

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 2023 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

NOTES/QUESTIONS:

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter for filing returns in 2023.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires and other disaster situations.	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Information		
Did you receive State and Local Fiscal Recovery Funds (SLFR) under a program to support those negatively impacted by the COVID-19 pandemic for helping you with your mortgage insurance and/or home purchases, such as funds to pay some or all of the down payment and closing costs associated with your purchase of a home?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,500?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter for use during 2023	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>

- Did you have ownership interest in any type of business?
- Did you sell, exchange, or purchase any assets used in your trade or business?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you purchase or sell a principal residence during the year?
- Did you foreclose or abandon a principal residence or real property during the year?
- Did you acquire or dispose of any stock during the year?
- Did you take out a home equity loan this year?
- Did you refinance a principal residence or second home this year?
- Did you sell an existing business, rental, or other property this year?
- Did you lend money with the understanding of repayment and this year it became totally uncollectable?
- Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?
- Did you purchase a new or previously owned Clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer.

Income Information

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive any Medicaid waiver payments as difficulty of care during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Did you receive any income considered to be nonemployee compensation?
- Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?
- Do you expect a large fluctuation in income, deductions, or withholding next year?
- Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services)?

Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If yes, were any withdrawals due to a Federally declared disaster?
- If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2023?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- Did you make any qualified charitable distributions (QCD) during the year?

Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did you make any withdrawals from an education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any student loan interest this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you cash any Series EE or I U.S. Savings bonds issued after 1989? | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education? | <input type="checkbox"/> | <input type="checkbox"/> |

Health Care Information

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to a Health savings account (HSA) or Archer MSA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay long-term care premiums for yourself or your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are a business owner, did you pay health insurance premiums for your employees this year? | <input type="checkbox"/> | <input type="checkbox"/> |

Itemized Deduction Information

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did you incur a casualty or theft loss or any condemnation awards during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did the loss occur in a Federally declared disaster area? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you donate a vehicle or boat during the year?. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay real estate taxes for your primary home and/or second home? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any mortgage interest on an existing home loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur interest expenses associated with any investment accounts you held? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any major purchases during the year (cars, boats, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous Information

- | | | |
|---------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did you make gifts of more than \$17,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you utilize an area of your home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you retire or change jobs this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any individual as a household employee during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make energy efficient improvements to your main home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |

- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Are you an owner or do you control 25% of a company's ownership interest for a company registered with a secretary of state or similar office before January 1, 2024?
- Do you plan to become an owner or control at least 25% of a company's ownership interests for a company registered with a secretary of state or similar office for the first time after January 1, 2024?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: _____
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

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 _____ [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 _____ [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]

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

Refunded _____ [52]

Applied to 2024 estimated tax liability _____ [53]

Do you expect a considerable change in your 2024 income? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2024? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2024 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 2024? (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]

2023 Federal Estimated Tax Payments

2022 overpayment applied to 2023 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	04/18/23	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	06/15/23	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	09/15/23	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	01/16/24	_____ [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:

	2023 Information	Prior Year Information
State and local income tax refunds	+ _____ [5]	<input style="width: 100%; height: 15px;" type="text"/>

	T/S	Agreement Date	2023 Information	Prior Year Information
Alimony received	—	_____	+ _____ [3]	<input style="width: 100%; height: 15px;" type="text"/>
	—	_____	+ _____ [3]	

**Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation**	+ _____ [9]	+ _____ [10]	<input style="width: 100%; height: 60px;" type="text"/>
Unemployment compensation federal withholding	+ _____ [9]	+ _____ [10]	
Unemployment compensation state withholding	+ _____ [9]	+ _____ [10]	
Unemployment compensation repaid	+ _____ [12]	+ _____ [13]	
Alaska Permanent Fund dividends	+ _____ [18]	+ _____ [19]	

	T/S/J	Self-Employment Income ? (Y, N)		2023 Information	Prior Year Information
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [15]	<input style="width: 100%; height: 150px;" type="text"/>
—	—	—	_____	+ _____	
—	—	—	_____	+ _____	
—	—	—	_____	+ _____	
—	—	—	_____	+ _____	
—	—	—	_____	+ _____	
—	—	—	_____	+ _____	
—	—	—	_____	+ _____	
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—	—	—	_____	+ _____	
—	—	—	_____	+ _____	
—	—	—	_____	+ _____	
—	—	—	_____	+ _____	
—	—	—	_____	+ _____	
—	—	—	_____	+ _____	

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

Table with 2 columns: 2023 Information, Prior Year Information. Rows include Medicare premiums, Prescription drug (Part D) premiums, Net Benefits for 2023 (Box 3 minus Box 4) (Box 5), and Voluntary Federal Income Tax Withheld (Box 6).

Tier 1 Railroad Benefits

Table with 2 columns: 2023 Information, Prior Year Information. Rows include Net Social Security Equivalent Benefit, Portion of Tier 1 Paid in 2023 (Box 5), Federal Income Tax Withheld (Box 10), and Medicare Premium Total (Box 11).

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2023 or receive any prior year benefits in 2023. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 11.

Five horizontal lines for additional information, each ending with a reference number [40] through [44].

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__[1]	__[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__[3]	__[4]
Enter the total traditional IRA contributions made for use in 2023	+ _____[5]	+ _____[6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2023	+ _____[5]	+ _____[6]
Enter the nondeductible contribution amount made in 2024 for use in 2023	+ _____[7]	+ _____[8]
Traditional IRA basis	+ _____[17]	+ _____[18]
Value of all your traditional IRA's on December 31, 2023:		
_____	+ _____[19]	+ _____[20]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2022 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__[29]	__[30]
Enter the total Roth IRA contributions made for use in 2023	+ _____[31]	+ _____[32]
Enter the amount a 2023 Roth IRA conversion should be adjusted by	+ _____[39]	+ _____[40]
Enter the total contribution Roth IRA basis on December 31, 2022	+ _____[43]	+ _____[44]
Enter the total Roth IRA contribution recharacterizations for 2023	+ _____[45]	+ _____[46]
Enter the Roth conversion IRA basis on December 31, 2022	+ _____[47]	+ _____[48]
Value of all your Roth IRA's on December 31, 2023:		
_____	+ _____[49]	+ _____[50]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

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 2023 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2023 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2023 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2023 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2023 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2023 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2023 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2023 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2023 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2023 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2023 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2023 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2023 + _____ [20]

NOTES/QUESTIONS:

Preparer use only

	2023 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 2023	_____ [30]	
Did you make any payments in 2023 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

	2023 Information	Prior Year Information
Gross receipts and sales	+ _____ [52]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [55]	
Other income:	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2023 Information	Prior Year Information
Beginning inventory	+ _____ [59]	
Purchases	+ _____ [61]	
Labor:		
_____	+ _____ [63]	
_____	+ _____	
Materials	+ _____ [65]	
Other costs:		
_____	+ _____ [67]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [69]	

Preparer use only

Principal business or profession _____

2023 Information

Prior Year Information

Advertising	+ _____ [6]
Car and truck expenses	+ _____ [8]
Commissions and fees	+ _____ [10]
Contract labor	+ _____ [12]
Depletion	+ _____ [14]
Depreciation	+ _____ [16]
Employee benefit programs (Include Small Employer Health Ins Premiums credit):	
_____	+ _____ [18]
_____	+ _____
Insurance (Other than health):	
_____	+ _____ [20]
_____	+ _____
Interest:	
Mortgage (Paid to banks, etc.)	
_____	+ _____ [22]
_____	+ _____
_____	+ _____
Other:	
_____	+ _____ [24]
_____	+ _____
Legal and professional services	+ _____ [26]
Office expense	+ _____ [29]
Pension and profit sharing:	
_____	+ _____ [31]
_____	+ _____
Rent or lease:	
Vehicles, machinery, and equipment	+ _____ [33]
Other business property	+ _____ [35]
Repairs and maintenance	+ _____ [37]
Supplies	+ _____ [39]
Taxes and licenses:	
_____	+ _____ [41]
_____	+ _____
_____	+ _____
_____	+ _____
Travel and meals:	
Travel	+ _____ [43]
Meals (Enter 100% subject to 50% limitation)	+ _____ [45]
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]
Meals (Fully deductible)	+ _____ [49]
Utilities	+ _____ [51]
Wages (Less employment credit):	
_____	+ _____ [53]
_____	+ _____
Other expenses:	
_____	+ _____ [55]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____

Control Totals+

Preparer use only
 Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2023 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.**

	2023 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	_____ [48]		_____ [50]		_____ [52]		_____ [54]	
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]	

Preparer use only

2023 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/county _____ [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 2023 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

2023 Information

Prior Year Information

_____ + _____ [33]

Rent and Royalty Expenses

2023 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+

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]

	2023 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 _____	[10]	
Financial institution _____	[12]	
Address of financial institution _____	[13]	
City, state, zip code _____ [14] ____ [15] _____	[16]	
Foreign country code/name _____ [17] _____	[18]	
For addresses in Mexico, enter state _____	[20]	
Foreign province/county _____	[23]	
Foreign postal code _____	[24]	
Account jointly owned with spouse	__[25]	
Account opened during the tax year	__[47]	
Account closed during the tax year	__[49]	
Information is reported for a financial account which is:	__[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]	[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:

Complete this section if you paid interest on a qualified student loan in 2023 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 2023. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2023 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 2023.
 Enter the amount actually paid during 2023.**

	2023 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	_____
Educational institution changed its reporting method for 2023 (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 2024 (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	—	
<small>1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2023</small>		

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J

2023 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 (22 cents)	_____ [14]	_____
--------	-------------------------------------------	------------	-------

Schedule A - Tax Expenses

T/S/J

2023 Information

Prior Year Information

State/local income taxes paid:

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

2022 state and local income taxes paid in 2023:

__[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+

T/S/J	2023 Interest Paid ⁽²⁾	2023 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	SSN or EIN	2023 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[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 2023 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2023 (Preparer use only) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2023 _____

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2023 (Preparer use only) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2023 _____

T/S/J	2023 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15] _____	+ _____ [16]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

T/S/J

2023 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

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

__[2]	_____	+	_____ [3]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
__[5]	Volunteer miles driven _____		_____ [6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
__[8]	_____	+	_____ [9]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

Miscellaneous Deductions

T/S/J

2023 Information

Prior Year Information

Other expenses

__[12]	_____	+	_____ [13]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
__[15]	Gambling losses: (Enter only if you have gambling income) _____	+	_____ [16]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

NOTES/QUESTIONS:

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+	
--	------------------------	--

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+	
--	------------------------	--

Please provide all Forms 5498-SA.

	2023 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 2023 (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 2023	____[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 2023	+ _____[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____[16]	
Excess contributions for 2022 taken as constructive contributions for 2023	+ _____[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 2023? (Y, N) _____[33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2023 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100%;"></div>
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 2023	+ _____[19]	
Withdrawal of excess contributions by the due date of the return	+ _____[21]	
Amount of distribution rolled over for 2023	+ _____[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 12/31/22	+ _____[27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2022 and in effect for the month of December 2022? (Y, N)	_____[29]	
Was the high deductible health plan coverage ended before 12/31/23? (Y, N)	_____[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2023 Information	Prior Year Information
Name of the insured chronically ill individual _____	_____[39]	<div style="border: 1px solid black; height: 100%;"></div>
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 2023? (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:

Child and Dependent Care Expenses

**Please enter all amounts paid in 2023 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
2022 employer-provided dependent care benefits used during 2023 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2023	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2023		_____ [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 2023 _____ + _____ [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 2023 _____ + _____

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 2023 _____ + _____

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 2023 _____ + _____

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 2023 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____