

WARNING!

BLANK ORGANIZER PAGES DO NOT INCLUDE YOUR PRIOR YEAR INFORMATION. PLEASE ONLY USE THE BLANK ORGANIZER TO PRINT ADDITIONAL PAGES OR TO PRINT PAGES THAT WERE NOT INCLUDED IN YOUR PREVIOUSLY PROVIDED ORGANIZER.

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

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| | | | | |
|------|------|----|--------------------|---|
| 2023 | 1040 | US | Client Information | 1 |
|------|------|----|--------------------|---|

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Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2023 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

| | | |
|-----------------|---|--|
| Filing Status | Filing status (table) | |
| | 1=married filing separate and lived with spouse | |
| | Year spouse died, if qualifying surviving spouse (2021 or 2022) ... | |
| Taxpayer | First name and initial | |
| | Last name | |
| | Title/suffix | |
| | Social security number | |
| | Occupation | |
| | Date of birth (m/d/y) | |
| | Date of death (m/d/y) | |
| | 1=blind | |
| Spouse | First name and initial | |
| | Last name | |
| | Title/suffix | |
| | Social security number | |
| | Occupation | |
| | Date of birth (m/d/y) | |
| | Date of death (m/d/y) | |
| | 1=blind | |
| Address | In care of | |
| | Street address | |
| | Apartment number | |
| | City | |
| | State | |
| | ZIP code | |
| Foreign Address | Region | |
| | Postal code | |
| | Country | |

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying surviving spouse (QSS)

2023

1040

US

Client Information (continued)

1 p2

Please add, change or delete information for 2023.

CLIENT INFORMATION

| | | | |
|------------------------------|------------------------------|--|--|
| Taxpayer Contact Information | Home phone..... | | Daytime Phone 1 = Work 2 = Home 3 = Mobile |
| | Work phone..... | | |
| | Work extension..... | | |
| | Daytime phone (table)..... | | |
| | Mobile phone..... | | |
| | Fax number..... | | |
| | E-mail address..... | | |
| Spouse Contact Information | Home phone..... | | |
| | Work phone..... | | |
| | Work extension..... | | |
| | Daytime phone (table)..... | | |
| | Mobile phone..... | | |
| | Fax number..... | | |
| | E-mail address..... | | |
| Taxpayer Authentication | Driver's license no..... | | |
| | Driver's license state..... | | |
| | Issue date (m/d/y)..... | | |
| | Expiration date (m/d/y)..... | | |
| | Theft protection PIN..... | | |
| Spouse Authentication | Driver's license no..... | | |
| | Driver's license state..... | | |
| | Issue date (m/d/y)..... | | |
| | Expiration date (m/d/y)..... | | |
| | Theft protection PIN..... | | |

1 p2

| | | | | |
|-------------|-------------|-----------|-------------------|----------|
| 2023 | 1040 | US | Dependents | 2 |
|-------------|-------------|-----------|-------------------|----------|

Please add, change or delete information for 2023.

DEPENDENTS

| | Dependent | Dependent | |
|---------------------------------------|-----------|-----------|--|
| First name..... | | | <p style="text-align:center;">Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent 5 = Earned income credit only, not a dependent</p> <p style="text-align:center;">Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Date of death..... | | | |
| Date of adoption..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |
| IRS theft protection PIN..... | | | |
| First name..... | | | |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Date of death..... | | | |
| Date of adoption..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |
| IRS theft protection PIN..... | | | |
| First name..... | | | This section shares the notes from the first section |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Date of death..... | | | |
| Date of adoption..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |
| IRS theft protection PIN..... | | | |

Please enter all pertinent 2023 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

| | | | |
|--|----|--|--|
| 1=direct deposit of federal tax refund into bank account | 18 | | |
| 1=electronic payment of balance due | 34 | | |
| 1=electronic payment of estimated tax | 36 | | |

BANK INFORMATION

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|--------------|----------------------------|----------------|----------------|---------------------------|---------------------------|
| 19 | 24 | 20 | 21 | 22 | 71 |
| 44 | 45 | 47 | 48 | 49 | 72 |
| 50 | 51 | 67 | 68 | 69 | 73 |

2023 ESTIMATED TAX / 1040-ES (6)

Federal

| | Amount Paid | Date Paid | TS | 2023 Voucher Amount |
|--|-------------|-----------|----|---------------------|
| Overpayment applied from 2022 | 1 | | | |
| 1st quarter payment | 2 | 3 | | 13 |
| 2nd quarter payment | 4 | 5 | | 14 |
| 3rd quarter payment | 6 | 7 | | 15 |
| 4th quarter payment | 8 | 9 | | 16 |
| Additional Estimated Tax Payments | 38 | 39 | | |
| | 40 | 41 | | |
| | 42 | 43 | | |
| | 44 | 45 | | |
| Paid with extension | 10 | 11 | | 802 |
| Former spouse SSN if joint estimates | 12 | | | |

State

| | Amount Paid | Date Paid | TS | 2023 Voucher Amount |
|-------------------------------------|-------------|-----------|----|---------------------|
| Overpayment applied from 2022 | 101 | | | |
| 1st quarter payment | 102 | 103 | | 113 |
| 2nd quarter payment | 104 | 105 | | 114 |
| 3rd quarter payment | 106 | 107 | | 115 |
| 4th quarter payment | 108 | 109 | | 116 |
| Additional Estimated Tax Payments | 138 | 139 | | |
| | 140 | 141 | | |
| | 142 | 143 | | |
| | 144 | 145 | | |
| Paid with extension | 110 | 111 | | 804 |

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

| | |
|---------------------------------------|--|
| 1 = Checking or savings (default) | 6 = Coverdell savings account (ESA) |
| 2 = Taxpayer's IRA (next year limits) | 7 = Other |
| 3 = Spouse's IRA (next year limits) | 8 = Taxpayer's IRA (current year limits) |
| 4 = Health savings account (HSA) | 9 = Spouse's IRA (current year limits) |
| 5 = Archer MSA | |

Please enter all pertinent 2023 information.

APPLICATION OF 2023 OVERPAYMENT (7.1)

If you have an overpayment of 2023 taxes, do you want the excess refunded? or applied to 2024 estimate?

Other (please explain): _____

2024 ESTIMATED TAX INFORMATION

Do you expect your 2024 taxable income to be different from 2023? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2024 withholding to be different from 2023? Yes No

If "yes" explain any differences: _____

| | | | | |
|-------------|-------------|-----------|---|-----------------------|
| 2023 | 1040 | US | Wages, Pensions, Gambling Winnings | 10, 13.1, 13.2 |
|-------------|-------------|-----------|---|-----------------------|

Please enter all pertinent 2023 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) | | Wages, Tips, Other Compensation (Box 1) | Tax Withheld | | | | | 2022 Wages |
|-----|--------------------------|----------------------------|---|---|-----------------|-------------------------|------------------|----------------|----------------|------------|
| | | 1=spouse | | | Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) | |
| | 800 | 1 | 2 | 3 | 4 | 6 | 8 | 14 | 18 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

PENSIONS, IRA DISTRIBUTIONS (13.1)

| No. | Name of Payer | Distribution code #2 | | | | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld | | Value of all IRAs at 12/31/23 | 2022 Distribution |
|-----|---------------|----------------------|----------|---|-----|----------------------------|-------------------------|-----------------|----------------|-------------------------------|-------------------|
| | | Distribution code #1 | | 8 | 196 | | | Federal (Box 4) | State (Box 14) | | |
| | | 1=IRA/SEP/SIMPLE | 1=spouse | | | | | | | | |
| | 800 | 1 | 2 | 8 | 196 | 3 | 4 | 6 | 9 | 34 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

GAMBLING WINNINGS (W-2G) (13.2)

| No. | Name of Payer | 1=spouse | Gross Winnings (Box 1) | Tax Withheld | | | 2022 Winnings |
|-----|---------------|----------|------------------------|-----------------|----------------|----------------|---------------|
| | | | | Federal (Box 4) | State (Box 15) | Local (Box 17) | |
| | 800 | 1 | 3 | 6 | 9 | 152 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

| | | | |
|--|-------------|----|-------------|
| | 2023 Amount | TS | 2022 Amount |
| Total gambling losses | 12 | | |
| Winnings not reported on Form W-2G | 10 | | |

10, 13.1, 13.2

Please enter all pertinent 2023 amounts and attach all 1099-MISC, 1099-NEC, 1099-K, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

| | 2023 Amount | | 2022 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Social security benefits (SSA-1099, box 5) | 2 | 52 | | |
| Medicare premiums paid (SSA-1099) | 13 | 63 | | |
| 1=treat Medicare premiums paid as SE health ins. | 34 | 84 | | |
| Tier 1 RR retirement benefits (RRB-1099, box 5) ... | 3 | 53 | | |
| 1=lump-sum election for SS benefits | 12 | 62 | | |
| Alimony received | 5 | 55 | | |
| Taxable scholarships and fellowships | 8 | 58 | | |
| Jury duty pay | 28 | 78 | | |
| Household employee income not on W-2 | 9 | 59 | | |
| Excess minister's allowance | 24 | 74 | | |
| Alaska permanent fund dividends | 21 | 71 | | |
| Income from rental of personal property | 23 | 73 | | |
| Activity not engaged in for profit income | 43 | 93 | | |
| Olympic & Paralympic medals & USOC prize money | 45 | 95 | | |
| Prizes and awards | 42 | 92 | | |
| Stock Options | 44 | 94 | | |
| Strike or lockout benefits (other than bona fide gifts) | 929 | 930 | | |
| Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes | 927 | 928 | | |
| Wages earned while incarcerated not on W-2 | 48 | 98 | | |
| Income subject to S/E tax: (1099-NEC, box 1) | | | | |
| _____ | 10 | 60 | | |
| _____ | 10 | 60 | | |
| _____ | 10 | 60 | | |
| _____ | 10 | 60 | | |
| _____ | 10 | 60 | | |
| _____ | 10 | 60 | | |
| Other income (1099-MISC, box 3, 8) | | | | |
| _____ | 11 | 61 | | |
| _____ | 11 | 61 | | |
| _____ | 11 | 61 | | |
| _____ | 11 | 61 | | |
| _____ | 11 | 61 | | |
| _____ | 11 | 61 | | |

Form 1099-K

| | | | | |
|--|-----|-----|--|--|
| Amount of sale proceeds from Form 1099-K for personal item(s) sold at a loss | 931 | 932 | | |
| Amount from Form 1099-K that was incorrectly reported | 933 | 934 | | |

TAX WITHHELD (not entered elsewhere)

| | | | | |
|-----------------------------------|----|----|--|--|
| Federal income tax withheld | 14 | 64 | | |
| State income tax withheld | 15 | 65 | | |
| Local income tax withheld | 16 | 66 | | |

Please add, change or delete 2023 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2023 1099-G Amount

| | | | | |
|---|--|-----|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer | 800 | | |
| | 1=spouse | 1 | | |
| | Unemployment compensation: | | | |
| | Total received (Box 1) | 2 | | |
| | 2023 Overpayment repaid | 3 | | |
| | State and local refunds: | | | |
| | State and local income tax refund, credit or offsets (Box 2) | 4 | | |
| | 1=city or local income tax refund | 9 | | |
| | Tax year for box 2 if not 2022 (Box 3) | 5 | | |
| | Federal income tax withheld (Box 4) | 6 | | |
| | RTAA payments (Box 5) | 25 | | |
| | Taxable grants: | | | |
| | Federal taxable amount (Box 6) | 12 | | |
| | State taxable amount, if different | 17 | | |
| | Farm amounts: | | | |
| | Agriculture payments (Box 7) | 13 | | |
| | 1=agriculture payments are from conservation reserve program | 24 | | |
| Market gain (Box 9) | 26 | | | |
| Number of farm | 15 | | | |
| 1=box 2 is trade or business income (Box 8) | 14 | | | |
| State income tax withheld (Box 11) | 11 | | | |

| | | | | |
|---|--|-----|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer | 800 | | |
| | 1=spouse | 1 | | |
| | Unemployment compensation: | | | |
| | Total received (Box 1) | 2 | | |
| | 2023 Overpayment repaid | 3 | | |
| | State and local refunds: | | | |
| | State and local income tax refund, credit or offsets (Box 2) | 4 | | |
| | 1=city or local income tax refund | 9 | | |
| | Tax year for box 2 if not 2022 (Box 3) | 5 | | |
| | Federal income tax withheld (Box 4) | 6 | | |
| | RTAA payments (Box 5) | 25 | | |
| | Taxable grants: | | | |
| | Federal taxable amount (Box 6) | 12 | | |
| | State taxable amount, if different | 17 | | |
| | Farm amounts: | | | |
| | Agriculture payments (Box 7) | 13 | | |
| | 1=agriculture payments are from conservation reserve program | 24 | | |
| Market gain (Box 9) | 26 | | | |
| Number of farm | 15 | | | |
| 1=box 2 is trade or business income (Box 8) | 14 | | | |
| State income tax withheld (Box 11) | 11 | | | |

| | | | | |
|-------------|-------------|-----------|--|-------------|
| 2023 | 1040 | US | Education Distributions (ESA's and QTP's) | 14.3 |
|-------------|-------------|-----------|--|-------------|

Please enter all pertinent 2023 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

ESA'S AND QTP'S (Form 1099-Q)

| | | 2023 Amount | 2022 Amount |
|--|--|-------------|-------------|
| No. <input style="width:50px;" type="text"/> | Name of payer..... | 800 | |
| | 1=spouse..... | 1 | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits) | 143 | |
| | Elementary & secondary education (net of nontaxable benefits) | 307 | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1)..... | 301 | |
| | Earnings (Box 2)..... | 302 | |
| | Basis (Box 3)..... | 303 | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4) | 304 | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) | 2 | |
| | ESA's only: | | |
| | 2023 contributions to this ESA | 142 | |
| | Value of this account at 12/31/23 (plus outstanding rollovers) | 144 | |
| | Basis in this ESA as of 12/31/22 | 165 | |

| | | | |
|--|--|-----|--|
| No. <input style="width:50px;" type="text"/> | Name of payer..... | 800 | |
| | 1=spouse..... | 1 | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits) | 143 | |
| | Elementary & secondary education (net of nontaxable benefits) | 307 | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1)..... | 301 | |
| | Earnings (Box 2)..... | 302 | |
| | Basis (Box 3)..... | 303 | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4) | 304 | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) | 2 | |
| | ESA's only: | | |
| | 2023 contributions to this ESA | 142 | |
| | Value of this account at 12/31/23 (plus outstanding rollovers) | 144 | |
| | Basis in this ESA as of 12/31/22 | 165 | |

| | | | |
|--|--|-----|--|
| No. <input style="width:50px;" type="text"/> | Name of payer..... | 800 | |
| | 1=spouse..... | 1 | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits) | 143 | |
| | Elementary & secondary education (net of nontaxable benefits) | 307 | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1)..... | 301 | |
| | Earnings (Box 2)..... | 302 | |
| | Basis (Box 3)..... | 303 | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4) | 304 | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) | 2 | |
| | ESA's only: | | |
| | 2023 contributions to this ESA | 142 | |
| | Value of this account at 12/31/23 (plus outstanding rollovers) | 144 | |
| | Basis in this ESA as of 12/31/22 | 165 | |

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

ABLE DISTRIBUTIONS / CONTRIBUTIONS

| | | 2023 Amount | 2022 Amount |
|--|--|-------------|-------------|
| No. <input style="width:50px;" type="text"/> | Name of payer or issuer | 800 | |
| | 1=spouse | 1 | |
| | Distributions (1099-QA): | | |
| | Gross distributions (1) | 2 | |
| | Earnings (2) | 3 | |
| | Basis (3) | 4 | |
| | 1=program to program transfer (4) | 5 | |
| | 1=ABLE account terminated (5) | 6 | |
| | 1=recipient is not the designated beneficiary (6) | 7 | |
| | Qualified disability expenses paid | 8 | |
| | Amount excluded from 10% tax | 12 | |
| | Excess contributions: | | |
| | Excess contributions withdrawn by due date of return | 11 | |
| Earnings on excess contributions | 13 | | |

| | | | |
|--|--|-----|--|
| No. <input style="width:50px;" type="text"/> | Name of payer or issuer | 800 | |
| | 1=spouse | 1 | |
| | Distributions (1099-QA): | | |
| | Gross distributions (1) | 2 | |
| | Earnings (2) | 3 | |
| | Basis (3) | 4 | |
| | 1=program to program transfer (4) | 5 | |
| | 1=ABLE account terminated (5) | 6 | |
| | 1=recipient is not the designated beneficiary (6) | 7 | |
| | Qualified disability expenses paid | 8 | |
| | Amount excluded from 10% tax | 12 | |
| | Excess contributions: | | |
| | Excess contributions withdrawn by due date of return | 11 | |
| Earnings on excess contributions | 13 | | |

| | | | |
|--|--|-----|--|
| No. <input style="width:50px;" type="text"/> | Name of payer or issuer | 800 | |
| | 1=spouse | 1 | |
| | Distributions (1099-QA): | | |
| | Gross distributions (1) | 2 | |
| | Earnings (2) | 3 | |
| | Basis (3) | 4 | |
| | 1=program to program transfer (4) | 5 | |
| | 1=ABLE account terminated (5) | 6 | |
| | 1=recipient is not the designated beneficiary (6) | 7 | |
| | Qualified disability expenses paid | 8 | |
| | Amount excluded from 10% tax | 12 | |
| | Excess contributions: | | |
| | Excess contributions withdrawn by due date of return | 11 | |
| Earnings on excess contributions | 13 | | |

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | | |
|---|-----|--|
| Principal business/profession | 800 | |
| Principal business code | 801 | |
| Business name, if different from Form 1040 | 802 | |
| Business address, if different from Form 1040 | 803 | |
| City, if different from Form 1040 | 804 | |
| State, if different from Form 1040 | 828 | |
| ZIP code, if different from Form 1040 | 829 | |
| Foreign region | 830 | |
| Foreign postal code | 831 | |
| Foreign country | 832 | |
| Employer identification number | 805 | |
| Other accounting method | 806 | |

Accounting method: 1=cash, 2=accrual

Inventory method: 1=cost, 2=lower cost/market, 3=other

1=change of inventory method

1=spouse, 2=joint

1=first Schedule C filed for this business

If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no

1=not subject to self-employment tax

1=did not "materially participate"

1=personal services is not a material income producing factor

1=investment

1=minister's Schedule C

1=single member limited liability company

1=trader in financial instruments or commodities

| | | |
|-----|--|--|
| 7 | | |
| 6 | | |
| 8 | | |
| 10 | | |
| 44 | | |
| 112 | | |
| 39 | | |
| 22 | | |
| 220 | | |
| 37 | | |
| 302 | | |
| 418 | | |
| 95 | | |

INCOME

Gross receipts or sales (Form 1099-NEC)

Returns and allowances

Other income:

| | 2023 Amount | 2022 Amount |
|----|-------------|-------------|
| 51 | | |
| 52 | | |
| 54 | | |
| 54 | | |
| 54 | | |
| 54 | | |

COST OF GOODS SOLD

Inventory at beginning of the year

Purchases

Cost of items for personal use

Cost of labor

Materials and supplies

Other costs:

Inventory at end of the year

| | | |
|----|--|--|
| 14 | | |
| 15 | | |
| 16 | | |
| 17 | | |
| 18 | | |
| 19 | | |
| 19 | | |
| 19 | | |
| 19 | | |
| 20 | | |

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

EXPENSES

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Accounting..... | 201 | |
| Advertising..... | 56 | |
| Answering service..... | 202 | |
| Bad debts from sales or service..... | 57 | |
| Bank charges..... | 203 | |
| Car and truck expenses (not entered elsewhere)..... | 59 | |
| Commissions..... | 60 | |
| Contract labor..... | 87 | |
| Delivery and freight..... | 204 | |
| Dues and subscriptions..... | 205 | |
| Employee benefit programs..... | 64 | |
| Insurance (other than health)..... | 66 | |
| Mortgage interest (paid to banks, etc.)..... | 12 | |
| Other interest (not entered elsewhere)..... | 67 | |
| Janitorial..... | 206 | |
| Laundry and cleaning..... | 207 | |
| Legal and professional..... | 69 | |
| Miscellaneous..... | 208 | |
| Office expense..... | 70 | |
| Outside services..... | 209 | |
| Parking and tolls..... | 210 | |
| Pension and profit sharing plans - contributions..... | 71 | |
| Pension and profit sharing plans - admin. and education costs..... | 53 | |
| Postage..... | 211 | |
| Printing..... | 212 | |
| Rent - vehicles, machinery, & equipment (not entered elsewhere)..... | 58 | |
| Rent - other..... | 72 | |
| Repairs..... | 73 | |
| Security..... | 213 | |
| Supplies..... | 74 | |
| Taxes - real estate..... | 45 | |
| Taxes - payroll..... | 41 | |
| Taxes - sales tax included in gross receipts..... | 43 | |
| Taxes - other (not entered elsewhere)..... | 75 | |
| Telephone..... | 214 | |
| Tools..... | 215 | |
| Travel..... | 76 | |
| Meals in full (50%)..... | 81 | |
| Department of Transportation meals in full (80%)..... | 86 | |
| Uniforms..... | 216 | |
| Utilities..... | 77 | |
| Wages..... | 78 | |

Other expenses:

| | | |
|-------|----|--|
| _____ | 90 | |
| _____ | 90 | |
| _____ | 90 | |
| _____ | 90 | |
| _____ | 90 | |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

| | | 2023 Amount | 2022 Amount |
|--------------------------|--|-------------|-------------|
| No. <input type="text"/> | Description of property | 800 | |
| | Date acquired (m/d/y) | 25 | |
| | Date sold (m/d/y) | 26 | |
| | Gross profit ratio (.xxxx) | 500 | |
| | Current year principal payments (-1 if none) | 36 | |

| | | | |
|--------------------------|--|-----|--|
| No. <input type="text"/> | Description of property | 800 | |
| | Date acquired (m/d/y) | 25 | |
| | Date sold (m/d/y) | 26 | |
| | Gross profit ratio (.xxxx) | 500 | |
| | Current year principal payments (-1 if none) | 36 | |

| | | | |
|--------------------------|--|-----|--|
| No. <input type="text"/> | Description of property | 800 | |
| | Date acquired (m/d/y) | 25 | |
| | Date sold (m/d/y) | 26 | |
| | Gross profit ratio (.xxxx) | 500 | |
| | Current year principal payments (-1 if none) | 36 | |

| | | | |
|--------------------------|--|-----|--|
| No. <input type="text"/> | Description of property | 800 | |
| | Date acquired (m/d/y) | 25 | |
| | Date sold (m/d/y) | 26 | |
| | Gross profit ratio (.xxxx) | 500 | |
| | Current year principal payments (-1 if none) | 36 | |

| | | | |
|--------------------------|--|-----|--|
| No. <input type="text"/> | Description of property | 800 | |
| | Date acquired (m/d/y) | 25 | |
| | Date sold (m/d/y) | 26 | |
| | Gross profit ratio (.xxxx) | 500 | |
| | Current year principal payments (-1 if none) | 36 | |

| | | | |
|--------------------------|--|-----|--|
| No. <input type="text"/> | Description of property | 800 | |
| | Date acquired (m/d/y) | 25 | |
| | Date sold (m/d/y) | 26 | |
| | Gross profit ratio (.xxxx) | 500 | |
| | Current year principal payments (-1 if none) | 36 | |

| | | | |
|--------------------------|--|-----|--|
| No. <input type="text"/> | Description of property | 800 | |
| | Date acquired (m/d/y) | 25 | |
| | Date sold (m/d/y) | 26 | |
| | Gross profit ratio (.xxxx) | 500 | |
| | Current year principal payments (-1 if none) | 36 | |

| | | | | |
|-------------|-------------|-----------|---|---------------|
| 2023 | 1040 | US | Sale of Home & Moving Expenses | 17, 27 |
|-------------|-------------|-----------|---|---------------|

**If you sold your home or moved in 2023, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from
the purchase and sale of your home.**

SALE OF HOME (17)

| | | |
|--|-----|--|
| Description of property (Box 3) | 800 | |
| Date acquired (m/d/y) | 25 | |
| Date sold (m/d/y) (Box 1) | 26 | |
| Sales price (Box 2) | 27 | |
| 1=sale of home | 46 | |
| 1=owned and used property as main home for at least 2 of 5 years before sale | 145 | |
| 1=first-time homebuyer credit was previously taken on this home | 366 | |
| 1=business use in year of sale | 167 | |
| Number of days after December 31, 2008 that home was not used as principal residence | 367 | |

Adjusted Basis

| | | |
|----------------------|----|--|
| Original cost | | |
| Improvements: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Adjusted basis | 29 | |

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

| | | |
|------------------------------|----|--|
| _____ | | |
| _____ | | |
| _____ | | |
| Total expenses of sale | 28 | |

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
a) Did not meet the ownership and use tests *, or **b) Excluded gain on the sale of another home after May 6, 1997.**

| | | |
|---|-----|--|
| If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) | 152 | |
| 1=sale due to change in health, employment or unforeseen circumstances | 161 | |
| Days used as main home - taxpayer | 148 | |
| Days used as main home - spouse | 149 | |
| Days property owned - taxpayer | 150 | |
| Days property owned - spouse | 151 | |

MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent change in station)

| | | |
|---|----|--|
| 1=spouse, 2=joint | 1 | |
| 1=armed forces move due to permanent change of station | 14 | |
| Miles from old home to new work place | 2 | |
| Miles from old home to old work place | 3 | |
| Expenses for transportation and storage of household goods and personal effects | 4 | |
| Lodging and travel (excluding meals): | | |
| Lodging and travel (excluding automobile) | 5 | |
| Parking fees and tolls | 15 | |
| Gas and oil | 16 | |
| Miles driven to new home | 17 | |

(* owned and used property as main home for at least 2 of 5 years before sale)

| | |
|--|---------------|
| | 17, 27 |
|--|---------------|

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | 2023 Amount | 2022 Amount |
|------------------------------------|-------------|--|
| Description of property | 800 | Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental |
| Street address | 801 | |
| City | 820 | |
| State | 821 | |
| ZIP code | 822 | |
| Type of property (see table) | 802 | |
| Other type of property | 803 | |
| Number of days rented | 34 | |

| | | | |
|---|-----|--|-----|
| Percentage of ownership if not 100% (.xxxx) | 500 | 1=did not actively participate | 38 |
| Percentage of tenant occupancy if not 100% (.xxxx) | 503 | 1=real estate professional | 32 |
| 1=spouse, 2=joint | 33 | 1=rental other than real estate | 71 |
| 1=qualified joint venture | 108 | 1=investment | 48 |
| 1=nonpassive activity, 2=passive royalty | 39 | 1=single member limited liability company | 418 |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no | | | 112 |

INCOME

| | 2023 Amount | 2022 Amount |
|-----------------------------------|-------------|-------------|
| Rents or royalties received | 110 | |

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

| | | |
|---|----|--|
| Advertising | 4 | |
| Association dues | 16 | |
| Auto and travel (not entered elsewhere) | 5 | |
| Cleaning and maintenance | 6 | |
| Commissions | 7 | |
| Gardening | 18 | |
| Insurance | 8 | |
| Legal and professional fees | 10 | |
| Licenses and permits | 23 | |
| Management fees | 19 | |
| Miscellaneous | 24 | |
| Mortgage interest (paid to banks, etc.) | 9 | |
| Excess mortgage interest | 67 | |
| Other interest (not entered elsewhere) | 29 | |
| Painting and decorating | 20 | |
| Pest control | 21 | |
| Plumbing and electrical | 17 | |
| Repairs | 11 | |
| Supplies | 12 | |
| Taxes - real estate | 13 | |
| Taxes - other (not entered elsewhere) | 25 | |
| Telephone | 22 | |
| Utilities | 14 | |
| Wages and salaries | 15 | |
| Other: | | |
| _____ | 27 | |
| _____ | 27 | |
| _____ | 27 | |
| _____ | 27 | |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

| | | |
|---------------------------|-----|--|
| Foreign region | 823 | |
| Foreign postal code | 824 | |
| Foreign country | 825 | |

OIL AND GAS

| | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Production type (preparer use only) | 42 | |
| Cost depletion | 43 | |
| Percentage depletion rate or amount | 502 | |
| State cost depletion, if different (-1 if none) | 76 | |
| State % depletion rate or amount, if different (-1 if none) | 506 | |

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

| | | |
|---|----|--|
| Number of days personal use | 35 | |
| Number of days owned (if optional method elected) | 53 | |

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

| | | |
|---|-----|--|
| Advertising | 204 | |
| Association dues | 216 | |
| Auto and travel (not entered elsewhere) | 205 | |
| Cleaning and maintenance | 206 | |
| Commissions | 207 | |
| Gardening | 218 | |
| Insurance | 208 | |
| Legal and professional fees | 210 | |
| Licenses and permits | 223 | |
| Management fees | 219 | |
| Miscellaneous | 224 | |
| Mortgage interest (paid to banks, etc.) | 209 | |
| Excess mortgage interest | 267 | |
| Other interest (not entered elsewhere) | 229 | |
| Painting and decorating | 220 | |
| Pest control | 221 | |
| Plumbing and electrical | 217 | |
| Repairs | 211 | |
| Supplies | 212 | |
| Taxes - real estate | 213 | |
| Taxes - other (not entered elsewhere) | 225 | |
| Telephone | 222 | |
| Utilities | 214 | |
| Wages and salaries | 215 | |

Other:

| | | |
|--|-----|--|
| | 227 | |
| | 227 | |
| | 227 | |
| | 227 | |
| | 227 | |
| | 227 | |

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | | |
|--------------------------|-----|--|
| Principal product | 800 | |
| Employer ID number | 801 | |

| | | | |
|---|-----|--|--|
| Agricultural activity code | 1 | | |
| Accounting method: 1=cash, 2=accrual | 2 | | |
| 1=spouse, 2=joint | 5 | | |
| 1=farm rental (Form 4835) | 84 | | |
| Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other | 966 | | |
| 1=crop insurance proceeds election | 64 | | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no | 112 | | |
| 1=did not "materially participate" (Schedule F only) | 65 | | |
| 1=did not actively participate (Farm rental only) | 85 | | |
| 1=real estate professional (farm rental only) | 3 | | |
| 1=single member limited liability company | 418 | | |
| % of ownership if not 100% (.xxxx) (Farm rental only) | 504 | | |

FARM INCOME

| | | 2023 Amount | 2022 Amount |
|--|-----|-------------|-------------|
| Cash method: | | | |
| Sales of livestock and other resale items | 6 | | |
| Cost or basis of livestock or other resale items | 7 | | |
| Sales of products raised | 8 | | |
| Accrual method: | | | |
| Sales of livestock, produce, etc. | 17 | | |
| Beginning inventory of livestock, etc. | 23 | | |
| Cost of livestock, etc. purchased | 24 | | |
| Ending inventory of livestock, etc. | 25 | | |
| Other farm income: | | | |
| Total cooperative distributions | 9 | | |
| Taxable cooperative distributions | 10 | | |
| Total agricultural program payments (other than CRP) | 11 | | |
| Taxable agricultural program payments (other than CRP) | 12 | | |
| Total conservation reserve program payments | 141 | | |
| Taxable conservation reserve program payments | 142 | | |
| Commodity credit loans reported under election | 13 | | |
| Total commodity credit loans forfeited or repaid | 73 | | |
| Taxable commodity credit loans forfeited or repaid | 74 | | |
| Total crop insurance proceeds received in 2023 | 14 | | |
| Taxable crop insurance proceeds received in 2023 | 75 | | |
| Taxable crop insurance proceeds deferred from 2022 | 76 | | |
| Custom hire (machine work) income not included above | 15 | | |

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

FARM INCOME (continued)

Other income:

| | 2023 Amount | 2022 Amount |
|-------|-------------|-------------|
| _____ | 16 | |
| _____ | 16 | |
| _____ | 16 | |
| _____ | 16 | |
| _____ | 16 | |
| _____ | 16 | |
| _____ | 16 | |
| _____ | 16 | |
| _____ | 16 | |
| _____ | 16 | |

FARM EXPENSES

| | | |
|---|----|--|
| Car and truck expenses (not entered elsewhere) | 60 | |
| Chemicals | 27 | |
| Conservation expenses | 28 | |
| Custom hire (machine work) | 40 | |
| Employee benefit programs | 31 | |
| Feed purchased | 32 | |
| Fertilizers and lime | 33 | |
| Freight and trucking | 34 | |
| Gasoline, fuel, and oil | 35 | |
| Insurance (other than health) | 36 | |
| Mortgage interest (paid to banks, etc.) | 41 | |
| Other interest (not entered elsewhere) | 42 | |
| Labor hired | 37 | |
| Pension and profit sharing - contributions | 43 | |
| Pension and profit sharing plans - admin. and education costs | 57 | |
| Rent - vehicles, machinery, and equipment (not entered elsewhere) | 39 | |
| Rent - other (land, animals, etc.) | 44 | |
| Repairs and maintenance | 45 | |
| Seeds and plants purchased | 46 | |
| Storage and warehousing | 47 | |
| Supplies purchased | 48 | |
| Taxes (not entered elsewhere) | 49 | |
| Utilities | 50 | |
| Veterinary, breeding, and medicine | 51 | |
| Capitalized preproductive period expenses (also enter below) | 77 | |

Other expenses:

| | | |
|-------|----|--|
| _____ | 53 | |
| _____ | 53 | |
| _____ | 53 | |
| _____ | 53 | |
| _____ | 53 | |
| _____ | 53 | |
| _____ | 53 | |
| _____ | 53 | |
| _____ | 53 | |
| _____ | 53 | |
| _____ | 53 | |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

| | | | | |
|------|------|----|---|-----------|
| 2023 | 1040 | US | Partnership and S corporation Information | 20.1,20.2 |
|------|------|----|---|-----------|

Please add, change or delete 2023 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

| No. | Name of Partnership | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in Partnership |
|-----|---------------------|--------------------------------|---------------------------------|--|
| | 800 | 801 | 802 | 161 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

S CORPORATION INFORMATION (20.2)

| No. | Name of S corporation | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in S corporation |
|-----|-----------------------|--------------------------------|---------------------------------|--|
| | 800 | 801 | 802 | 161 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | | | |
|--|--|--|--|-----------|
| | | | | 20.1,20.2 |
|--|--|--|--|-----------|

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Description of vehicle | 800 | |
| 1=no evidence to support your deduction | 30 | |
| 1=no written evidence to support your deduction | 31 | |
| 1=vehicle is available for off-duty personal use | 39 | |
| 1=no other vehicle is available for personal use | 40 | |
| 1=vehicle used primarily by more than 5% owner | 41 | |
| Number of months of business use if changed from 100% personal use | 333 | |

AUTOMOBILE MILEAGE

| | | |
|--|-----|--|
| Total mileage (for the tax year) | 36 | |
| Business mileage | 37 | |
| Commuting mileage (for the tax year) | 38 | |
| Average daily round-trip commute | 334 | |

ACTUAL EXPENSES

| | | |
|---|-----|--|
| Parking fees and tolls (business portion only) | 335 | |
| Gasoline, lube, oil | 338 | |
| Repairs | 339 | |
| Tires | 340 | |
| Insurance | 341 | |
| Miscellaneous | 342 | |
| Auto license (other than personal property taxes) | 343 | |
| Personal property taxes (based on car's value) | 344 | |
| Interest (car loan) (for Schedule C, E & F) | 345 | |
| Vehicle rent or lease payments | 350 | |
| Inclusion amount (enter as positive) | 351 | |
| Value of employer-provided vehicle on Form W-2 (2106) | 346 | |

Please enter all pertinent 2023 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

| | 2023 Amount | | 2022 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| IRA contributions you made or expect to make (1=maximum) (\$6,500/\$7,500 if 50 or older) | 1 | 51 | | |
| Contributions made to date | 3 | 53 | | |
| 1=covered by plan, 2=not covered | 5 | 55 | | |
| 2023 payments from 1/1/23 to 4/15/23 | 8 | 58 | | |

ROTH IRA CONTRIBUTIONS

| | | | | |
|--|----|----|--|--|
| Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) | 27 | 77 | | |
| Contributions made to date | 30 | 80 | | |

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

| | | | | |
|---|-----|-----|--|--|
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) | 10 | 60 | | |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) | 11 | 61 | | |
| Defined benefit contributions you expect to make | 13 | 63 | | |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) | 12 | 62 | | |
| Plan contribution rate if not .25 (.xxxx) | 501 | 551 | | |
| Individual 401k: SE elective deferrals (except Roth) (1=max.) | 44 | 94 | | |
| Individual 401k: SE designated Roth contributions (1=max.) | 144 | 194 | | |
| SIMPLE contributions: | | | | |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum) | 22 | 72 | | |
| Employer matching rate if not .03 (.xxxx) | 502 | 552 | | |
| 1=nonelective contributions (2%) | 24 | 74 | | |
| Contributions made to date | 14 | 64 | | |

ADJUSTMENTS TO INCOME

| | | | | |
|--|-----|-----|--|--|
| Self-employed health insurance: | | | | |
| Total premiums (excluding long-term care) | 16 | 66 | | |
| Long-term care premiums | 26 | 76 | | |
| Student loan interest paid (1098-E, box 1) | 23 | 73 | | |
| Educator expenses (kindergarten thru grade 12) | 28 | 78 | | |
| Jury duty pay given to employer | 43 | 93 | | |
| Attorney fees and court costs for unlawful discrimination claims | 243 | 293 | | |
| Attorney fees and court costs paid in connection with an IRS award for information on tax law violations | 244 | 294 | | |
| Contributions by certain chaplains to section 403(b) plans | 242 | 292 | | |
| Reforestation amortization and expenses | 240 | 290 | | |
| Repayment of supplemental unemployment benefits | 241 | 291 | | |
| Expenses from rental of personal property | 37 | 87 | | |
| Other adjustments to income: | | | | |
| _____ | 19 | 69 | | |
| _____ | 19 | 69 | | |
| _____ | 19 | 69 | | |

Please enter all pertinent 2023 information. Last year's amounts are provided for your reference.

ADJUSTMENTS TO INCOME

| | Taxpayer | Spouse |
|-----------------------------------|-----------|-----------|
| Alimony paid: | | |
| Date of divorce or sep. agreement | 102.____ | 103.____ |
| Recipient's first name | 39.____ | 89.____ |
| Recipient's last name | 40.____ | 90.____ |
| Recipient's SSN | 41.____ | 91.____ |
| Amount paid | 18.____ | 68.____ |
| | 2022 amt: | 2022 amt: |

**Please enter all pertinent 2023 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

| | 2023 Amount | TS | 2022 Amount |
|--|-------------|----|-------------|
| Prescription medicines and drugs | 4 | | |
| Doctors, dentists and nurses | 5 | | |
| Hospitals and nursing homes | 6 | | |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .. | 7 | | |
| Long-term care premiums - taxpayer | 17 | | |
| Long-term care premiums - spouse | 58 | | |
| Insurance reimbursement (enter as a positive number) | 8 | | |
| Lodging and transportation: | | | |
| Out-of-pocket expenses | 9 | | |
| Medical miles driven | 52 | | |
| Other medical and dental expenses: | | | |
| _____ | 10 | | |
| _____ | 10 | | |
| _____ | 10 | | |

TAXES PAID (State and local withholding and 2023 estimates are automatic.)

| | | | |
|--|-----|--|--|
| State income taxes - 1/23 payment on 2022 state estimate | 11 | | |
| State income taxes - paid with 2022 state return extension | 12 | | |
| State income taxes - paid with 2022 state return | 13 | | |
| State income taxes - paid for prior years and/or to other state | 14 | | |
| City/local income taxes - 1/23 payment on 2022 city/local estimate | 211 | | |
| City/local income taxes - paid with 2022 city/local extension | 212 | | |
| City/local income taxes - paid with 2022 city/local return | 213 | | |

SALES AND USE TAXES PAID

| | | | |
|--|-----|--|--|
| State and local sales taxes (except autos and special items) | 91 | | |
| Use taxes paid on 2023 purchases | 92 | | |
| Use taxes paid with 2022 state return | 96 | | |
| Sales tax on autos not included above | 349 | | |
| Sales tax on boats, aircraft, other special items | 93 | | |

OTHER TAXES PAID

| | | | |
|--|----|--|--|
| Real estate taxes - principal residence: | | | |
| _____ | 15 | | |
| _____ | 15 | | |
| Real estate taxes - held for investment : | | | |
| _____ | 16 | | |
| _____ | 16 | | |
| _____ | 16 | | |
| Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ... | 18 | | |
| Foreign income taxes | 19 | | |
| Other taxes: | | | |
| _____ | 20 | | |

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

| | 2023 Amount | TS | 2022 Amount |
|-------|-------------|----|-------------|
| _____ | 21 | | |
| _____ | 21 | | |
| _____ | 21 | | |

Home mortgage interest not reported on Form 1098:

| | | | |
|--------------------------|-----------|--|--|
| Payee's name..... | 85.____ | | |
| Payee's SSN or FEIN.... | 86.____ | | |
| Payee's street address.. | 87.____ | | |
| Payee's city..... | 88.____ | | |
| Payee's state..... | 106.____ | | |
| Payee's ZIP code..... | 108.____ | | |
| Payee's region..... | 1350.____ | | |
| Payee's postal code..... | 1351.____ | | |
| Payee's country..... | 1352.____ | | |

| | | | |
|------------------|---------|--|--|
| Amount paid..... | 22.____ | | |
|------------------|---------|--|--|

Points not reported on Form 1098:

| | | | |
|-------|----|--|--|
| _____ | 23 | | |
| _____ | 23 | | |

Investment interest (interest on margin accounts):

| | | | |
|-------|----|--|--|
| _____ | 24 | | |
| _____ | 24 | | |

Passive interest.....

| | | | |
|--|----|--|--|
| | 27 | | |
|--|----|--|--|

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

| | | | |
|---|----|--|--|
| _____ | 32 | | |
| _____ | 32 | | |
| _____ | 32 | | |
| _____ | 32 | | |
| _____ | 32 | | |
| Volunteer expenses (out-of-pocket)..... | 31 | | |
| Number of charitable miles..... | 53 | | |

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

| | | | |
|---|----|--|--|
| _____ | 41 | | |
| _____ | 41 | | |
| _____ | 41 | | |
| _____ | 41 | | |
| _____ | 41 | | |
| Volunteer expenses (out-of-pocket)..... | 40 | | |
| Number of charitable miles..... | 54 | | |

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2023 Amount TS 2022 Amount

Table with 4 columns: Description, 2023 Amount, TS, 2022 Amount. Rows 33-33.

30% limitation (see above):

Table with 4 columns: Description, 2023 Amount, TS, 2022 Amount. Rows 34-34.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Table with 4 columns: Description, 2023 Amount, TS, 2022 Amount. Rows 35-35.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Table with 4 columns: Description, 2023 Amount, TS, 2022 Amount. Rows 36-36.

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Table with 4 columns: Description, 2023 Amount, TS, 2022 Amount. Row 42: Union and professional dues.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Table with 4 columns: Description, 2023 Amount, TS, 2022 Amount. Rows 43-43.

Investment expense:

Table with 4 columns: Description, 2023 Amount, TS, 2022 Amount. Rows 44-44.

Tax return preparation fee

Table with 4 columns: Description, 2023 Amount, TS, 2022 Amount. Row 45.

Safe deposit box rental

Table with 4 columns: Description, 2023 Amount, TS, 2022 Amount. Row 46.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Table with 4 columns: Description, 2023 Amount, TS, 2022 Amount. Rows 47-47.

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2023 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2023 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2023 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

| | 2023 Amount | TS | 2022 Amount |
|--|-------------|----|-------------|
| Fair market value of the property on the date that the last debt was secured | 493 | | |
| Home acquisition and grandfather debt on the date that the last debt was secured | 494 | | |

LOAN INFORMATION

Loan #1

| | | | |
|---|-----|--|--|
| Lender's name | 820 | | |
| Form (see table) | 416 | | |
| Number of form | 417 | | |
| 1=taxpayer, 2=spouse, blank=joint | 496 | | |
| Interest paid | 401 | | |
| Points paid | 402 | | |
| Total principal paid | 404 | | |
| Lump sum principal payment (if paid off) | 403 | | |
| Months outstanding (if not 12) | 405 | | |
| 1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17) | 418 | | |
| Home acquisition debt balance - beginning of year | 407 | | |
| Home acquisition debt borrowed in 2023 | 408 | | |
| Home equity debt balance - beginning of year | 410 | | |
| Home equity debt borrowed in 2023 | 411 | | |
| Grandfather debt balance - beginning of year | 413 | | |

Loan #2

| | | | |
|---|-----|--|--|
| Lender's name | 830 | | |
| Form (see table) | 436 | | |
| Number of form | 437 | | |
| 1=taxpayer, 2=spouse, blank=joint | 497 | | |
| Interest paid | 421 | | |
| Points paid | 422 | | |
| Total principal paid | 424 | | |
| Lump sum principal payment (if paid off) | 423 | | |
| Months outstanding (if not 12) | 425 | | |
| 1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17) | 438 | | |
| Home acquisition debt balance - beginning of year | 427 | | |
| Home acquisition debt borrowed in 2023 | 428 | | |
| Home equity debt balance - beginning of year | 430 | | |
| Home equity debt borrowed in 2023 | 431 | | |
| Grandfather debt balance - beginning of year | 433 | | |

| |
|--|
| <p>Form</p> <p>1 = Schedule A (default) 2 = Business use of home 3 = Schedule E</p> |
|--|

Please enter all pertinent 2023 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3

2023 Amount TS 2022 Amount

| | | | |
|---|-----|--|--|
| Lender's name | 840 | | |
| Form (see table) | 456 | | |
| Number of form | 457 | | |
| 1=taxpayer, 2=spouse, blank=joint | 498 | | |
| Interest paid | 441 | | |
| Points paid | 442 | | |
| Total principal paid | 444 | | |
| Lump sum principal payment (if paid off) | 443 | | |
| Months outstanding (if not 12) | 445 | | |
| 1=home acquisition debt incurred after 12/15/17 | 458 | | |
| Home acquisition debt balance - beginning of year | 447 | | |
| Home acquisition debt borrowed in 2023 | 448 | | |
| Home equity debt balance - beginning of year | 450 | | |
| Home equity debt borrowed in 2023 | 451 | | |
| Grandfather debt balance - beginning of year | 453 | | |

Loan #4

| | | | |
|---|-----|--|--|
| Lender's name | 850 | | |
| Form (see table) | 476 | | |
| Number of form | 477 | | |
| 1=taxpayer, 2=spouse, blank=joint | 499 | | |
| Interest paid | 461 | | |
| Points paid | 462 | | |
| Total principal paid | 464 | | |
| Lump sum principal payment (if paid off) | 463 | | |
| Months outstanding (if not 12) | 465 | | |
| 1=home acquisition debt incurred after 12/15/17 | 478 | | |
| Home acquisition debt balance - beginning of year | 467 | | |
| Home acquisition debt borrowed in 2023 | 468 | | |
| Home equity debt balance - beginning of year | 470 | | |
| Home equity debt borrowed in 2023 | 471 | | |
| Grandfather debt balance - beginning of year | 473 | | |

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

Please enter 2023 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Form..... | 45 | |
| Number of form (e.g., enter 2 for Schedule C number 2)..... | 46 | |
| Business use area (square footage)..... | 2 | |
| Total area of home (square footage)..... | 1 | |
| Total hours facility used (for daycare facilities only)..... | 3 | |
| Total hours available (if not 8,760)..... | 9 | |
| Area of home included above used exclusively for daycare business, if any (sq ft)..... | 89 | |
| % (.xx) or amount of gross income from home if not 100% (-1 if none)..... | 502 | |
| % (.xx) or amount of expenses from home if not 100% (-1 if none)..... | 503 | |

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

| | | |
|-------------------------------|----|--|
| Mortgage interest..... | 11 | |
| Real estate taxes..... | 12 | |
| Casualty losses..... | 13 | |
| Insurance..... | 14 | |
| Miscellaneous..... | 15 | |
| Rent..... | 16 | |
| Repairs and maintenance..... | 17 | |
| Utilities..... | 18 | |
| Excess mortgage interest..... | 19 | |
| Excess real estate taxes..... | 54 | |
| Other indirect expenses: | | |
| _____ | 20 | |
| _____ | 20 | |
| _____ | 20 | |
| _____ | 20 | |

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

| | | |
|--------------------------------|----|--|
| Mortgage interest..... | 21 | |
| Real estate taxes..... | 22 | |
| Casualty losses..... | 23 | |
| Insurance..... | 24 | |
| Miscellaneous..... | 25 | |
| Rent..... | 26 | |
| Repairs and maintenance..... | 27 | |
| Utilities..... | 28 | |
| Excess mortgage interest..... | 29 | |
| Excess real estate taxes..... | 55 | |
| Excess casualty losses..... | 30 | |
| Allowable casualty losses..... | 31 | |
| Other direct expenses: | | |
| _____ | 32 | |
| _____ | 32 | |
| _____ | 32 | |
| _____ | 32 | |

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | | |
|--|-----|--|
| Occupation, if different from Form 1040 | 800 | |
| Form | 13 | |
| Number of form (1=first Schedule C, 2=second, etc.) | 14 | |
| 1=spouse | 1 | |
| 1=performance artist, 2=handicapped, 3=fee-basis government official | 8 | |
| 1=minister's expenses | 226 | |

EMPLOYEE BUSINESS EXPENSES

| | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Meal expenses in full | 44 | |
| Reimbursements for meals not on W-2, box 1 | 45 | |
| 1=Department of Transportation (80% meal allowance) | 50 | |
| Local transportation (bus, taxi, train, etc.) | 7 | |
| Travel expenses while away from home overnight | 9 | |
| Reimbursements not included on Form W-2, box 1 | 12 | |
| Other business expenses: | | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

- 1=vehicle used primarily by more than 5% owner
- 1=vehicle is available for off-duty personal use
- 1=no other vehicle is available for personal use
- 1=no evidence to support your deduction
- 1=no written evidence to support your deduction

| | 2023 Amount | 2022 Amount |
|----|-------------|-------------|
| 11 | | |
| 4 | | |
| 2 | | |
| 5 | | |
| 6 | | |

VEHICLE 1

- Description of vehicle
- Date placed in service (m/d/y)
- Total mileage (for the tax year)
- Business mileage
- Commuting mileage (for the tax year)
- Average daily round-trip commute
- Number of months of business use if changed from 100% personal use
- Parking fees and tolls (business portion only)

| | | |
|-----|--|--|
| 801 | | |
| 15 | | |
| 16 | | |
| 17 | | |
| 19 | | |
| 18 | | |
| 80 | | |
| 70 | | |

Actual expenses:

- Gasoline, lube, oil
- Repairs
- Tires
- Insurance
- Miscellaneous
- Auto license (other than personal property taxes)
- Personal property taxes (based on car's value)
- Interest (car loan) (for Schedule C, E & F)
- Vehicle rent or lease payments
- Inclusion amount (enter as positive)
- Value of employer-provided vehicle on Form W-2 (2106)

| | | |
|----|--|--|
| 51 | | |
| 52 | | |
| 53 | | |
| 54 | | |
| 22 | | |
| 55 | | |
| 56 | | |
| 57 | | |
| 23 | | |
| 20 | | |
| 24 | | |

VEHICLE 2

- Description of vehicle
- Date placed in service (m/d/y)
- Total mileage (for the tax year)
- Business mileage
- Commuting mileage (for the tax year)
- Average daily round-trip commute
- Number of months of business use if changed from 100% personal use
- Parking fees and tolls (business portion only)

| | | |
|-----|--|--|
| 802 | | |
| 29 | | |
| 30 | | |
| 31 | | |
| 33 | | |
| 32 | | |
| 112 | | |
| 71 | | |

Actual expenses:

- Gasoline, lube, oil
- Repairs
- Tires
- Insurance
- Miscellaneous
- Auto license (other than personal property taxes)
- Personal property taxes (based on car's value)
- Interest (car loan) (for Schedule C, E and F)
- Vehicle rent or lease payments
- Inclusion amount (enter as positive)
- Value of employer-provided vehicle on Form W-2 (2106)

| | | |
|----|--|--|
| 61 | | |
| 62 | | |
| 63 | | |
| 64 | | |
| 36 | | |
| 65 | | |
| 66 | | |
| 67 | | |
| 37 | | |
| 34 | | |
| 38 | | |

Please enter all pertinent 2023 information.

GENERAL INFORMATION

| | | |
|---|-----|--|
| 1=spouse..... | 1 | |
| Foreign address of taxpayer, if different from Form 1040: | | |
| Street address..... | 800 | |
| City..... | 821 | |
| Region..... | 822 | |
| Postal code..... | 823 | |
| Country..... | 824 | |
| Employer: | | |
| Name..... | 801 | |
| U.S. street address..... | 802 | |
| U.S. city..... | 825 | |
| U.S. state..... | 826 | |
| U.S. ZIP code..... | 827 | |
| Foreign street address..... | 803 | |
| Foreign city..... | 828 | |
| Foreign region..... | 829 | |
| Foreign postal code..... | 803 | |
| Foreign country..... | 831 | |
| Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other..... | 11 | |
| Employer type, if other..... | 804 | |

| | |
|---|-----------------------------------|
| Type of exclusion revoked if revoked in earlier year (if applicable): | Tax year revocation was effective |
| 806.____ | 12.____ |
| 806.____ | 12.____ |
| 806.____ | 12.____ |

| | | |
|-----------------------------|-----|--|
| Country of citizenship..... | 807 | |
|-----------------------------|-----|--|

| | |
|---|---|
| City and country of separate foreign residence if maintained due to adverse living conditions (if applicable): | Number of days during tax year at separate foreign address (if applicable) |
| 808.____ | 13.____ |
| 808.____ | 13.____ |
| 808.____ | 13.____ |

| | |
|-------------------------------|---|
| Tax homes(s) during tax year: | Dates tax home(s) were established (m/d/y) |
| 809.____ | 14.____ |
| 809.____ | 14.____ |
| 809.____ | 14.____ |

Please enter all pertinent 2023 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2023 as well as travel for 2024 known to date.

| Travel Type (table) | Name of country (if not United States) | Date arrived | Date left | Days in U.S. on business |
|---------------------|--|--------------|-----------|--------------------------|
| 18.____ | 810.____ | 19.____ | 20.____ | 21.____ |
| 18.____ | 810.____ | 19.____ | 20.____ | 21.____ |
| 18.____ | 810.____ | 19.____ | 20.____ | 21.____ |
| 18.____ | 810.____ | 19.____ | 20.____ | 21.____ |
| 18.____ | 810.____ | 19.____ | 20.____ | 21.____ |
| 18.____ | 810.____ | 19.____ | 20.____ | 21.____ |

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

| | | | | |
|--|----|--|--|--|
| Beginning date for bona fide residence (m/d/y) | 24 | | | |
| Ending date for bona fide residence (m/d/y) | 25 | | | |
| Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer | 26 | | | |

| Names of family living abroad with taxpayer (if applicable): | Relationship | Period family lived abroad |
|--|--------------|----------------------------|
| 811.____ | 812.____ | 813.____ |
| 811.____ | 812.____ | 813.____ |
| 811.____ | 812.____ | 813.____ |

| | | | |
|--|-----|--|--|
| 1=submitted statement to country of bona fide residence | 27 | | |
| 1=required to pay income tax to country of bona fide residence | 28 | | |
| Contractual terms relating to length of employment abroad | 814 | | |
| Type of visa you entered foreign country under | 815 | | |
| Explanation why visa limited stay or employment in country (if applicable) | 816 | | |

| Address of home in U.S. maintained while living abroad (if applicable): | ZIP Code | 1=U.S. home rented (if applicable) |
|---|----------|------------------------------------|
| 817.____ | 832.____ | 833.____ 834.____ 29.____ |
| 817.____ | 832.____ | 833.____ 834.____ 29.____ |
| 817.____ | 832.____ | 833.____ 834.____ 29.____ |

| Names of occupants in U.S. home (if applicable) | Relationship of occupants in U.S. home (if applicable) |
|---|--|
| 818.____ | 819.____ |
| 818.____ | 819.____ |
| 818.____ | 819.____ |

| | | |
|---------------------------------------|-----|--|
| Principal country of employment | 820 | |
|---------------------------------------|-----|--|

FOREIGN HOUSING EXPENSES

| | 2023 Amount | 2022 Amount |
|----------------------------------|-------------|-------------|
| Qualified housing expenses | 41 | |

| Location of housing expenses: | Qualifying days in location (multiple locations only) |
|-------------------------------|---|
| 46.____ | 47.____ |
| 46.____ | 47.____ |
| 46.____ | 47.____ |

Travel Type

1 = Travel to U.S. (default)
 2 = Travel to foreign country
 3 = Travel to restricted country

Please enter all pertinent 2023 amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Name or number..... | 157 | |
| 1=spouse..... | 178 | |
| 1=retirement plan (Box 13)..... | 2 | |
| Name of employer (Box c)..... | 818 | |
| Wages, tips, other compensation (Box 1)..... | 179 | |
| Federal income tax withheld (Box 2)..... | 180 | |
| Social security tax withheld (Box 4)..... | 182 | |
| Medicare tax withheld (Box 6)..... | 184 | |
| State income tax withheld (Box 17)..... | 185 | |
| Local income tax withheld (Box 19)..... | 186 | |

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

| | | |
|---------------------------------|----------|--|
| Home (lodging)..... | 135 | |
| Meals..... | 136 | |
| Car..... | 137 | |
| Other properties or facilities: | | |
| 38.____ | 138.____ | |
| 38.____ | 138.____ | |
| 38.____ | 138.____ | |
| 38.____ | 138.____ | |

Allowances and Reimbursements

| | | |
|--|----------|--|
| Cost of living and overseas differential..... | 139 | |
| Family..... | 140 | |
| Education..... | 141 | |
| Home leave..... | 142 | |
| Quarters..... | 143 | |
| Other purposes: | | |
| 44.____ | 144.____ | |
| 44.____ | 144.____ | |
| 44.____ | 144.____ | |
| 44.____ | 144.____ | |
| Meals and lodging provided for the convenience of the Employer (excludable under section 119)..... | 145 | |

Other Foreign Earned Income

| | | |
|---------|----------|--|
| 32.____ | 132.____ | |
| 32.____ | 132.____ | |
| 32.____ | 132.____ | |
| 32.____ | 132.____ | |

2023 Days Worked Allocation Information

| | | |
|--|-----|--|
| Total number of days worked (if not 240)..... | 131 | |
| Total days worked before and after foreign assignment..... | 155 | |
| Foreign days worked before and after foreign assignment..... | 156 | |

| | | | | |
|-------------|-------------|-----------|---------------------------------------|-------------|
| 2023 | 1040 | US | Health Savings Accounts (8889) | 32.1 |
|-------------|-------------|-----------|---------------------------------------|-------------|

Please enter all pertinent 2023 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2023, a high deductible health plan is one with an annual deductible that is not less than \$1,500 for self-only coverage or \$3,000 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$7,500 for self-only coverage or \$15,000 for family coverage.

| | 2023 Amount | | 2022 Amount | |
|--|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| 1= self-only coverage, 2= family coverage | 3 | 53 | | |
| HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum) | 5 | 55 | | |
| Contributions included above that were made after you became eligible for Medicare | 32 | 82 | | |
| Contributions made to date | 39 | 89 | | |

HSA DISTRIBUTIONS

| | | | | |
|---|----|----|--|--|
| Total HSA distribution received (1099-SA, box 1) | 15 | 65 | | |
| Distributions included above that were rolled over to another HSA | 16 | 66 | | |
| Total unreimbursed qualified medical expenses | 17 | 67 | | |

| | |
|--|-------------|
| | 32.1 |
|--|-------------|

Please enter all pertinent 2023 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

| | 2023 Amount | | 2022 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Dependent care expenses incurred but not paid in 2023 | 3 | 53 | | |
| Employer-provided benefits forfeited in 2023 | 6 | 56 | | |

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

| | | | |
|--|---|----|-----------|
| No. <input style="width:40px;" type="text"/> | First name | 17 | |
| | Last name | 18 | |
| | Title or suffix | 24 | |
| | Date of birth (m/d/y) | 22 | |
| | Social security number | 19 | |
| | Qualified dependent care expenses incurred and paid in 2023 | 20 | 2022 amt: |
| | 1=over age 12 & disabled at the time care was provided | 23 | |
| | 1=spouse, 2=joint | 21 | |

| | | | |
|--|---|----|-----------|
| No. <input style="width:40px;" type="text"/> | First name | 17 | |
| | Last name | 18 | |
| | Title or suffix | 24 | |
| | Date of birth (m/d/y) | 22 | |
| | Social security number | 19 | |
| | Qualified dependent care expenses incurred and paid in 2023 | 20 | 2022 amt: |
| | 1=over age 12 & disabled at the time care was provided | 23 | |
| | 1=spouse, 2=joint | 21 | |

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

| | | | |
|--|--|----|-----------|
| No. <input style="width:40px;" type="text"/> | Name of provider | 10 | |
| | Street address | 11 | |
| | City | 12 | |
| | State | 26 | |
| | ZIP code | 27 | |
| | Foreign region | 28 | |
| | Foreign postal code | 29 | |
| | Foreign country | 30 | |
| | Identification number (SSN or EIN) | 13 | |
| | Amount paid to care provider in 2023 | 14 | 2022 amt: |
| | 1=spouse, 2=joint | 15 | |

Please enter all pertinent 2023 information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

| | | 2023 Amount | 2022 Amount | |
|---|---|---|-------------|--|
| No. <input style="width: 40px; height: 15px;" type="text"/> | First name | 11 | | |
| | Last name | 12 | | |
| | Identification number | 13 | | |
| | Date of birth (m/d/y) | 14 | | |
| | 1=born before 2006 and was disabled | 15 | | |
| | 1=special needs child | 16 | | |
| | 1=foreign child | 17 | | |
| | 1=adoption was not final in 2023 | 22 | | |
| | 1=adoption was not final in 2023 | 23 | | |
| | Qualified Adoption Expenses Paid in | 2022 for adoption not finalized by end of 2023 | 26 | |
| | | Prior years for adoption of foreign child finalized in 2023 | 20 | |
| | | 2022 and 2023 for adoption finalized in 2023 | 24 | |
| | | 2023 for adoption finalized before 2023 | 21 | |
| | 1=spouse, 2=joint | | | |

| | | | | |
|---|---|---|----|--|
| No. <input style="width: 40px; height: 15px;" type="text"/> | First name | 11 | | |
| | Last name | 12 | | |
| | Identification number | 13 | | |
| | Date of birth (m/d/y) | 14 | | |
| | 1=born before 2006 and was disabled | 15 | | |
| | 1=special needs child | 16 | | |
| | 1=foreign child | 17 | | |
| | 1=adoption was not final in 2023 | 22 | | |
| | 1=adoption was not final in 2023 | 23 | | |
| | Qualified Adoption Expenses Paid in | 2022 for adoption not finalized by end of 2023 | 26 | |
| | | Prior years for adoption of foreign child finalized in 2023 | 20 | |
| | | 2022 and 2023 for adoption finalized in 2023 | 24 | |
| | | 2023 for adoption finalized before 2023 | 21 | |
| | 1=spouse, 2=joint | | | |

| | | | | |
|---|---|---|----|--|
| No. <input style="width: 40px; height: 15px;" type="text"/> | First name | 11 | | |
| | Last name | 12 | | |
| | Identification number | 13 | | |
| | Date of birth (m/d/y) | 14 | | |
| | 1=born before 2006 and was disabled | 15 | | |
| | 1=special needs child | 16 | | |
| | 1=foreign child | 17 | | |
| | 1=adoption was not final in 2023 | 22 | | |
| | 1=adoption was not final in 2023 | 23 | | |
| | Qualified Adoption Expenses Paid in | 2022 for adoption not finalized by end of 2023 | 26 | |
| | | Prior years for adoption of foreign child finalized in 2023 | 20 | |
| | | 2022 and 2023 for adoption finalized in 2023 | 24 | |
| | | 2023 for adoption finalized before 2023 | 21 | |
| | 1=spouse, 2=joint | | | |

Please complete the information below if you paid qualified education expenses in 2023 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse

First name

Last name

Social security number

Number of prior years AOC claimed

1=student was NOT enrolled at least half-time for at least one academic period that began in 2023 (or the first 3 months of 2024 if the qualified expenses were made in 2023) at an eligible institution in a qualified program

1=student completed first four years of post-secondary education before 2023

1=student was convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance

| | | |
|----|--|--|
| 17 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 35 | | |
| 41 | | |
| 32 | | |
| 42 | | |

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name

Street address

City

State

ZIP code

1=2023 Form 1098-T was NOT received

1=2023 Form 1098-T received with Box 7 completed

1=2022 Form 1098-T received with Box 7 completed

Federal ID number from Form 1098-T

| | | |
|-----|--|--|
| 950 | | |
| 951 | | |
| 952 | | |
| 953 | | |
| 954 | | |
| 243 | | |
| 245 | | |
| 244 | | |
| 958 | | |

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name

Street address

City

State

ZIP code

1=2023 Form 1098-T was NOT received

1=2023 Form 1098-T received with Box 7 completed

1=2022 Form 1098-T received with Box 7 completed

Federal ID number from Form 1098-T

| | | |
|----------|--|--|
| 850.____ | | |
| 851.____ | | |
| 852.____ | | |
| 853.____ | | |
| 854.____ | | |
| 43.____ | | |
| 45.____ | | |
| 44.____ | | |
| 858.____ | | |

QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2023 (net of refund or assistance, & not entered elsewhere)

Books & supplies required to be purchased from institution

Books & supplies not entered above

Amount of prior year refund or assistance *

| | 2023 Amount | 2022 Amount |
|----|-------------|-------------|
| 16 | | |
| 27 | | |
| 28 | | |
| 20 | | |

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please enter all pertinent 2023 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of \$2,600 or more in 2023; withheld federal income tax during 2023 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to household employees, please complete the following:

| | | |
|--------------------------------------|---|--|
| Employer identification number | 1 | |
| 1=spouse, 2=joint | 2 | |

| | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Social security, Medicare and income taxes: | | |
| 1=paid any one employee cash wages of \$2,600 or more | 4 | |
| 1=withheld federal income tax for household employee | 5 | |
| Total cash wages subject to social security taxes | 6 | |
| Total cash wages subject to Medicare taxes | 7 | |
| Federal income tax withheld | 8 | |
| Taxes withheld from state disability payments | 33 | |

| Federal unemployment tax: | | |
|--|----|--|
| 1=paid total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 | 10 | |
| Total cash wages subject to FUTA tax | 11 | |
| 1=paid unemployment contributions to only one state | 12 | |
| 1=paid all state unemployment contributions by 4/15/24 | 13 | |
| 1=all wages taxable for FUTA were also taxable for state unemployment | 14 | |
| Name of state | 15 | |
| Contributions paid to state unemployment fund | 17 | |

Please enter all pertinent 2023 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

| | | |
|-------------------------------|-----|--|
| First name | 800 | |
| Last name | 803 | |
| Social security number | 801 | |
| Date of birth (m/d/y) | 26 | |
| 1=nontaxable to federal | 19 | |
| 1=nontaxable to state | 18 | |

INTEREST INCOME (Form 1099-INT)

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Banks, credit unions, etc. (Box 1): | | |
| _____ | 3 | |
| _____ | 3 | |
| U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): | | |
| _____ | 17 | |
| _____ | 17 | |
| Tax-exempt interest: | | |
| Total municipal bonds | 16 | |
| In-state municipal bonds | 4 | |
| Adjustments: | | |
| Nominee distribution | 5 | |
| Accrued interest | 6 | |
| Tax-exempt interest (1099-INT in error) | 22 | |
| OID adjustment | 7 | |
| ABP adjustment | 8 | |
| Foreign: | | |
| 1=interest in or authority over foreign account | 9 | |
| Name of foreign country | 802 | |
| 1=grantor/transferee or received distribution from foreign trust | 10 | |
| Post 8/7/86 private activity bond interest (included above) (6251) | 20 | |

DIVIDEND INCOME (Form 1099-DIV)

| | | |
|--|----|--|
| Total ordinary dividends (Box 1a): | | |
| _____ | 11 | |
| _____ | 11 | |
| Qualified dividends (Box 1b) | 29 | |
| Total capital gain distributions (Box 2a): | | |
| _____ | 13 | |
| _____ | 13 | |
| Unrecaptured section 1250 gain (Box 2b) | 24 | |
| Section 1202 gain (Box 2c) | 2 | |
| Collectibles (28%) gain (Box 2d) | 23 | |
| Nontaxable distributions (Box 3) | 12 | |
| Tax-exempt interest: | | |
| Total municipal bonds | 15 | |
| In-state municipal bonds | 21 | |
| Nominee distributions: | | |
| Ordinary dividends | 14 | |
| Qualified dividends | 31 | |
| Capital gain distributions | 25 | |
| Alaska permanent fund dividends included above | 27 | |

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Canadian province or Mexican state | 37 | |
| Other type of filer | 834 | |
| Foreign identification: | | |
| Taxpayer: | | |
| 1=passport, 2=foreign TIN | 5 | |
| Other type of identification | 835 | |
| Number | 836 | |
| Country of issue | 837 | |
| Spouse: | | |
| 1=passport, 2=foreign TIN | 8 | |
| Other type of identification | 855 | |
| Number | 856 | |
| Country of issue | 857 | |
| Taxpayer: | | |
| Title | 800 | |
| Spouse: | | |
| Title | 851 | |

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

INFORMATION ON FINANCIAL ACCOUNTS

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| 1=spouse..... | 3 | |
| Type of account: 1=bank account, 2=securities account, or specify..... | 809 | |
| Maximum value of account (-1 if unknown)..... | 13 | |
| Financial institution: | | |
| Name of institution (Line 1) (mandatory)..... | 804 | |
| Name of institution (Line 2)..... | 805 | |
| Mailing address..... | 838 | |
| Account number..... | 803 | |
| City..... | 839 | |
| State..... | 840 | |
| ZIP/postal code..... | 841 | |
| Country (if not US)..... | 842 | |
| Accounts owned jointly: | | |
| Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)..... | 7 | |
| Principal joint owner: | | |
| Taxpayer identification number, if not joint filer..... | 843 | |
| TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown..... | 34 | |
| Last name..... | 844 | |
| First name..... | 845 | |
| Middle initial..... | 852 | |
| Address..... | 846 | |
| City..... | 847 | |
| State..... | 848 | |
| ZIP/postal code..... | 849 | |
| Country (if not US)..... | 850 | |
| Accounts where filer has no financial interest: | | |
| Last name or org. name (mandatory)..... | 810 | |
| First name..... | 811 | |
| Middle initial..... | 812 | |
| Taxpayer identification number..... | 813 | |
| TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown..... | 35 | |
| Address..... | 814 | |
| City..... | 815 | |
| State..... | 816 | |
| ZIP/postal code..... | 817 | |
| Country (if not US)..... | 818 | |
| Filer's title..... | 853 | |

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Description of asset | 835 | |
| Type of account: 1=deposit, 2=custodial | 21 | |
| Use financial institution information from Form 114 | 41 | |
| Financial institution information (if not filing Form 114): | | |
| Maximum value of account during year | 26 | |
| Name of institution | 832 | |
| Account number (mandatory for part I) | 828 | |
| Mailing address of institution | 833 | |
| City of institution | 834 | |
| State/province of institution | 848 | |
| Postal code of institution | 849 | |
| Country of institution | 850 | |
| 1=account opened during year | 22 | |
| 1=account closed during year | 23 | |
| 1=account jointly owned with spouse | 24 | |
| 1=no tax item in Part III with respect to this account | 25 | |
| 1=used foreign currency exchange rate to convert value to US dollars | 27 | |
| Foreign currency in which account is maintained | 829 | |
| Foreign currency exchange rate (xxxx.xxxx) | 830 | |
| Source of exchange rate | 831 | |

OTHER FOREIGN ASSETS (Part II)

| | | |
|--|-----|--|
| Identifying number or other designation (mandatory for part II) | 836 | |
| Date asset acquired during year (m/d/y) | 28 | |
| Date asset disposed of during year (m/d/y) | 29 | |
| 1=jointly owned with spouse | 30 | |
| 1=no tax item in Part III with respect to this asset | 31 | |
| Maximum value of asset during year | 32 | |
| 1=used foreign currency exchange rate to convert value to US dollars | 33 | |
| Foreign currency in which asset is denominated | 837 | |
| Foreign currency exchange rate (xxxx.xxxx) | 838 | |
| Source of exchange rate | 839 | |
| Foreign entity information (complete if stock or interest): | | |
| Name of entity | 840 | |
| Type of entity | 841 | |
| Mailing address of entity | 842 | |
| City of entity | 843 | |
| State/province of entity | 851 | |
| Postal code of entity | 852 | |
| Country of entity | 853 | |

1

Type of Entity

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

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name
 1=issuer, 2=counterparty
 Type of issuer or counterparty (see table 2)
 Issuer or counterparty: 1=US person, 2=foreign person
 Mailing address
 City
 State/province
 Postal code
 Country

| | | |
|----------|--|--|
| 844.____ | | |
| 35.____ | | |
| 845.____ | | |
| 36.____ | | |
| 846.____ | | |
| 847.____ | | |
| 854.____ | | |
| 855.____ | | |
| 856.____ | | |

Issuer or counterparty (#2):

Name
 1=issuer, 2=counterparty
 Type of issuer or counterparty (see table 2)
 Issuer or counterparty: 1=US person, 2=foreign person
 Mailing address
 City
 State/province
 Postal code
 Country

| | | |
|----------|--|--|
| 844.____ | | |
| 35.____ | | |
| 845.____ | | |
| 36.____ | | |
| 846.____ | | |
| 847.____ | | |
| 854.____ | | |
| 855.____ | | |
| 856.____ | | |

Issuer or counterparty (#3):

Name
 1=issuer, 2=counterparty
 Type of issuer or counterparty (see table 2)
 Issuer or counterparty: 1=US person, 2=foreign person
 Mailing address
 City
 State/province
 Postal code
 Country

| | | |
|----------|--|--|
| 844.____ | | |
| 35.____ | | |
| 845.____ | | |
| 36.____ | | |
| 846.____ | | |
| 847.____ | | |
| 854.____ | | |
| 855.____ | | |
| 856.____ | | |

Issuer or counterparty (#4):

Name
 1=issuer, 2=counterparty
 Type of issuer or counterparty (see table 2)
 Issuer or counterparty: 1=US person, 2=foreign person
 Mailing address
 City
 State/province
 Postal code
 Country

| | | |
|----------|--|--|
| 844.____ | | |
| 35.____ | | |
| 845.____ | | |
| 36.____ | | |
| 846.____ | | |
| 847.____ | | |
| 854.____ | | |
| 855.____ | | |
| 856.____ | | |

| |
|---|
| <p>2</p> <p>Type of Issuer or Counterparty</p> <p>1 = Individual 2 = Partnership 3 = Corporation 4 = Trust 5 = Estate</p> |
|---|