable winnings (Box 1)	+ _____	[11]
Date won (Box 2)	_____	[13]
Type of wager (Box 3)	_____	[15]
Federal withholding (Box 4)	+ _____	[17]
Transaction (Box 5)	_____	[19]
Race (Box 6)	_____	[21]
Identical wager winnings (Box 7)	+ _____	[23]
Cashier (Box 8)	_____	[25]
Taxpayer identification number (Box 9)	_____	[27]
Window (Box 10)	_____	[28]
First ID (Box 11)	_____	[30]
Second ID (Box 12)	_____	[31]
Payer's state ID no. (Box 13)	_____	[32]
State winnings (Box 14)	+ _____	[33]
State withholding (Box 15)	+ _____	[35]
Local winnings (Box 16)	+ _____	[37]
Local withholding (Box 17)	+ _____	[39]
Name of locality (Box 18)	_____	[42]

Control Totals +**NOTES/QUESTIONS:**

Shareholders Undistributed Capital Gain #1

21

Please provide all copies of Form 2439

	2022 Information	
Taxpayer/Spouse (T, S)	_____	[1]
RIC or REIT name	_____	[3]
State postal code	_____	[4]
Total undistributed long-term capital gains (Box 1a)	+ _____	[9]
Unrecaptured section 1250 gain (Box 1b)	+ _____	[11]
Section 1202 gain (Box 1c)	+ _____	[13]
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code		
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)	_____	[15]
Collectibles (28%) gain (Box 1d)	+ _____	[17]
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____	[19]

Prior Year Information

Control Totals +**Shareholders Undistributed Capital Gain #2**

Please provide all copies of Form 2439

	2022 Information	
Taxpayer/Spouse (T, S)	_____	[1]
RIC or REIT name	_____	[3]
State postal code	_____	[4]
Total undistributed long-term capital gains (Box 1a)	+ _____	[9]
Unrecaptured section 1250 gain (Box 1b)	+ _____	[11]
Section 1202 gain (Box 1c)	+ _____	[13]
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code		
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)	_____	[15]
Collectibles (28%) gain (Box 1d)	+ _____	[17]
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____	[19]

Prior Year Information

Control Totals +**Shareholders Undistributed Capital Gain #3**

Please provide all copies of Form 2439

	2022 Information	
Taxpayer/Spouse (T, S)	_____	[1]
RIC or REIT name	_____	[3]
State postal code	_____	[4]
Total undistributed long-term capital gains (Box 1a)	+ _____	[9]
Unrecaptured section 1250 gain (Box 1b)	+ _____	[11]
Section 1202 gain (Box 1c)	+ _____	[13]
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code		
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)	_____	[15]
Collectibles (28%) gain (Box 1d)	+ _____	[17]
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____	[19]

Prior Year Information

Control Totals +**NOTES/QUESTIONS:**

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint)

[1]

Mark to indicate all the elections that apply:

Mixed straddle election

[2]

Mixed straddle account election (Attach explanation)

[3]

Straddle-by-straddle identification election

[4]

Net section 1256 contracts loss election

[5]

Section 1256 Contracts Marked to Market

Identification of Account A

[6]

Identification of Account B

Identification of Account C

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	—	—	—
State postal code	—	—	—
-Loss/Gain for entire year (Enter losses as a negative amount)	+ —	+ —	+ —
Total Form 1099-B adjustment	+ —	+ —	+ —
Total net 1256 contract loss carryback	+ —	+ —	+ —

Gains and Losses From Straddles

Description of Property A

[7]

Name of Contract

Component

Type

Description of Property B

Name of Contract

Component

Type

Description of Property C

Name of Contract

Component

Type

Description of Property D

Name of Contract

Component

Type

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	—	—	—	—
State postal code	—	—	—	—
Date entered into/acquired	—	—	—	—
Date closed out/sold	—	—	—	—
Gross sales price	+ —	+ —	+ —	+ —
Cost plus expense of sale	+ —	+ —	+ —	+ —
Unrecognized gain	+ —	+ —	+ —	+ —

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A

[8]

Description of Property B

Description of Property C

	Property A	Property B	Property C
Date acquired	—	—	—
Fair market value on last business day	+ —	+ —	+ —
Cost or other basis as adjusted	+ —	+ —	+ —

Foreign Employer Compensation

23

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S)

[3]

State

[4]

Foreign Employer Identification (ID) number

[1]

Foreign Employer Name

[2]

Foreign Employer Address

Foreign street address

[6]

Foreign city

[7]

Foreign country code/name

[8]

[9]

Foreign province/county

[10]

Foreign postal code

[11]

Name "in care of"

[12]

Employee address, if different from home address on Organizer Form ID: 1040

Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)

Street address

[13]

City, state, zip code

[14]

[15]

[16]

Foreign country code/name

[17]

[18]

Foreign province/county

[19]

Foreign postal code

[20]

Income

2022 Information

Prior Year Information

Foreign employer compensation

[22]

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

24

Please provide all Forms 1099-R.

2022 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [6]
 Gross distributions received (Box 1) + _____ [8]
 Taxable amount received (Box 2a) + _____ [10]
 Federal withholding (Box 4) + _____ [12]
 Distribution code (Box 7) _____ [15]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [17]
 State withholding (Box 14) + _____ [18]
 Local withholding (Box 17) + _____ [20]
 Amount of rollover + _____ [22]
 Mark if distribution was due to a pre-retirement age disability _____ [24]

Control Totals +**Pension, Annuity, and IRA Distributions #2**

Please provide all Forms 1099-R.

2022 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [6]
 Gross distributions received (Box 1) + _____ [8]
 Taxable amount received (Box 2a) + _____ [10]
 Federal withholding (Box 4) + _____ [12]
 Distribution code (Box 7) _____ [15]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [17]
 State withholding (Box 14) + _____ [18]
 Local withholding (Box 17) + _____ [20]
 Amount of rollover + _____ [22]
 Mark if distribution was due to a pre-retirement age disability _____ [24]

Control Totals +**Pension, Annuity, and IRA Distributions #3**

Please provide all Forms 1099-R.

2022 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [6]
 Gross distributions received (Box 1) + _____ [8]
 Taxable amount received (Box 2a) + _____ [10]
 Federal withholding (Box 4) + _____ [12]
 Distribution code (Box 7) _____ [15]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [17]
 State withholding (Box 14) + _____ [18]
 Local withholding (Box 17) + _____ [20]
 Amount of rollover + _____ [22]
 Mark if distribution was due to a pre-retirement age disability _____ [24]

Control Totals +**NOTES/QUESTIONS:**

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)

____ [1]

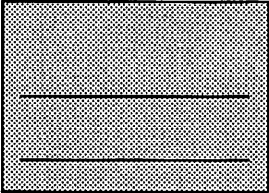
State postal code

____ [3]

Social Security Benefits

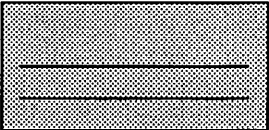
If you received a Form SSA - 1099, please complete the following information:

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

	2022 Information	Prior Year Information
Medicare premiums	+ _____ [7]	
Prescription drug (Part D) premiums	+ _____ [9]	
Net Benefits for 2022 (Box 3 minus Box 4) (Box 5)	+ _____ [12]	
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [14]	

Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

	2022 Information	Prior Year Information
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2022 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2022 or receive any prior year benefits in 2022. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

____ [40]

____ [41]

____ [42]

____ [43]

____ [44]

NOTES/QUESTIONS:

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Preparer use only

Business activity or profession name _____ [3]

Taxpayer/Spouse (T, S) _____ [4]

State postal code _____ [5]

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]

Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]

Enter the total amount of contributions made to a Keogh plan in 2022 + _____ [8]

Enter the total amount of contributions made to a Solo 401(k) plan in 2022 + _____ [9]

Enter the total amount of contributions made to a SEP plan in 2022 + _____ [10]

Enter the total amount of contributions made to a SARSEP plan in 2022 + _____ [11]

Enter the total amount of contributions made to a defined benefit plan in 2022 + _____ [12]

Enter the total amount of contributions made to a profit-sharing plan in 2022 + _____ [13]

Enter the total amount of contributions made to a money purchase plan in 2022 + _____ [14]

Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2022 + _____ [15]

Enter the total amount of contributions to a SIMPLE IRA plan in 2022 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2022 + _____ [17]

Enter the amount of catch-up contributions made to a SIMPLE Plan in 2022 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2022 + _____ [19]

Enter the amount of elective deferrals designated as Roth contributions in 2022 + _____ [20]

NOTES/QUESTIONS:

Preparer use only**2022 Information****Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Business name _____ [5]
 Principal business/profession _____ [6]
 Business code _____ [12]
 Business address, if different from home address on Organizer Form ID: 1040
 Address _____ [15]
 City/State/Zip _____ [16] _____ [17] _____ [18]
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____ [19]
 If other: _____ [21]
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____ [22]
 If other enter explanation: _____ [24]

 Enter an explanation if there was a change in determining your inventory: _____ [25]

 Did you "materially participate" in this business? (Y, N) _____ [26]
 If not, number of hours you did significantly participate _____ [28]
 Mark if you began or acquired this business in 2022 _____ [30]
 Did you make any payments in 2022 that require you to file Form(s) 1099? (Y, N) _____ [31]
 If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [33]
 Mark if this business is considered related to qualified services as a minister or religious worker _____ [35]
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____ [37]
 Medical insurance premiums paid by this activity + _____ [40]
 Long-term care premiums paid by this activity + _____ [44]
 Amount of wages received as a statutory employee + _____ [47]

Business Income**2022 Information****Prior Year Information**

Gross receipts and sales
 _____ + _____ [52]
 _____ + _____
 _____ + _____
 _____ + _____
 Returns and allowances + _____ [55]
 Other income:
 _____ + _____ [57]
 _____ + _____
 _____ + _____
 _____ + _____

Cost of Goods Sold**2022 Information****Prior Year Information**

Beginning inventory + _____ [59]
 Purchases + _____ [61]
 Labor:
 _____ + _____ [63]
 _____ + _____
 Materials + _____ [65]
 Other costs:
 _____ + _____ [67]
 _____ + _____
 _____ + _____
 _____ + _____
 Ending inventory + _____ [69]

Control Totals +**Form ID: C-1**

Principal business or profession

2022 Information

Prior Year Information

[illegible]

Control Totals +

Form ID: C-2

☐ **Preparer use only**
Principal business or profession _____

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

Preparer use only

	2022 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) ____ [3]	State postal code ____ [5]	
Physical address: Street _____	[6]	
City, state, zip code _____ [7] ____ [8] _____	[9]	
Foreign country _____	[11]	
Foreign province/country _____	[12]	
Foreign postal code _____	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) ____ [14]		
Description of other type (Type code #8) _____	[15]	
Did you make any payments in 2022 that require you to file Form(s) 1099? (Y,N) ____ [16]		
If "Yes", did you or will you file all required Forms 1099? (Y, N) ____ [18]		
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____ [20]		
Percentage of ownership if not 100% _____ [22]		
Business use percentage, if not 100% (Not vacation home percentage) _____ [24]		

Rent and Royalty Income

Rents and royalties	2022 Information	Prior Year Information
_____ + _____ [33]		

Rent and Royalty Expenses

	2022 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [35]	_____ [36]	
Auto	+ _____ [38]	_____ [39]	
Travel	+ _____ [41]	_____ [42]	
Cleaning and maintenance	+ _____ [44]	_____ [45]	
Commissions:			
_____ + _____ [47]	_____ [49]		
_____ + _____			
Insurance:			
_____ + _____ [50]	_____ [52]		
_____ + _____			
Legal and professional fees	+ _____ [54]	_____ [55]	
Management fees:			
_____ + _____ [57]	_____ [59]		
_____ + _____			
Mortgage interest paid to banks, etc (Form 1098)			
_____ + _____ [60]	_____ [62]		
_____ + _____			
Other mortgage interest	+ _____ [63]	_____ [65]	
Qualified mortgage insurance premiums	+ _____ [66]	_____ [67]	
Other interest:			
_____ + _____ [69]	_____ [71]		
_____ + _____			
Repairs	+ _____ [72]	_____ [73]	
Supplies	+ _____ [75]	_____ [76]	
Taxes:			
_____ + _____ [78]	_____ [80]		
_____ + _____			
Utilities	+ _____ [81]	_____ [82]	
Depreciation	+ _____ [84]	_____ [85]	
Depletion	+ _____ [87]	_____ [88]	
Other expenses:			
_____ + _____ [90]			
_____ + _____			
_____ + _____			
_____ + _____			

Control Totals +

Form ID: Rent

☐ Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2022 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name	_____ [92]	
Date of refinance	_____	
Total # Payments	_____	
Reported on 1098 in 2022	_____	
Total points paid	_____	
Points deemed as paid in current year (Preparer use only)	_____	
Refinancing points paid -		
Recipient's/Lender's name	_____	
Date of refinance	_____	
Total # Payments	_____	
Reported on 1098 in 2022	_____	
Total points paid	_____	
Points deemed as paid in current year (Preparer use only)	_____	
Refinancing points paid -		
Recipient's/Lender's name	_____	
Date of refinance	_____	
Total # Payments	_____	
Reported on 1098 in 2022	_____	
Total points paid	_____	
Points deemed as paid in current year (Preparer use only)	_____	

Vacation Home Information

Preparer - Enter on Screen Rent-3

	2022 Information	Prior Year Information
Number of days home was used personally	_____ [5]	
Number of days home was rented	_____ [7]	
Number of day home owned, if not 365	_____ [9]	
Carryover of disallowed operating expenses into 2022	+ _____ [21]	
Carryover of disallowed depreciation expenses into 2022	+ _____ [22]	

Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	+ _____ [25]	+ _____ [26]	+ _____ [27]
Short-term capital	_____	+ _____ [28]	+ _____ [29]
Long-term capital	_____	+ _____ [30]	+ _____ [31]
28% rate capital	_____	+ _____ [32]	+ _____ [33]
Section 1231 loss	+ _____ [34]	+ _____ [35]	+ _____ [36]
Ordinary business gain/loss	+ _____ [37]	+ _____ [38]	+ _____ [39]
Section 179	+ _____ [40]	+ _____ [41]	+ _____ [42]

NOTES/QUESTIONS:

Please provide all Forms 1099-K

Preparer use only

	2022 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	
Did you "materially participate" in this business? (Y, N)	_____ [12]	
Did you make any payments in 2022 that require you to file Form(s) 1099? (Y, N)	_____ [14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	
Mark if Schedule F net income or loss should be excluded from self-employment income	_____ [18]	
Medical insurance premiums paid by this activity	+ _____ [21]	
Long-term care premiums paid by this activity	+ _____ [25]	

Schedule F Income

Sales Code**	Income description	2022 Information	Prior Year Information
---	_____	+ _____ [35]	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	

** Sales Codes

1 = Cash sales of items bought for resale

4 = Custom hire (machine work)

2 = Cash sales of items raised

5 = Other income

3 = Accrual sales

	2022 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [37]	
Beginning inventory of livestock and other items (Accrual method)	+ _____ [39]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [41]	
Ending inventory of livestock and other items (Accrual method)	+ _____ [43]	
Total cooperative distributions you received	+ _____ [45]	
Taxable cooperative distributions you received	+ _____ [47]	

2022 Total

2022 Taxable

Prior Year Information

Agricultural program payments

_____	+ _____	+ _____ [50]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2022 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [52]	
Commodity credit loans reported under election:	_____ [54]	
Total commodity credit loans forfeited	+ _____ [56]	
Taxable commodity credit loans forfeited	+ _____ [58]	

2022 Total

2022 Taxable

Prior Year Information

Total crop insurance proceeds you received in 2022

_____	+ _____	+ _____ [61]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

Mark if electing to defer crop insurance proceeds to 2023

Crop insurance proceeds deferred from 2021

_____	+ _____	+ _____ [65]	
-------	---------	--------------	--

Control Totals +

Form ID: F-1

☐ Preparer use only

Description

	2022 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	
Chemicals	+ _____ [7]	
Conservation expenses	+ _____ [9]	
Carryover from prior years	+ _____ [11]	
Custom hire (machine work)	+ _____ [13]	
Depreciation	+ _____ [15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	
Feed purchased	+ _____ [19]	
Fertilizers and lime	+ _____ [21]	
Freight and trucking	+ _____ [23]	
Gasoline, fuel, and oil	+ _____ [25]	
Insurance (Other than health)	+ _____ [28]	
_____	+ _____	
_____	+ _____	
Mortgage interest (Paid to banks, etc.)	+ _____ [30]	
_____	+ _____	
_____	+ _____	
Other interest	+ _____ [32]	
Labor hired (Less employment credit)	+ _____ [34]	
Pension and profit sharing	+ _____ [36]	
Rent - vehicles, machinery, and equipment	+ _____ [38]	
Rent - other	+ _____ [40]	
Repairs and maintenance	+ _____ [42]	
Seed and plants purchased	+ _____ [44]	
Storage and warehousing	+ _____ [46]	
Supplies purchased	+ _____ [48]	
Taxes:	+ _____ [50]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Utilities	+ _____ [52]	
Veterinary, breeding, and medicine	+ _____ [54]	
Other expenses:	+ _____ [56]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Preproductive period expenses	+ _____ [58]	

☐ Preparer use only

Description

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

☐ Preparer use only

Taxpayer/Spouse/Joint (T, S, J)

Employer identification number

Description

State postal code

Did you "actively participate" in the operation of this business this year? (Y, N)

2022 Information

Prior Year Information

[2]

[3]

[4]

[5]

[6]

Income Items

2022 Information

Prior Year Information

Income from production of livestock, produce, grains, and other crops:

+ [15]

+

+

+

+

+ [17]

+ [19]

Total cooperative distributions you received

Taxable cooperative distributions you received

2022 Total

2022 Taxable

Prior Year Information

Agricultural program payments:

+ [21] [22]

+

+

Commodity credit loans reported under election:

2022 Information

Prior Year Information

+ [24]

+

Total commodity credit loans forfeited

+ [26]

Taxable commodity credit loans forfeited

+ [28]

2022 Total

2022 Taxable

Prior Year Information

Crop insurance proceeds you received in 2022

+ [30] [31]

+

+

Mark if electing to defer crop insurance proceeds to 2023

Crop insurance proceeds deferred from 2021

Other income:

2022 Information

Prior Year Information

[33]

+ [35]

+ [38]

+

+

+

+

+

+

+

+

+

+

+

+

+

+

Control Totals +

Form ID: 4835

Preparer use only

Description

2022 Information

Prior Year Information

Car and truck expenses	+	[6]
Chemicals	+	[8]
Conservation expenses	+	[10]
Carryover from prior years	+	[12]
Custom hire (machine work)	+	[14]
Depreciation	+	[16]
Employee benefit programs	+	[18]
Feed purchased	+	[20]
Fertilizers and lime	+	[22]
Freight and trucking	+	[24]
Gasoline, fuel, and oil	+	[26]
Insurance (Other than health):		
_____	+	[28]
_____	+	
_____	+	
Mortgage interest (Paid to banks, etc.):		
_____	+	[30]
_____	+	
_____	+	
Other interest	+	[33]
Labor hired (Less employment credit)	+	[35]
Pension and profit sharing	+	[37]
Rent - vehicles, machinery, and equipment	+	[39]
Rent - other	+	[41]
Repairs and maintenance	+	[43]
Seed and plants purchased	+	[45]
Storage and warehousing	+	[47]
Supplies purchased	+	[49]
Taxes:		
_____	+	[51]
_____	+	
_____	+	
_____	+	
_____	+	
Utilities	+	[53]
Veterinary, breeding, and medicine	+	[55]
Other expenses:		
_____	+	[57]
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
Preproductive period expenses	+	[59]

Preparer use only					
Carryovers	Non-QBI & Tax	For QBI & Tax	AMT		
Operating	+ [68]	+ [69]	+	[70]	
Short-term capital		+	[72]	+	[73]
Long-term capital		+	[74]	+	[75]
28% rate capital		+	[76]	+	[77]
Section 1231 loss	+ [78]	+	[79]	+	[80]
Ordinary business gain/loss	+ [82]	+	[83]	+	[84]
Section 179	+ [87]	+	[88]	+	[89]

Control Totals +

Form ID: 4835-2

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____ [7]
 Date former residence was acquired _____ [9]
 Date former residence was sold _____ [10]
 Selling price of former residence + _____ [11]
 Expenses related to the sale of your old home + _____ [12]
 Original cost of home sold including capital improvements + _____ [13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____ [19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [28]
 Total current year payments received + _____ [29]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [30]
 Address _____ [31]
 City, State and Zip _____ [32] _____ [33] _____ [34]
 Identifying number of related party _____ [35]
 Was the property sold as a marketable security? (Y, N) _____ [36]
 Enter date of second sale if more than 2 years after the first sale _____ [37]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [38]
 Selling price of property sold by a related party + _____ [40]

NOTES/QUESTIONS:

Prior Year Installment Sale

41

 Preparer use only

	2022 Information	Prior Year Information
Description _____	[3]	<div style="background-color: #cccccc; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[19]	
Date sold _____	[20]	
Gross sales price of property sold + _____	[21]	
Mortgage and other debts the buyer assumed + _____	[23]	
Cost or other basis + _____	[25]	
Commissions and other expenses of the sale + _____	[27]	
Gross profit percentage _____	[29]	
Total current year principal payments received + _____	[35]	
Prior year principal payments received + _____	[37]	
Total ordinary income to recapture + _____	[39]	
Total ordinary income previously recaptured + _____	[41]	

 Control Totals +

Prior Year Installment Sale

 Preparer use only

	2022 Information	Prior Year Information
Description _____	[3]	<div style="background-color: #cccccc; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[19]	
Date sold _____	[20]	
Gross sales price of property sold + _____	[21]	
Mortgage and other debts the buyer assumed + _____	[23]	
Cost or other basis + _____	[25]	
Commissions and other expenses of the sale + _____	[27]	
Gross profit percentage _____	[29]	
Total current year principal payments received + _____	[35]	
Prior year principal payments received + _____	[37]	
Total ordinary income to recapture + _____	[39]	
Total ordinary income previously recaptured + _____	[41]	

 Control Totals +

NOTES/QUESTIONS:

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Preparer use only

Description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [9]
 State postal code _____ [10]
 Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 _____ [16]
 Mark if disposition is due to casualty or theft _____ [21]
 Mark if disposition was to a related party _____ [22]

Sale Information

Date acquired _____ [24]
 Date sold _____ [25]
 Gross sales price or insurance proceeds received + _____ [26]
 Cost or other basis + _____ [27]
 Commissions and other expenses of sale + _____ [28]
 Depreciation allowed or allowable + _____ [29]

Form 4797, Part III - Recapture

Additional depreciation after 1975 (Section 1250) + _____ [31]
 Applicable percentage (if not 100%) (Section 1250) _____ [32]
 Additional depreciation after 1969 (Section 1250) + _____ [33]
 Soil, water and land clearing expenses (Section 1252) + _____ [34]
 Applicable percentage (if not 100%) (Section 1252) _____ [35]
 Intangible drilling and development costs (Section 1254) + _____ [36]
 Applicable payments excluded from income under sec. 126 (Section 1255) + _____ [37]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [38]
 Total current year payments received + _____ [39]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [40]
 Address _____ [41]
 City, State, and Zip _____ [42] _____ [43] _____ [44]
 Identifying number of related party _____ [45]
 Was the property sold as a marketable security? (Y, N) _____ [46]
 Enter date of second sale _____ [47]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [48]
 Selling price of property sold by a related party + _____ [50]

NOTES/QUESTIONS:

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Preparer use only

Description of property given up _____ [4]
 _____ [5]

Taxpayer/Spouse/Joint (T, S, J) _____ [6]

State postal code _____ [7]

Description of property received _____ [10]
 _____ [11]

Date Information

Date the like-kind property given up was acquired _____ [16]

Date you transferred your property to the other party _____ [17]

Date the like-kind property received was identified _____ [18]

Date you received the like-kind property from the other party _____ [19]

Gain and Basis Information

Fair market value of other property given up + _____ [20]

Adjusted basis of other property given up + _____ [21]

Cash received + _____ [22]

Fair market value of other (not like-kind) property received + _____ [23]

Installment obligation received in like-kind exchange + _____ [24]

Fair market value of like-kind property you received + _____ [25]

Fair market value of non-section 1245 property you received + _____ [26]

Liabilities, including mortgages, assumed by you + _____ [27]

Cash paid + _____ [28]

Adjusted basis of like-kind property given up + _____ [29]

Adjusted basis of like-kind property from pass through entity

Cost or other basis + _____ [30]

Depreciation allowed or allowable excluding Section 179 + _____ [31]

Section 179 expense deduction passed through + _____ [32]

Section 179 carryover + _____ [33]

Liabilities, including mortgages, assumed by the other party + _____ [34]

Exchange expenses incurred by you + _____ [35]

Related Party Exchange Information

Name of related party _____ [38]

Address of related party _____ [39]

City _____ [40]

State _____ [41]

Zip code _____ [42]

Identifying number of related party _____ [43]

Relationship to you _____ [44]

During this tax year, did the related party sell or dispose of the property received? (Y, N) _____ [45]

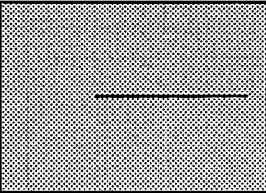
During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) _____ [46]

Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) _____ [47]

Mark if this exchange is a prior year like-kind exchange _____ [49]

NOTES/QUESTIONS:

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service.
Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2022 Information	Prior Year Information
Asset description	_____ [2]	
Asset identifying number or other designation	_____ [3]	
Date asset acquired	_____ [4]	
Date asset disposed	_____ [6]	
Asset jointly owned with spouse	_____ [7]	
Maximum value of asset	_____ [9]	

Asset foreign entity information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity: (P = Partnership, C = Corporation, T = Trust, E = Estate) _____ [14]
 Foreign entity name _____ [16]
 Foreign entity address _____ [17]
 City, state, zip code _____ [18] _____ [19] _____ [20]
 Foreign country code/name _____ [21] _____ [22]
 Foreign province/county _____ [23]
 Foreign postal code _____ [24]

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____ [25]
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____
 Individual or organization name _____
 Address of issuer or counterparty _____
 City, state, zip code _____
 Foreign country code/name _____
 Foreign province/county _____
 Foreign postal code _____

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____
 Individual or organization name _____
 Address of issuer or counterparty _____
 City, state, zip code _____
 Foreign country code/name _____
 Foreign province/county _____
 Foreign postal code _____

NOTES/QUESTIONS:

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J)

__[1]

	2022 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	__[4]	
Type of Account:		
Bank	__[5]	
Securities	__[6]	
Other	__[7]	
Maximum value of account	__[8]	
Account number or other designation		
Financial institution	__[10]	
Address of financial institution	__[12]	
City, state, zip code	__[13]	
Foreign country code/name	__[14] __[15] __[16]	
For addresses in Mexico, enter state	__[17] __[18]	
Foreign province/county	__[20]	
Foreign postal code	__[23]	
Account jointly owned with spouse	__[24]	
Account opened during the tax year	__[25]	
Account closed during the tax year	__[47]	
Information is reported for a financial account which is:	__[49]	
	__[27]	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner	__[28]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	__[29]
Last name or organization name of account holder/joint owner	__[30]
First name and middle initial of account holder/joint owner	__[31] __[32]
Address and apartment	__[33] __[34]
City, state, zip code	__[35] __[36] __[37]
Foreign country code/name	__[38] __[39]
For addresses in Mexico, enter state	__[41]
Foreign postal code	__[44]
Number of joint owners (Not including taxpayer, if applicable)	__[45]
Filer's title with this owner (If applicable)	__[46]

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

46

Taxpayer/Spouse (T, S) _____ [1]	State postal code _____ [3]
Foreign street address _____ [4]	City _____
State/Province _____	Country code _____
Country _____	Postal code _____
Employer's name _____	_____ [2]
U.S. address _____ [5]	City _____
State postal code _____	Zip code _____
Foreign street address _____ [6]	City _____
State/Province _____	Country code _____
Country _____	Postal code _____
Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) [7] If other, specify type _____ [8]	
Country of citizenship _____ [11]	
If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:	
City/Country _____ [12]	Days _____
City/Country _____	Days _____
List tax home(s) during the tax year and dates established:	
Tax home _____	[13] Date _____
Tax home _____	Date _____

Foreign Earned Income Allocation Information

***U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information: [16]

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____

Foreign days worked before and after foreign assignment _____ [17] Total days worked before and after foreign assignment _____ [18]
 Total number of days worked during year (defaults to 240) _____ [19]

Bona Fide Residence Test

Date foreign residence began _____ [21]	Date foreign residence ended _____ [22]
Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) _____ [23]	
If any family members lived abroad with you during any part of tax year, list who and for what period:	
Relationship _____	Period abroad _____ [24]
Relationship _____	Period abroad _____
Relationship _____	Period abroad _____
Relationship _____	Period abroad _____
Mark if you submitted a statement to foreign country authorities that you are not a resident of that country _____ [25]	
Mark if required to pay income tax to that country _____ [26]	
List any contractual terms or other conditions relating to length of employment abroad _____ [27]	
Type of visa used to enter foreign country _____ [28]	
Explanation if visa limited length of stay or employment _____ [29]	

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:

Address _____ [30]	City _____
State postal code _____	Zip code _____
Rented <input type="checkbox"/> Occupant _____	Relationship _____
Address _____ [30]	City _____
State postal code _____	Zip code _____
Rented <input type="checkbox"/> Occupant _____	Relationship _____

Physical Presence Test

Principal country of employment _____ [31]

Employer's name _____

Taxpayer/Spouse (T, S) _____

State postal code _____

Foreign Earned Income***Please use the Foreign Earned Income Allocation Codes located below****Noncash income:**Home (lodging) _____ [10] **Allocation Code*** [11] + _____ [12] **Amount**

Meals _____ [13] [14] + _____ [15]

Car _____ [16] [17] + _____ [18]

Other properties or facilities (Please enter code here and description and amount below): _____ [19]

_____ + _____ [20]

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Allowances, reimbursements or expenses paid on behalf:

Cost of living and overseas differential _____ [21] + _____ [22]

Family _____ [23] + _____ [24]

Education _____ [25] + _____ [26]

Home leave _____ [27] + _____ [28]

Quarters _____ [29] + _____ [30]

Other purposes (Please enter code here and description and amount below): _____ [31]

_____ + _____ [32]

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Other foreign earned income (Please enter code here and description and amount below): _____ [33]

_____ + _____ [34]

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Excludable meals and lodging under section 119 _____ + _____ [35]

***Foreign Earned Income Allocation Codes**

1 = 100% foreign during assignment

2 = 100% U.S. during assignment

3 = U.S. and foreign days worked during assignment

4 = U.S. and foreign days before/after assignment

5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

Other allocable deductions _____

Allocation Code* [36] + _____ [37] **Amount****Housing Exclusion/Deduction**

Qualified housing expense _____ + _____ [47]

NOTES/QUESTIONS:**Control Totals +****Form ID: 2555-2**

☐ Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home		
1/1/22-6/30/22	_____	[13]
7/1/22-12/31/22	_____	[14]
Total amount reimbursed for moving expenses	+ _____	[15]

NOTES/QUESTIONS:

☐ Preparer use only

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [2]
 Occupation in which expenses were incurred _____ [3]
 State postal code _____ [5]
 If the employee expenses were from an occupation listed below, enter the applicable code _____ [6]
 1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official, 5 = Reservist

Parking fees and tolls + _____ [18]
 Local transportation + _____ [20]
 Travel expenses + _____ [23]
 Other business expenses:

+ _____ [26]

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

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+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

Nonvehicle depreciation + _____ [29]
 Meals + _____ [32]
 Meals for individuals subject to DOT hours of service limitation (certain state returns) _____ [35]

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

2022 Information

Prior Year Information

Reimbursements for other expenses not included on Form W-2 + _____ [62]
 Reimbursements for meals not included on Form W-2 + _____ [64]
 Reimbursements for meals for DOT service limitation not included on Form W-2 + _____ [66]

Control Totals +

Form ID: 2106

☐ **Preparer use only**

Taxpayer/Spouse (T, S)

__ [2]

Occupation in which expenses were incurred

__ [3]

State postal code

__ [4]

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

2022 Information

Prior Year Information

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)

__ [5]

Was another vehicle available for personal use? (Y, N)

__ [7]

Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)

__ [9]

Vehicle Information

Vehicle 1 -	Date placed in service	_____	[11]
	Description	_____	[12]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[59]
	Description	_____	[60]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[107]
	Description	_____	[108]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[155]
	Description	_____	[156]
	Comments	_____	

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____ [18]		_____ [66]		_____ [114]		_____ [162]	
Business miles before 7/1	_____ [20]		_____ [68]		_____ [116]		_____ [164]	
Business miles after 6/30	_____ [22]		_____ [70]		_____ [118]		_____ [166]	
Average daily round trip commuting mileage	_____ [23]		_____ [71]		_____ [119]		_____ [167]	
Total commuting mileage	_____ [25]		_____ [73]		_____ [121]		_____ [169]	
Gasoline	+ _____ [27]		+ _____ [75]		+ _____ [123]		+ _____ [171]	
Oil	+ _____ [29]		+ _____ [77]		+ _____ [125]		+ _____ [173]	
Repairs	+ _____ [31]		+ _____ [79]		+ _____ [127]		+ _____ [175]	
Maintenance	+ _____ [33]		+ _____ [81]		+ _____ [129]		+ _____ [177]	
Tires	+ _____ [35]		+ _____ [83]		+ _____ [131]		+ _____ [179]	
Car washes	+ _____ [37]		+ _____ [85]		+ _____ [133]		+ _____ [181]	
Insurance	+ _____ [39]		+ _____ [87]		+ _____ [135]		+ _____ [183]	
Interest	+ _____ [41]		+ _____ [89]		+ _____ [137]		+ _____ [185]	
Registration	+ _____ [43]		+ _____ [91]		+ _____ [139]		+ _____ [187]	
Licenses	+ _____ [45]		+ _____ [93]		+ _____ [141]		+ _____ [189]	
Property taxes (Plates, tags, etc)	_____ [47]		+ _____ [95]		+ _____ [143]		+ _____ [191]	
Vehicle rentals	+ _____ [49]		+ _____ [97]		+ _____ [145]		+ _____ [193]	
Inclusion amt (Preparer only)	_____ [51]		+ _____ [99]		+ _____ [146]		+ _____ [195]	
Other vehicle expenses +	_____ [53]		+ _____ [101]		+ _____ [149]		+ _____ [197]	
Value of employer provided vehicle	+ _____ [55]		+ _____ [103]		+ _____ [151]		+ _____ [199]	
Depreciation	+ _____ [57]		+ _____ [105]		+ _____ [153]		+ _____ [201]	

T/S Date*

		+	[4]
Recipient name and SSN			
Address			
City, state and zip code			
		+	
Recipient name and SSN			
Address			
City, state and zip code			
		+	
Recipient name and SSN			
Address			
City, state and zip code			

2022 Information		Prior Year Information
Taxpayer	Spouse	

[illegible]

NOTES/QUESTIONS:

Complete if you cashed qualified U.S. Savings bonds in 2022 that were issued after 1989, and you paid qualified higher education expenses in 2022 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2022 for person listed above

+ _____ [1]

Enter any nontaxable educational benefits received for 2022 for person listed above

+ _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2022 for person listed above

+ _____ [1]

Enter any nontaxable educational benefits received for 2022 for person listed above

+ _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2022 for person listed above

+ _____ [1]

Enter any nontaxable educational benefits received for 2022 for person listed above

+ _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2022

+ _____ [3]

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2022 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2022. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2022 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S)

[8]

Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit)

Student's social security number

Student's first name

Student's last name

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution

Institution's federal identification number

[8]

Institution's name

Institution's street address

Institution's city, state, zip code

Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2022.

Enter the amount actually paid during 2022.

Tuition paid (Enter only the amount actually paid) (Box 1)

2022 Information
+ [8]

Educational institution changed its reporting method for 2022 (Box 3)

Adjustments made for a prior year (Box 4)

Scholarships or grants (Box 5)

Adjustments to scholarships or grants for a prior year (Box 6)

Box 1 or 2 includes amounts for an academic period beginning January - March 2023 (Box 7)

At least half-time student (Box 8)

Graduate student (Box 9) (1=Yes, 2=No)

Insurance contract reimbursement/refund (Box 10)

Non-Institution expenses (Books and fees not paid directly to the educational institution)

American Opportunity Tax Credit (AOTC) disqualifier

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2022

Prior Year Information

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

2022 Information

Amount contributed in current year + _____ [14]
 Basis of this account at 12/31/21 + _____ [17]
 Value of this account at 12/31/22 + _____ [19]
 Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse) + _____ [24]

Prior Year Information

Payments from Qualified Education Programs

2022 Information

Gross distribution (Box 1) + _____ [30]
 Earnings (Box 2) + _____ [32]
 Basis (Box 3) + _____ [34]
 Trustee-to-trustee rollover (Box 4) _____ [36]
 Trustee-to-trustee rollover amount if different than Box 1 + _____ [37]
Box 5 -
 Private QTP _____ [39]
 State QTP _____ [40]
 Coverdell ESA _____ [41]
 Check if the recipient is not the designated beneficiary (Box 6) _____ [42]
 Qualified education expenses + _____ [43]
 Elementary and secondary education expenses + _____ [45]

Prior Year Information

NOTES/QUESTIONS:

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA.
If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

This FAFSA information is for the: **Preparer use only**

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

__[1]

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

__[4]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts

+ _____[8]

Taxpayer's (and spouse's) net worth in investments, including real estate but
do not include the primary residence

+ _____[9]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms

+ _____[10]

2021 Information

2022 Information

Child support paid because of divorce, separation, or a result of a legal requirement

_____ [12] + _____ [20]

Taxable earnings from need-based employment programs

_____ [13] + _____ [21]

Student grant and scholarship aid included in adjusted gross income

_____ [14] + _____ [22]

Earnings from work under a cooperative education program offered by a college

_____ [15] + _____ [23]

Child support received but do not include foster care or adoption payments

_____ [16] + _____ [24]

Veterans noneducation benefits

_____ [17] + _____ [25]

Other untaxed income not reported elsewhere, such as worker's compensation,
disability, etc., but do not include student aid, earned income credit, additional
child tax credit, welfare payments, untaxed Social Security benefits, SSI,
on-base military housing or a military housing allowance, or combat pay.

_____ [18] + _____ [26]

Money received or paid on behalf of the student (For the student's worksheet only)

_____ [19] + _____ [27]

Control Totals +

Federal Student Aid Application Information #2

This FAFSA information is for the: **Preparer use only**

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

__[1]

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

__[4]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts

+ _____[8]

Taxpayer's (and spouse's) net worth in investments, including real estate but
do not include the primary residence

+ _____[9]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms

+ _____[10]

2021 Information

2022 Information

Child support paid because of divorce, separation, or a result of a legal requirement

_____ [12] + _____ [20]

Taxable earnings from need-based employment programs

_____ [13] + _____ [21]

Student grant and scholarship aid included in adjusted gross income

_____ [14] + _____ [22]

Earnings from work under a cooperative education program offered by a college

_____ [15] + _____ [23]

Child support received but do not include foster care or adoption payments

_____ [16] + _____ [24]

Veterans noneducation benefits

_____ [17] + _____ [25]

Other untaxed income not reported elsewhere, such as worker's compensation,
disability, etc., but do not include student aid, earned income credit, additional
child tax credit, welfare payments, untaxed Social Security benefits, SSI,
on-base military housing or a military housing allowance, or combat pay.

_____ [18] + _____ [26]

Money received or paid on behalf of the student (For the student's worksheet only)

_____ [19] + _____ [27]

NOTES/QUESTIONS:

Control Totals +

Form ID: FAFSA

T/S/J

2022 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1]	_____	+	_____	[2]
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4]	_____	+	_____	[5]
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7]	_____	+	_____	[8]
—	_____	+	_____	

Prescription medicines and drugs:

[10]	_____	+	_____	[11]
—	_____	+	_____	
—	_____	+	_____	

[13]	Miles driven for medical items (1/1/22 - 6/30/22, 18 cents)	_____	[14]
------	---	-------	------

[16]	Miles driven for medical items (7/1/22 - 12/31/22, 22 cents)	_____	[17]
------	--	-------	------

Schedule A - Tax Expenses

T/S/J

2022 Information

Prior Year Information

State/local income taxes paid:

[18]	_____	+	_____	[19]
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

2021 state and local income taxes paid in 2022:

[21]	_____	+	_____	[22]
—	_____	+	_____	
—	_____	+	_____	

Real estate taxes paid:

[24]	_____	+	_____	[25]
—	_____	+	_____	
—	_____	+	_____	

Personal property taxes:

[27]	_____	+	_____	[28]
—	_____	+	_____	

Other taxes, such as: foreign taxes and State disability taxes

[30]	_____	+	_____	[31]
—	_____	+	_____	
—	_____	+	_____	

Sales tax paid on major purchases:

[36]	_____	+	_____	[37]
—	_____	+	_____	

Sales tax paid on actual expenses:

[39]	_____	+	_____	[40]
—	_____	+	_____	
—	_____	+	_____	

Control Totals +

Form ID: A-1

T/S/J	2022 Interest Paid ⁽²⁾	2022 Points Paid	Type*	Prior Year Information
Home mortgage interest: From Form 1098				
[1] _____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2022 Information	Prior Year Information
[4]			+	[5]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

—	Payer's/Borrower's name	[7]
	Street Address	
	City/State/Zip code	
Refinancing Points paid in 2022 -		
	Taxpayer/Spouse/Joint (T, S, J)	[11]
	Recipient/Lender name	
	Total points paid at time of refinance	
	Points deemed as paid in 2022 (Preparer use only)	+
	Date of refinance	[12]
	Term of new loan (in months)	
	Reported on Form 1098 in 2022	
	Taxpayer/Spouse/Joint (T, S, J)	
	Recipient/Lender name	
	Total points paid at time of refinance	
	Points deemed as paid in 2022 (Preparer use only)	+
	Date of refinance	
	Term of new loan (in months)	
	Reported on Form 1098 in 2022	

T/S/J	2022 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15] _____	+	[16]
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	

Control Totals +

Form ID: A-2

Prior Year Information

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

[illegible]

Prior Year Information

<u> </u>	[12]			+	[13]	
<u> </u>				+		
<u> </u>				+		
<u> </u>				+		
<u> </u>				+		
<u> </u>				+		
<u> </u>				+		
<u> </u>				+		
		Gambling losses: (Enter only if you have gambling income)				
<u> </u>	[15]			+	[16]	
<u> </u>				+		
<u> </u>				+		
				+		

Form ID: A-3

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J

2022 Information

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues,
Business publications, Job seeking expenses, Educational expenses

[1]		+	[2]
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

Union dues, other than amounts reported on Form W-2:

[4]		+	[5]
		+	
		+	
		+	

[7]	Tax preparation fees	+	[8]
-----	----------------------	---	-----

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

[10]		+	[11]
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

[13]	Safe deposit box rental	+	[14]
------	-------------------------	---	------

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

[16]		+	[17]
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

NOTES/QUESTIONS:

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

61

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +**Noncash Contributions Exceeding \$500****For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +**Noncash Contributions Exceeding \$500****For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Contributions of Motor Vehicles, Boats & Airplanes

62

Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S)	_____	[1]
Donee's name	_____	[4]
State postal code	_____	[3]
Date of contribution (Box 1)	_____	[9]
Odometer mileage (Box 2a)	_____	[10]
Year of vehicle (Box 2b)	_____	[11]
Make of vehicle (Box 2c)	_____	[12]
Model of vehicle (Box 2d)	_____	[13]
Vehicle or other identification number (Box 3)	_____	[14]
Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a)	_____	[15]
Date of sale (Box 4b)	_____	[16]
Gross proceeds from sale (Box 4c)	+ _____	[17]
Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a)	_____	[18]
Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b)	_____	[19]
Detailed description of material improvements or significant intervening use and duration of use (Box 5c)	_____ _____ _____	[20]
Did you provide goods or services in exchange for the vehicle? (Box 6a)	Yes _____ No _____	[21] [22]
Value of goods and services provided in exchange for the vehicle (Box 6b)	+ _____	[23]
Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c)	_____	[24]
Description of goods and services (Box 6c)	_____ _____ _____	[25]
Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7)	_____	[26]

Other Information for Donated Property

Overall physical condition of property	_____	[31]
Date property was acquired by donor	_____	[32]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____	[33]
Donor's cost or basis	+ _____	[34]
Fair market value on date of contribution	+ _____	[35]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____	[36]
If other:	_____	[37]
Bargain sale amount received	+ _____	[38]
Donee's address, and ZIP code	_____	[42]
Donee's telephone number	_____ [43] _____ [44] _____	[45]
	_____	[46]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [7]

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A _____ [10]
 Description of casualty or theft - Property B _____ [23]
 Description of casualty or theft - Property C _____ [36]
 Description of casualty or theft - Property D _____ [49]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	____ [13]	____ [26]	____ [39]	____ [52]
Date acquired	____ [17]	____ [30]	____ [43]	____ [56]
Cost or other basis of property	+ _____ [18]	+ _____ [31]	+ _____ [44]	+ _____ [57]
Insurance or other reimbursement	+ _____ [19]	+ _____ [32]	+ _____ [45]	+ _____ [58]
Fair market value before casualty	+ _____ [20]	+ _____ [33]	+ _____ [46]	+ _____ [59]
Fair market value after casualty	+ _____ [21]	+ _____ [34]	+ _____ [47]	+ _____ [60]

Business/Income Use Replacement Information

Description of replacement property A _____ [61]
 Description of replacement property B _____ [65]
 Description of replacement property C _____ [69]
 Description of replacement property D _____ [73]

	A	B	C	D
Mark if property was acquired from a related party	____ [62]	____ [66]	____ [70]	____ [74]
Date acquired	____ [63]	____ [67]	____ [71]	____ [75]
Cost of replacement property	+ _____ [64]	+ _____ [68]	+ _____ [72]	+ _____ [76]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [8]
 Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined
 by the President of the United States to warrant assistance by the Federal Government _____ [9]
 FEMA disaster declaration number (ex. DR-4593-WA) _____ [10] - _____ [11]

Casualty and Theft - Personal Use Properties

	Type of property	City	State	Zip code
Property A	_____ [19]	_____ [20]	_____ [21]	_____ [22]
Property B	_____ [36]	_____ [37]	_____ [38]	_____ [39]
Property C	_____ [53]	_____ [54]	_____ [55]	_____ [56]
Property D	_____ [70]	_____ [71]	_____ [72]	_____ [73]

	A	B	C	D
Date acquired	_____ [27]	_____ [44]	_____ [61]	_____ [78]
Cost or other basis of property	+ _____ [28]	+ _____ [45]	+ _____ [62]	+ _____ [79]
Insurance or other reimbursement	+ _____ [29]	+ _____ [46]	+ _____ [63]	+ _____ [80]
Fair market value before casualty	+ _____ [31]	+ _____ [48]	+ _____ [64]	+ _____ [81]
Fair market value after casualty	+ _____ [32]	+ _____ [49]	+ _____ [65]	+ _____ [82]

Personal Use Replacement Information

Description of replacement property A _____ [85]
 Description of replacement property B _____ [89]
 Description of replacement property C _____ [93]
 Description of replacement property D _____ [97]

	A	B	C	D
Mark if property was acquired from a related party	_____ [86]	_____ [90]	_____ [94]	_____ [98]
Date acquired	_____ [87]	_____ [91]	_____ [95]	_____ [99]
Cost of replacement property	+ _____ [88]	+ _____ [92]	+ _____ [96]	+ _____ [100]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [6]

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A _____ [8]
 Description of casualty or theft - Property B _____ [17]
 Description of casualty or theft - Property C _____ [26]
 Description of casualty or theft - Property D _____ [35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	____ [9]	____ [18]	____ [27]	____ [36]
Date acquired	____ [12]	____ [21]	____ [30]	____ [39]
Cost or other basis of property	+ _____ [13]	+ _____ [22]	+ _____ [31]	+ _____ [40]
Insurance or other reimbursement	+ _____ [14]	+ _____ [23]	+ _____ [32]	+ _____ [41]
Fair market value before casualty	+ _____ [15]	+ _____ [24]	+ _____ [33]	+ _____ [42]
Fair market value after casualty	+ _____ [16]	+ _____ [25]	+ _____ [34]	+ _____ [43]

Current Year Business/Income Use Replacement Information

Description of replacement property A _____ [44]
 Description of replacement property B _____ [50]
 Description of replacement property C _____ [56]
 Description of replacement property D _____ [62]

	A	B	C	D
Date acquired	____ [45]	____ [51]	____ [57]	____ [63]
Prior year cost of replacement property	+ _____ [46]	+ _____ [52]	+ _____ [58]	+ _____ [64]
Cost of replacement property	+ _____ [47]	+ _____ [53]	+ _____ [59]	+ _____ [65]
Postponed gain	+ _____ [48]	+ _____ [54]	+ _____ [60]	+ _____ [66]
Adjusted basis of replacement property	+ _____ [49]	+ _____ [55]	+ _____ [61]	+ _____ [67]

NOTES/QUESTIONS:

Occurrence description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 State postal code _____ [3]
 Date of casualty or theft _____ [4]
 Damage to personal residence from corrosive drywall _____ [5]
 Amount paid to repair damage to home or household appliances + _____ [6]
 25% loss available from 2021 + _____ [7]

Prior Year Casualty and Theft - Personal Use Properties (Cont'd)

Type of property A	_____ [15]	City A	_____ [16]
Type of property B	_____ [26]	City B	_____ [27]
Type of property C	_____ [37]	City C	_____ [38]
Type of property D	_____ [48]	City D	_____ [49]

	A	B	C	D
State postal code	_____ [17]	_____ [28]	_____ [39]	_____ [50]
Zip code	_____ [18]	_____ [29]	_____ [40]	_____ [51]
Date acquired	_____ [20]	_____ [31]	_____ [42]	_____ [53]
Cost or other basis of property	+ _____ [21]	+ _____ [32]	+ _____ [43]	+ _____ [54]
Insurance or other reimbursement	+ _____ [22]	+ _____ [33]	+ _____ [44]	+ _____ [55]
Principal residence exclusion taken	+ _____ [23]	+ _____ [34]	+ _____ [45]	+ _____ [56]
Fair market value before casualty	+ _____ [24]	+ _____ [35]	+ _____ [46]	+ _____ [57]
Fair market value after casualty	+ _____ [25]	+ _____ [36]	+ _____ [47]	+ _____ [58]

Personal Use Replacement Information

Description of replacement property A _____ [59]
 Description of replacement property B _____ [65]
 Description of replacement property C _____ [71]
 Description of replacement property D _____ [77]

	A	B	C	D
Date acquired	_____ [60]	_____ [66]	_____ [72]	_____ [78]
Prior year cost of replacement property	+ _____ [61]	+ _____ [67]	+ _____ [73]	+ _____ [79]
Cost of replacement property	+ _____ [62]	+ _____ [68]	+ _____ [74]	+ _____ [80]
Postponed gain	+ _____ [63]	+ _____ [69]	+ _____ [75]	+ _____ [81]
Adjusted basis of replacement property	+ _____ [64]	+ _____ [70]	+ _____ [76]	+ _____ [82]

NOTES/QUESTIONS:

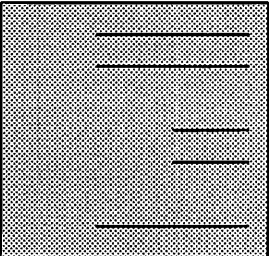
Preparer use only

Principal business or profession _____ [3]

Taxpayer/Spouse/Joint (T, S, J) _____ [4]

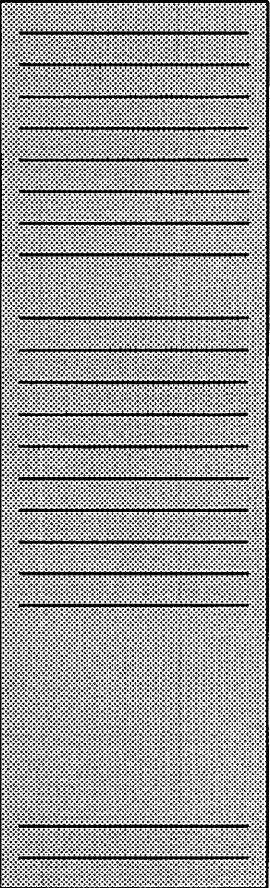
State postal code _____ [5]

Business Use of Home

	2022 Information	Prior Year Information
Total area of home	_____ [14]	
Area used exclusively for business	_____ [16]	
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	
Total hours used this year, if less than 8760	_____ [20]	
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	
Area used partly for day-care business	_____ [24]	

List as direct expenses any expenses which are attributable only to the business part of your home.

List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2022 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	
	_____	_____	
Real estate taxes:	+ _____ [37]	+ _____ [39]	
Excess mortgage interest	+ _____ [42]	+ _____ [43]	
Insurance	+ _____ [48]	+ _____ [50]	
Rent	+ _____ [54]	+ _____ [55]	
Repairs & maintenance	+ _____ [57]	+ _____ [58]	
Utilities	+ _____ [60]	+ _____ [61]	
Other expenses, such as: Supplies & Security system			
_____	+ _____ [63]	+ _____ [64]	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
Excess casualty losses		+ _____ [66]	
Carryovers:			
Operating expenses		+ _____ [67]	
Casualty losses		+ _____ [68]	
Depreciation		+ _____ [70]	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [71]	
Depreciation		+ _____ [75]	

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____

[3]

Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	____ [60]	____	____ [62]	____	____ [64]	____	____ [66]	____
Was another vehicle available for personal use? (Y, N)	____ [68]	____	____ [70]	____	____ [72]	____	____ [74]	____
Do you have evidence to support your deduction? (Y, N)	____ [76]	____	____ [78]	____	____ [80]	____	____ [82]	____
Is this evidence written? (Y, N)	____ [84]	____	____ [86]	____	____ [88]	____	____ [90]	____

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]		_____ [34]		_____ [36]		_____ [38]	
Commuting miles	_____ [40]		_____ [42]		_____ [44]		_____ [46]	
Business miles before 7/1	_____ [48]		_____ [50]		_____ [52]		_____ [54]	
Business miles after 6/30	_____ [56]		_____ [57]		_____ [58]		_____ [59]	
Parking fees	+ _____ [92]		+ _____ [94]		+ _____ [96]		+ _____ [98]	
Tolls	+ _____ [100]		+ _____ [102]		+ _____ [104]		+ _____ [106]	
Gasoline	+ _____ [108]		+ _____ [110]		+ _____ [112]		+ _____ [114]	
Oil	+ _____ [116]		+ _____ [118]		+ _____ [120]		+ _____ [122]	
Repairs	+ _____ [124]		+ _____ [126]		+ _____ [128]		+ _____ [130]	
Maintenance	+ _____ [132]		+ _____ [134]		+ _____ [136]		+ _____ [138]	
Tires	+ _____ [140]		+ _____ [142]		+ _____ [144]		+ _____ [146]	
Car washes	+ _____ [148]		+ _____ [150]		+ _____ [152]		+ _____ [154]	
Insurance	+ _____ [156]		+ _____ [158]		+ _____ [160]		+ _____ [162]	
Interest	+ _____ [164]		+ _____ [166]		+ _____ [168]		+ _____ [170]	
Registration	+ _____ [172]		+ _____ [174]		+ _____ [176]		+ _____ [178]	
Licenses	+ _____ [180]		+ _____ [182]		+ _____ [184]		+ _____ [186]	
Property taxes	+ _____ [188]		+ _____ [190]		+ _____ [192]		+ _____ [194]	
Other vehicle expenses +	_____ [196]		+ _____ [198]		+ _____ [200]		+ _____ [202]	
Vehicle rentals	+ _____ [204]		+ _____ [206]		+ _____ [208]		+ _____ [210]	
Inclusion amt (Preparer only)	_____ [212]		+ _____ [214]		+ _____ [216]		+ _____ [218]	
Depreciation	+ _____ [220]		+ _____ [222]		+ _____ [224]		+ _____ [226]	

	2022 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			
	+ _____ [2]	+ _____ [3]	
	+ _____	+ _____	
Self-employed long-term care premiums: (Not entered elsewhere)			
	+ _____ [5]	+ _____ [6]	
	+ _____	+ _____	

NOTES/QUESTIONS:

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace Identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. 2022 Monthly Premium Amount	Prior Year Information	B. 2022 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2022 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]		+ _____ [25]	+ _____ [38]	
February	+ _____ [13]		+ _____ [26]	+ _____ [39]	
March	+ _____ [14]		+ _____ [27]	+ _____ [40]	
April	+ _____ [15]		+ _____ [28]	+ _____ [41]	
May	+ _____ [16]		+ _____ [29]	+ _____ [42]	
June	+ _____ [17]		+ _____ [30]	+ _____ [43]	
July	+ _____ [18]		+ _____ [31]	+ _____ [44]	
August	+ _____ [19]		+ _____ [32]	+ _____ [45]	
September	+ _____ [20]		+ _____ [33]	+ _____ [46]	
October	+ _____ [21]		+ _____ [34]	+ _____ [47]	
November	+ _____ [22]		+ _____ [35]	+ _____ [48]	
December	+ _____ [23]		+ _____ [36]	+ _____ [49]	
Annual total	+ _____ [24]		+ _____ [37]	+ _____ [50]	

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace Identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

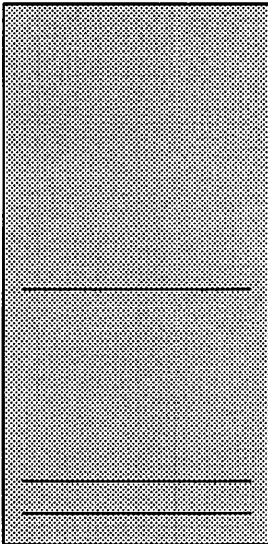
Part III Household Information -

	A. 2022 Monthly Premium Amount	Prior Year Information	B. 2022 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2022 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]		+ _____ [25]	+ _____ [38]	
February	+ _____ [13]		+ _____ [26]	+ _____ [39]	
March	+ _____ [14]		+ _____ [27]	+ _____ [40]	
April	+ _____ [15]		+ _____ [28]	+ _____ [41]	
May	+ _____ [16]		+ _____ [29]	+ _____ [42]	
June	+ _____ [17]		+ _____ [30]	+ _____ [43]	
July	+ _____ [18]		+ _____ [31]	+ _____ [44]	
August	+ _____ [19]		+ _____ [32]	+ _____ [45]	
September	+ _____ [20]		+ _____ [33]	+ _____ [46]	
October	+ _____ [21]		+ _____ [34]	+ _____ [47]	
November	+ _____ [22]		+ _____ [35]	+ _____ [48]	
December	+ _____ [23]		+ _____ [36]	+ _____ [49]	
Annual total	+ _____ [24]		+ _____ [37]	+ _____ [50]	

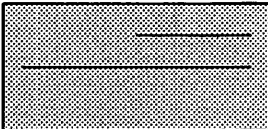
Control Totals +

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	
Name of Trustee	____ [4]	
State postal code	____ [2]	
Indicate type of health or medical savings account:		
HSA	____ [6]	
Archer MSA	____ [7]	
MA (Medicare Advantage) MSA	____ [9]	
Total HSA/MSA contributions made		
for 2022 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	____ [12]	
Number of months in qualified high deductible health plan in 2022	____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	____ [14]	
Total HSA/MSA contribution to be made for 2022	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2021 taken as constructive contributions for 2022	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [24]	
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2022? (Y, N)	____ [33]
---	-----------

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

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Please provide all Forms 1099-SA.

		2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)		_____[1]	
Name of Trustee		_____[4]	
State postal code		_____[2]	
Gross distributions received (Box 1)	+	_____[7]	
Earnings on excess contributions (Box 2)	+	_____[9]	
Distribution code (Box 3)		_____[11]	
Fair Market Value on date of death (Box 4)	+	_____[12]	
Box 5 -			
HSA		_____[13]	
Archer MSA		_____[14]	
MA MSA		_____[15]	
All distributions were used to pay unreimbursed qualified medical expenses		_____[17]	
If some distributions were used to pay for other than qualified medical expenses,			
enter the unreimbursed qualified medical expenses for 2022	+	_____[19]	
Withdrawal of excess contributions by the due date of the return	+	_____[21]	
Amount of distribution rolled over for 2022	+	_____[23]	
If the distribution is due to the death of the account holder,			
enter the qualified decedent medical expenses paid by the taxpayer	+	_____[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/21	+	_____[27]	
For HSA accounts:			
Was the high deductible health plan coverage started in 2021 and			
in effect for the month of December 2021? (Y, N)		_____[29]	
Was the high deductible health plan coverage ended before 12/31/22? (Y, N)		_____[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

		2022 Information	Prior Year Information
Name of the insured chronically ill individual		_____[39]	
Social security number of insured		_____[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+	_____[42]	
Accelerated death benefits paid (Box 2)	+	_____[44]	
Check one (Box 3)			
Per diem		_____[46]	
Reimbursed amount		_____[47]	
Qualified contract (Box 4)		_____[48]	
Check, if applicable (Box 5)			
Chronically ill		_____[49]	
Terminally ill		_____[50]	
Are there other individuals who received LTC payments during 2022? (Y, N)		_____[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		_____[53]	
Number of days during the long-term care period		_____[54]	
Cost incurred for qualified long-term care services during the			
long-term care period	+	_____[55]	

NOTES/QUESTIONS:

Please provide all Forms 1099-QA and 5498-QA

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	<div style="border: 1px solid black; height: 100px; width: 100%; background-color: #cccccc;"></div>
Payer name	____ [3]	
State postal code	____ [4]	
Recipient's Social Security Number	____ [7]	
Recipient's Name	____ [8] _____ [9]	
Gross distribution (Form 1099-QA Box 1)	+ _____ [10]	
Earnings (Form 1099-QA Box 2)	+ _____ [12]	
Basis (Form 1099-QA Box 3)	+ _____ [14]	
Program-to-program transfer (Form 1099-QA Box 4)	____ [16]	
Check if ABLE account terminated in 2022 (Form 1099-QA Box 5)	____ [17]	
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	____ [18]	
Qualified disability expenses	+ _____ [19]	
Amount of rollover	+ _____ [21]	
Amount contributed in 2022 (Form 5498-QA Box 1)	+ _____ [23]	
Value of account on 12/31/22 (Form 5498-QA Box 4)	+ _____ [25]	

Control Totals +

ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	<div style="border: 1px solid black; height: 100px; width: 100%; background-color: #cccccc;"></div>
Payer name	____ [3]	
State postal code	____ [4]	
Recipient's Social Security Number	____ [7]	
Recipient's Name	____ [8] _____ [9]	
Gross distribution (Form 1099-QA Box 1)	+ _____ [10]	
Earnings (Form 1099-QA Box 2)	+ _____ [12]	
Basis (Form 1099-QA Box 3)	+ _____ [14]	
Program-to-program transfer (Form 1099-QA Box 4)	____ [16]	
Check if ABLE account terminated in 2022 (Form 1099-QA Box 5)	____ [17]	
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	____ [18]	
Qualified disability expenses	+ _____ [19]	
Amount of rollover	+ _____ [21]	
Amount contributed in 2022 (Form 5498-QA Box 1)	+ _____ [23]	
Value of account on 12/31/22 (Form 5498-QA Box 4)	+ _____ [25]	

Control Totals +

NOTES/QUESTIONS:

Social Security Tax on Unreported Tips

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Complete if you received cash/charge tips of \$20 or less in a month in 2022.

	2022 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under \$20 per month and not reported to employer	+ _____ [3]	+ _____ [4]	<div style="background-color: #cccccc; width: 100px; height: 20px;"></div>

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2022	Total tips reported in 2022
Taxpayer information [1]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information [2]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Social Security Tax on Unreported Wages**Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.****(**Please refer to Reason Codes located at the bottom)**

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC or 1099-NEC with no social security received or Medicare tax withheld	Total wages received
Taxpayer information [6]	_____	_____	---	_____	---	_____
	_____	_____	---	_____	---	_____
	_____	_____	---	_____	---	_____
	_____	_____	---	_____	---	_____
Spouse information [7]	_____	_____	---	_____	---	_____
	_____	_____	---	_____	---	_____
	_____	_____	---	_____	---	_____
	_____	_____	---	_____	---	_____

**** Reason Codes**

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
 C = I received other correspondence from the IRS that states I am an employee.
 G = I filed Form SS-8 with the IRS and have not received a reply.
 H = I received a Form W-2 and a Form 1099-MISC from this firm for 2022. The amount on Form 1099-MISC should have been included as wages on Form W-2.

State postal code _____

Taxpayer _____ [1] Spouse _____ [2]

	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, please complete the following information:			
Fair rental value of parsonage provided by church	+ _____ [5]	+ _____ [6]	
Actual parsonage utilities expense	+ _____ [11]	+ _____ [12]	
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance, if separate from parsonage allowance	+ _____ [17]	+ _____ [18]	
Actual parsonage expense	+ _____ [20]	+ _____ [21]	
Fair rental value of home	+ _____ [23]	+ _____ [24]	
Actual utilities expense	+ _____ [26]	+ _____ [27]	
Mark if you have claimed exemption from self-employment tax by filing Form 4361 with the IRS _____ [29] _____ [30]			
If you are a self-employed minister, enter any tax-deductible contributions to a 403(b) retirement plan	+ _____ [33]	+ _____ [34]	
Unreimbursed Business Expenses - net reimbursed and after 50% Meals & Entertainment reduction:			
_____	+ _____ [36]	+ _____ [37]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

NOTES/QUESTIONS:

Enter parent's information for children under age 19 on 1/1/23 or a full-time student under age 24 with unearned income of more than \$2,300

Parent's social security number (Enter the name and social security number of the parent listed first on the return) _____ [1]
 Parent's first name _____ [2]
 Parent's last name _____ [3]
 Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) _____ [4]

All Other Children's Information

Enter information for each child with unearned income of more than \$2,300.
 Preparer - Enter on Screen 8615Sib

Child #1 social security number _____ [1]	Child #2 social security number _____ [1]
Child #1 first name _____ [2]	Child #2 first name _____ [2]
Child #1 last name _____ [3]	Child #2 last name _____ [3]
Child #1 date of birth (mm/dd/yyyy) _____ [4]	Child #2 date of birth (mm/dd/yyyy) _____ [4]
Child #3 social security number _____ [1]	Child #4 social security number _____ [1]
Child #3 first name _____ [2]	Child #4 first name _____ [2]
Child #3 last name _____ [3]	Child #4 last name _____ [3]
Child #3 date of birth (mm/dd/yyyy) _____ [4]	Child #4 date of birth (mm/dd/yyyy) _____ [4]
Child #5 social security number _____ [1]	Child #6 social security number _____ [1]
Child #5 first name _____ [2]	Child #6 first name _____ [2]
Child #5 last name _____ [3]	Child #6 last name _____ [3]
Child #5 date of birth (mm/dd/yyyy) _____ [4]	Child #6 date of birth (mm/dd/yyyy) _____ [4]
Child #7 social security number _____ [1]	Child #8 social security number _____ [1]
Child #7 first name _____ [2]	Child #8 first name _____ [2]
Child #7 last name _____ [3]	Child #8 last name _____ [3]
Child #7 date of birth (mm/dd/yyyy) _____ [4]	Child #8 date of birth (mm/dd/yyyy) _____ [4]
Child #9 social security number _____ [1]	Child #10 social security number _____ [1]
Child #9 first name _____ [2]	Child #10 first name _____ [2]
Child #9 last name _____ [3]	Child #10 last name _____ [3]
Child #9 date of birth (mm/dd/yyyy) _____ [4]	Child #10 date of birth (mm/dd/yyyy) _____ [4]
Child #11 social security number _____ [1]	Child #12 social security number _____ [1]
Child #11 first name _____ [2]	Child #12 first name _____ [2]
Child #11 last name _____ [3]	Child #12 last name _____ [3]
Child #11 date of birth (mm/dd/yyyy) _____ [4]	Child #12 date of birth (mm/dd/yyyy) _____ [4]

NOTES/QUESTIONS:

Children's Interest Income

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Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.
 Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number _____ [1]

Child's date of birth _____ [2]

Child's name _____ [4]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

Type
Code (**See codes below)

Payer

Interest [6]
IncomeTax Exempt
IncomeU.S. Obligations*
\$ or %Tax Exempt*
\$ or %Prior Year
Information

—	—	+	—	—	—	—	—	—
—	—	+	—	—	—	—	—	—
—	—	+	—	—	—	—	—	—
—	—	+	—	—	—	—	—	—
—	—	+	—	—	—	—	—	—
—	—	+	—	—	—	—	—	—
—	—	+	—	—	—	—	—	—

****Interest Codes**

Blank = Regular Interest 3 = Nominee Distribution 4 = Accrued Interest 5 = OID Adjustment 6 = ABP Adjustment

Children's Dividend Income

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

Type Code (** See codes below)	Ordinary[8] Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
1	Payer									
	Amounts +									
2	Payer									
	Amounts +									
3	Payer									
	Amounts +									
4	Payer									
	Amounts +									
5	Payer									
	Amounts +									
6	Payer									
	Amounts +									

****Dividend Codes**

Blank = Other 3 = Nominee

Alaska Permanent Fund dividends:

2022
Information[10]Prior Year
Information

+ _____
+ _____

Control Totals +

Form ID: 8814

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S) _____ [1]
 Employer identification number _____ [2]

Total cash wages subject to social security taxes + _____ [4]
 Total cash wages subject to Medicare taxes + _____ [5]
 Total cash wages subject to Additional Medicare Tax withholding + _____ [6]
 Federal income tax withheld + _____ [7]
 State disability plan social security & Medicare withheld + _____ [8]

Did you:
 (A) pay any household employee cash wages of \$2,400 or more in 2022? (Y, N) _____ [9]
 (B) withhold Federal income tax for any household employee? (Y, N) _____ [10]
 (C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2021 or 2022? (Y, N) _____ [11]

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.
 Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable
 as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax + _____ [12]

State #1 information
 State postal code where you have to pay unemployment contributions * _____ [14]
 State reporting number as shown on state unemployment tax return _____ [15]
 Taxable wages (as defined in state act) + _____ [16]
 State experience rate period:
 From _____ [17]
 To _____ [18]
 State experience rate (xxx.xx) _____ [19]
 Contributions paid to state unemployment fund * + _____ [20]
 Contributions for 2022 paid after 04/18/23 + _____ [21]

State #2 information
 State postal code where you have to pay unemployment contributions _____ [22]
 State reporting number as shown on state unemployment tax return _____ [23]
 Taxable wages (as defined in state act) + _____ [24]
 State experience rate period:
 From _____ [25]
 To _____ [26]
 State experience rate (xxx.xx) _____ [27]
 Contributions paid to state unemployment fund + _____ [28]
 Contributions for 2022 paid after 04/18/23 + _____ [29]

NOTES/QUESTIONS:

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, you do not have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address _____ [1]

City/State/Zip code _____ [2] ____ [3] _____ [4]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) _____ [5]

Purchase price of the home _____ [6]

Date the home was sold or ceased being used as principal residence _____ [13]

If you sold your home, enter the selling price _____ [14]

If you sold your home, enter the expense of sale _____ [15]

Were you and your spouse married on the purchase date? (Y, N) _____ [18]

If your home was transferred to your ex-spouse due to a divorce settlement,
enter his or her full name _____ [19]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name _____ [22]

Allocation percentage _____

NOTES/QUESTIONS:

Child and Dependent Care Expenses

Please enter all amounts paid in 2022 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2021 employer-provided dependent care benefits used during 2022 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2022	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2022		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) ____
 Amount paid to care provider in 2022 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) ____
 Amount paid to care provider in 2022 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) ____
 Amount paid to care provider in 2022 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) ____
 Amount paid to care provider in 2022 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) ____
 Amount paid to care provider in 2022 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Control Totals +

Form ID: 2441

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2022, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

Taxpayer

Spouse

Nontaxable disability/pension income received in 2022

+ _____ [7]

+ _____ [8]

Taxable disability income received in 2022

+ _____ [9]

+ _____ [10]

NOTES/QUESTIONS:

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)	_____	[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)	_____	[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____	[5]
Enter the total amount of costs for exterior windows	+ _____	[7]
Enter the total amount of costs for exterior doors	+ _____	[9]
Enter the total amount of costs for qualified metal roofs	+ _____	[11]
Enter the total amount of costs for energy-efficient building property	+ _____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+ _____	[10]
Enter the total amount of costs for qualified solar electric property	+ _____	[12]
Enter the total amount of costs for qualified solar water heating property	+ _____	[14]
Enter the total amount of costs for qualified small wind energy property	+ _____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____	[13]
Enter the total amount of costs for qualified fuel cell property	+ _____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_____	[17]

NOTES/QUESTIONS:

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2022.

--	--

Preparer use only

Description	[3]
Taxpayer/Spouse (T, S)	[9]
Category of income*	[11]
Description of income	[12]

*Category of Income	
A = Section 951A income	E = Section 901(j) income
B = Foreign Branch income	F = Certain income re-sourced by treaty
C = Passive income	G = Lump-sum distributions
D = General income	

Foreign Income or Loss

Country code	[19]
Country name	[20]

	Regular	AMT, if different
Foreign gross income	+ [23]	+ [24]
Definitely related expenses:		
_____	+ [31]	+ [32]
_____	+	+
_____	+	+
_____	+	+
_____	+	+
Foreign source losses	+ [45]	+ [46]

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:	
Date paid or accrued	[47]
In foreign currency - taxes withheld on:	
Dividends	+ [48]
Rents & royalties	+ [49]
Interest	+ [50]
Other foreign taxes	+ [51]
In US dollars - taxes withheld on:	
Dividends	+ [53]
Rents & Royalties	+ [54]
Interest	+ [55]
Other foreign taxes	+ [56]

NOTES/QUESTIONS:

Complete this form if you paid qualified adoption expenses in 2022. Indicate if the adoption was final in or before 2022.
Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.
Please provide copies of legal documents approving the adoption.

	Child 1 [1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '05 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2021 for this child	_____	_____	_____
Employer-provided benefits received in 2021 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2022 for this child	_____	_____	_____
Employer-provided benefits received in 2022 for this child	_____	_____	_____
Adoption final in (1 = '22, 2 = Pre '22)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '05 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2021 for this child	_____	_____	_____
Employer-provided benefits received in 2021 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2022 for this child	_____	_____	_____
Employer-provided benefits received in 2022 for this child	_____	_____	_____
Adoption final in (1 = '22, 2 = Pre '22)	_____	_____	_____

If the adoption was incomplete or unsuccessful please provide information below:

_____	[9]
_____	[10]
_____	[11]

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Nontaxable use of gasoline -		
Off-highway business use	\$0.183	+ _____ [1]
Use on a farm	0.183	+ _____ [2]
Other nontaxable use _____ [3]	0.183	+ _____ [4]
Exported	0.184	+ _____ [5]
Nontaxable use of aviation gasoline -		
Commercial aviation	0.15	+ _____ [6]
Other nontaxable use _____ [7]	0.193	+ _____ [8]
Exported	0.194	+ _____ [9]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [10]
Nontaxable use of undyed diesel fuel -		
Explanation of evidence of dyes:		_____ [11]

Other nontaxable use _____ [12]	0.243	+ _____ [13]
Use on a farm	0.243	+ _____ [14]
Trains	0.243	+ _____ [15]
Intercity / local bus	0.17	+ _____ [16]
Exported	0.244	+ _____ [17]
Nontaxable use of undyed kerosene (other than aviation) -		
Explanation of evidence of dyes:		_____ [18]

Other nontaxable use _____ [19]	0.243	+ _____ [20]
Use on a farm	0.243	+ _____ [21]
Intercity / local buses	0.17	+ _____ [22]
Exported	0.244	+ _____ [23]
Other nontaxable use taxed at \$.044 _____ [24]	0.043	+ _____ [25]
Other nontaxable use taxed at \$.219 _____ [26]	0.218	+ _____ [27]
Kerosene used in aviation -		
Kerosene taxed at \$.244	0.200	+ _____ [28]
Kerosene taxed at \$.219	0.175	+ _____ [29]
Other nontaxable use taxed at \$.244 _____ [30]	0.243	+ _____ [31]
Other nontaxable use taxed at \$.219/.044 _____ [32]	0.218	+ _____ [33]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [34]

***Type of Use**

- | | |
|------------------------------|--|
| 1 = Farming purposes | 8 = Diesel & Kerosene fuel other than train or highway vehicle |
| 2 = Off highway business use | 9 = Foreign trade |
| 3 = Export | 10 = Certain helicopter and fixed wing air ambulance uses |
| 4 = Commercial fishing | 11 = Aviation fuel other than propulsion engines |
| 5 = Intercity/local bus | 13 = Exclusive use by a nonprofit educational organization |
| 6 = In a qualified local bus | 14 = Exclusive use by a state, political subdivision or DC |
| 7 = School bus | 15 = In an aircraft or vehicle owned by an aircraft museum |

NOTES/QUESTIONS:

***Select the Type of Use codes from the chart below**

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -		
Registration Number		_____ [1]
Explanation of evidence of dyes:		_____ [2]

State / local government	0.243	+ _____ [3]
Intercity / local buses	0.17	+ _____ [4]
Sales by registered ultimate vendors of undyed kerosene -		
Registration Number		_____ [5]
Explanation of evidence of dyes:		_____ [6]

Use by state/local government	0.243	+ _____ [7]
Sales from a blocked pump	0.243	+ _____ [8]
Intercity / local buses	0.17	+ _____ [9]
Sales by registered ultimate vendors of kerosene in aviation -		
Registration Number		_____ [10]
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____ [11]
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	+ _____ [12]
Nonexempt use in noncommercial aviation	0.025	+ _____ [13]
Other nontaxable uses taxed at \$.244 _____ [14]	0.243	+ _____ [15]
Other nontaxable uses taxed at \$.219/.044 _____ [16]	0.218	+ _____ [17]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [18]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -			
Liquefied petroleum gas (LPG)	____ [1]	0.183	+ _____ [2]
"P Series" fuels	____ [3]	0.183	+ _____ [4]
Compressed natural gas (CNG)	____ [5]	0.183	+ _____ [6]
Liquefied hydrogen	____ [7]	0.183	+ _____ [8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	____ [9]	0.243	+ _____ [10]
Liquid hydrocarbons derived from biomass	____ [11]	0.243	+ _____ [12]
Liquefied natural gas (LNG)	____ [13]	0.243	+ _____ [14]
Liquefied gas derived from biomass	____ [15]	0.183	+ _____ [16]
Alternative fuel credit and alternative fuel mixture credit -			
Registration Number			_____ [17]
Liquefied hydrogen		0.50	+ _____ [18]
Registered credit card users -			
Registration Number			_____ [19]
Diesel for state / local government		0.243	+ _____ [20]
Kerosene for state / local government		0.243	+ _____ [21]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	+ _____ [22]
Nontaxable use of a diesel-water fuel emulsion -			
Other nontaxable use	____ [23]	0.197	+ _____ [24]
Exported		0.198	+ _____ [25]
Diesel-water fuel emulsion blending -			
Registration Number			_____ [26]
Blender credit		0.046	+ _____ [27]
Exported dyed fuels -			
Exported dyed diesel fuel		0.001	+ _____ [28]
Exported dyed kerosene		0.001	+ _____ [29]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Qualified Business Income Deduction Carryovers 2021 to 2022 Amounts

Indefinite Carryovers

2021 to 2022 Amounts

Qualified business loss (QBID) + _____ [1]
 Qualified REIT dividends and PTP loss + _____ [2]
 Excess business loss deduction portion of NOL + _____ [3]

Minimum tax credit + _____ [4]
 Investment interest + _____ [5]
 Investment interest - AMT + _____ [6]
 Short-term capital loss + _____ [7]
 Short-term capital loss - AMT + _____ [8]
 Long-term capital loss + _____ [9]
 Long-term capital loss - AMT + _____ [10]
 Residential energy credit + _____ [11]
 D.C. first-time homebuyer credit + _____ [12]
 Tax credit bonds + _____ [13]

Instructions

Enter carryovers from prior year(s) as positive numbers.

Enter utilizations from prior year(s) as negative numbers.

Section 1231 Nonrecaptured Losses

Section 1231
Nonrecaptured LossesAMT Section 1231
Nonrecaptured Losses

2017 + _____ [14] + _____ [19]
 2018 + _____ [15] + _____ [20]
 2019 + _____ [16] + _____ [21]
 2020 + _____ [17] + _____ [22]
 2021 + _____ [18] + _____ [23]

Charitable Contribution Carryover Items

Prior C/O Year	100% Contributions	60% Contributions	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions
2017			+ _____ [34]	+ _____ [39]	+ _____ [44]	+ _____ [49]
2018		+ _____ [30]	+ _____ [35]	+ _____ [40]	+ _____ [45]	+ _____ [50]
2019		+ _____ [31]	+ _____ [36]	+ _____ [41]	+ _____ [46]	+ _____ [51]
2020	+ _____ [27]	+ _____ [32]	+ _____ [37]	+ _____ [42]	+ _____ [47]	+ _____ [52]
2021	+ _____ [28]	+ _____ [33]	+ _____ [38]	+ _____ [43]	+ _____ [48]	+ _____ [53]

AMT Charitable Contribution Carryover Items

Prior C/O Year	100% AMT Contributions	60% AMT Contributions	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions
2017			+ _____ [64]	+ _____ [69]	+ _____ [74]	+ _____ [79]
2018		+ _____ [60]	+ _____ [65]	+ _____ [70]	+ _____ [75]	+ _____ [80]
2019		+ _____ [61]	+ _____ [66]	+ _____ [71]	+ _____ [76]	+ _____ [81]
2020	+ _____ [57]	+ _____ [62]	+ _____ [67]	+ _____ [72]	+ _____ [77]	+ _____ [82]
2021	+ _____ [58]	+ _____ [63]	+ _____ [68]	+ _____ [73]	+ _____ [78]	+ _____ [83]

NOTES/QUESTIONS:

Qualified Conservation Contribution Carryover Items

Enter carryovers from prior year(s) as positive numbers. Enter utilizations from prior year(s) as negative numbers.

Prior C/O Year	50% Qualified Conservation Contributions	50% AMT Qual Conservation Contributions	100% Qualified Conservation Contributions	100% AMT Qual Conservation Contributions
2007	+ _____ [1]	+ _____ [16]	+ _____ [31]	+ _____ [46]
2008	+ _____ [2]	+ _____ [17]	+ _____ [32]	+ _____ [47]
2009	+ _____ [3]	+ _____ [18]	+ _____ [33]	+ _____ [48]
2010	+ _____ [4]	+ _____ [19]	+ _____ [34]	+ _____ [49]
2011	+ _____ [5]	+ _____ [20]	+ _____ [35]	+ _____ [50]
2012	+ _____ [6]	+ _____ [21]	+ _____ [36]	+ _____ [51]
2013	+ _____ [7]	+ _____ [22]	+ _____ [37]	+ _____ [52]
2014	+ _____ [8]	+ _____ [23]	+ _____ [38]	+ _____ [53]
2015	+ _____ [9]	+ _____ [24]	+ _____ [39]	+ _____ [54]
2016	+ _____ [10]	+ _____ [25]	+ _____ [40]	+ _____ [55]
2017	+ _____ [11]	+ _____ [26]	+ _____ [41]	+ _____ [56]
2018	+ _____ [12]	+ _____ [27]	+ _____ [42]	+ _____ [57]
2019	+ _____ [13]	+ _____ [28]	+ _____ [43]	+ _____ [58]
2020	+ _____ [14]	+ _____ [29]	+ _____ [44]	+ _____ [59]
2021	+ _____ [15]	+ _____ [30]	+ _____ [45]	+ _____ [60]

NOTES/QUESTIONS:

Description

A		[2]
B		[2]
C		[2]
D		[2]

Prior C/O Year	A	B	C	D
	[1]	[1]	[1]	[1]
2002	+ [3]	+ [3]	+ [3]	+ [3]
2003	+ [4]	+ [4]	+ [4]	+ [4]
2004	+ [5]	+ [5]	+ [5]	+ [5]
2005	+ [6]	+ [6]	+ [6]	+ [6]
2006	+ [7]	+ [7]	+ [7]	+ [7]
2007	+ [8]	+ [8]	+ [8]	+ [8]
2008	+ [9]	+ [9]	+ [9]	+ [9]
2009	+ [10]	+ [10]	+ [10]	+ [10]
2010	+ [11]	+ [11]	+ [11]	+ [11]
2011	+ [12]	+ [12]	+ [12]	+ [12]
2012	+ [13]	+ [13]	+ [13]	+ [13]
2013	+ [14]	+ [14]	+ [14]	+ [14]
2014	+ [15]	+ [15]	+ [15]	+ [15]
2015	+ [16]	+ [16]	+ [16]	+ [16]
2016	+ [17]	+ [17]	+ [17]	+ [17]
2017	+ [18]	+ [18]	+ [18]	+ [18]
2018	+ [19]	+ [19]	+ [19]	+ [19]
2019	+ [20]	+ [20]	+ [20]	+ [20]
2020	+ [21]	+ [21]	+ [21]	+ [21]
2021	+ [22]	+ [22]	+ [22]	+ [22]

NOTES/QUESTIONS:

20 Year Carryovers - Pre-TCJA**Prior
C/O Year****Net
Operating Loss****AMT Net
Operating Loss**

2002

+ _____ [1] + _____ [21]

2003

+ _____ [2] + _____ [22]

2004

+ _____ [3] + _____ [23]

2005

+ _____ [4] + _____ [24]

2006

+ _____ [5] + _____ [25]

2007

+ _____ [6] + _____ [26]

2008

+ _____ [7] + _____ [27]

2009

+ _____ [8] + _____ [28]

2010

+ _____ [9] + _____ [29]

2011

+ _____ [10] + _____ [30]

2012

+ _____ [11] + _____ [31]

2013

+ _____ [12] + _____ [32]

2014

+ _____ [13] + _____ [33]

2015

+ _____ [14] + _____ [34]

2016

+ _____ [15] + _____ [35]

2017

+ _____ [16] + _____ [36]

Indefinite Carryovers - Starting in 2018**Net
Operating Loss****AMT Net
Operating Loss**

Post-TCJA

+ _____ [20] + _____ [40]

NOTES/QUESTIONS:

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2018 Amounts	2019 Amounts	2020 Amounts	2021 Amounts
Filing Status (1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)				
Salaries and wages				
Interest income				
Tax-exempt interest				
Dividend income				
Qualified dividends				
Business income/loss				
Capital gains and losses				
Other gains and losses				
IRA distributions, pensions, annuities				
Rent, royalty, farm rental income				
Partnership/S corp income				
Estate or trust income				
Farm income/loss				
Other income/loss				
Total income -				
Total adjustments to income				
Adjusted gross income -				
Medical expenses				
State and local taxes				
Interest expenses				
Charitable contributions				
Other itemized deductions				
Allowable itemized deductions				
Standard deduction				
Standard or itemized deduction taken -				
Exemptions				
Qualified Business Income Deduction				
Taxable income -				
Tax on taxable income				
Alternative minimum tax				
Total credits				
Net tax liability -				
Self-employment taxes				
Other taxes				
Total tax -				
Income tax withheld				
Estimated tax payments				
Other payments				
Total payments -				
Tax due/-refund -				
Penalties and interest				
Net tax due/-refund -				
Refund applied to estimated tax payments				
Refund received				
Marginal tax rate -				
Effective tax rate -				

NOTES/QUESTIONS:

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse)

Mark if you were married but living apart all year

Mark if your nonresident alien spouse does not have an ITIN

Taxpayer**Spouse**

Social security number

First name

Last name

Occupation

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)

Mark if legally blind

Mark if dependent of another taxpayer

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)

Date of birth

Date of death

Work/daytime telephone number/ext number

Do you authorize us to discuss your return with the IRS (Y, N)

General: 1040, Contact

Present Mailing Address

Address

Apartment number

City/State postal code/Zip code

Foreign country name

Foreign phone number

Home/evening telephone number

Taxpayer email address

Spouse email address

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name

First and Last name

Street address

City, state, and zip code

Social security number OR Employer identification number

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)

Amount paid to care provider in 2022

Taxpayer**Spouse**

Employer-provided dependent care benefits that were forfeited

NOTES/QUESTIONS:

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—

Income: K1, KLT

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
—	_____	_____	—
—	_____	_____	—

Education: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
—	_____	_____	—
—	_____	_____	—

NOTES/QUESTIONS:

Income: B1

Interest Income

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

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3

Seller Financed Mortgage Interest

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2022 _____ Amount received in 2021 _____

Income: B2

Dividend Income

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income

Other Income

Please provide copies of all supporting documentation.

		2022 Information	Prior Year Information
State and local income tax refunds		_____	_____
T/S	Agreement Date	2022 Information	Prior Year Information
Alimony received	_____	_____	_____
		Spouse	Prior Year Information
Unemployment compensation		_____	_____
Unemployment compensation repaid		_____	_____
Social security benefits		_____	_____
Medicare premiums to be reported on Schedule A		_____	_____
Railroad retirement benefits		_____	_____

T/S/J _____ 2022 Information _____ Prior Year Information _____

Other Income:

_____ 2022 Information _____ Prior Year Information _____

_____ 2022 Information _____ Prior Year Information _____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

Traditional IRA Contributions for 2022 -

If you want to contribute the maximum allowable traditional IRA contribution amount,
enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2022

Roth IRA Contributions for 2022 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2022

Educator: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2022 for qualified higher education expenses for you,
your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2022 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2022.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	_____
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	_____
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2022 Information	Prior Year Information
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Street address

City, State and Zip code

*Enter the divorce/separation agreement date

	Taxpayer	Spouse	Prior Year Information
--	----------	--------	------------------------

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ITEMIZED DEDUCTIONS

Itemized: A1

Medical and Dental Expenses

T/S/J	2022 Information	Prior Year Information
— Medical and dental expenses	_____	_____
— Medical insurance premiums you paid***	_____	_____
— Long-term care premiums you paid***	_____	_____
— Prescription medicines and drugs	_____	_____
— Miles driven for medical items (1/1/22-6/30/22, 18 cents)	_____	_____
— Miles driven for medical items (7/1/22-12/31/22, 22 cents)	_____	_____

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J	2022 Information	Prior Year Information
— State/local income taxes paid	_____	_____
— 2021 state and local income taxes paid in 2022	_____	_____
— Sales tax paid on actual expenses	_____	_____
— Real estate taxes paid	_____	_____
— Personal property taxes	_____	_____
— Other taxes	_____	_____

Itemized: A2

Interest Expenses

T/S/J	2022 Information	Prior Year Information
— Home mortgage interest From Form 1098	_____	_____
— Other home mortgage interest paid to individuals:		
T/S/J Payee's Name SSN or EIN	2022 Information	Prior Year Information
— _____	_____	_____
Address City State Zip Code		
T/S/J	2022 Information	Prior Year Information
— Investment interest expense, other than on Sch K-1s:	_____	_____
Refinancing Information: Refinance #1 Refinance #2		
T/S/J Recipient/Lender name	_____	_____
Total points paid at time of refinance	_____	_____
Date of refinance	_____	_____
Term of new loan (in months)	_____	_____
Reported on Form 1098 in 2022	_____	_____

Itemized: A3

Charitable Contributions

T/S/J	2022 Information	Prior Year Information
— Contributions made by cash or check	_____	_____
— Volunteer miles driven	_____	_____
— Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-St

Miscellaneous Deductions

T/S/J	2022 Information	Prior Year Information
— Other expenses _____	_____	_____
— Gambling losses (enter only if you have gambling income)	_____	_____
***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA		
T/S/J	2022 Information	Prior Year Information
— Unreimbursed expenses***	_____	_____
— Union dues, other than amounts reported on Form W-2***	_____	_____
— Tax preparation fees***	_____	_____
— Other expenses, subject to 2% AGI limitation***:	_____	_____
— _____	_____	_____
— _____	_____	_____
— Safe deposit box rental***	_____	_____
— Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

General Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account: _____

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1: _____

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2: _____

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued Identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date _____

Location of issuance _____

Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued Identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date _____

Location of issuance _____

Document number (New York only) _____

NOTES/QUESTIONS:

Activity name

Preparer use only

Activity name

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE		2022 Model T - (EXAMPLE ASSET)	03/09/22	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
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