

# 2023 Client Organizer

## Prepared By:

Guinn, Vinopal & Zahradka, LLP  
110 E 3rd St  
New Richmond, WI 54017-1808

## Prepared For:

**Important 2023 Update:** Unless you opt out below, all completed returns will be delivered using our electronic delivery method (SafeSend System) via email. You will receive a \$25 discount that will be applied to your tax preparation invoice for using electronic delivery.

- I choose to opt out of electronic delivery of my tax return.  
(and decline the tax preparation discount)

Below is/are the email address(es) we have on file for you and/or your spouse, if applicable. Please indicate which address you prefer for return delivery. (if applicable, note any changes to your email address below)

- Taxpayer : (This will be the default if no option is selected).

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- Spouse :

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**GUINN, VINOPAL  
& ZAHRADKA, LLP**  
ACCOUNTANTS

Tax Year: 2023  
Client ID: XXXXX  
Client Name:

Enclosed is your 2023 Income Tax Organizer. This organizer is designed to aid you in accumulating and presenting us with the information we need to prepare your 2023 income tax returns.

If you are receiving a paper organizer and prefer to provide your tax documents via an electronic method, please call your local office and request a link to our secure upload site. If you are receiving this organizer electronically, there will be an opportunity to upload your tax documents via SafeSend if you choose.

**Due to the compression of work that is received during tax season, we need to receive your individual tax documents and signed engagement letter by March 25<sup>th</sup> in order for us to have enough time to finish the returns by the due date.** If we do not hear from you by March 25<sup>th</sup>, we will automatically extend your 2023 tax returns for the same states that you filed in 2022. Tax returns for which we do not receive documents by March 25<sup>th</sup> will be completed after the April 15<sup>th</sup> deadline.

**The minimum fee will be \$450 for an individual federal tax return with one state filing. We will charge \$115 for each additional state filing required. If we prepare a tax return for your dependent child, the minimum fee will be \$160 for that return.**

We will be limiting our availability during tax season for appointments with our professional staff. If we determine that a tax appointment is necessary, one has been prescheduled for you. Please write down any questions for the tax preparer as you compile your tax documents and/or fill out your organizer. If you choose to drop off your documents at our office, our administrative staff will be happy to go through your organizer and help you determine if there are missing items. Delivering your documents to our office (via drop off, mail or electronic upload) will help us serve you better by allowing additional time to analyze your documents, prepare a draft return, and identify issues and opportunities for you. We have found that a time restricted appointment does not allow for this additional analysis. We will contact you if we have questions about the information that you provide to us, or if we identify tax planning opportunities that may benefit you.

We will be utilizing our secure electronic tax return delivery system - SafeSend Returns. SafeSend utilizes email to electronically deliver your tax return to you. This user-friendly interface walks you through a guided process that includes an on-screen review of your tax return, collects IRS compliant e-signatures, and provides options for making tax payments electronically. Once you have signed and approved the returns, the necessary forms are sent back to us at GVZ. The delivery, review, and signature of your federal and state income tax returns can be completed from the convenience of your computer, smartphone, or tablet.

We look forward to working with you on your 2023 tax returns in the coming weeks. As always, do not hesitate to reach out to us if you have any questions.

**Please note:** Our River Falls office location has moved and is now combined with our existing Hudson office location. If you plan to drop off or mail your information, please use one of the addresses below.

811 First Street, Suite 101  
Hudson, WI 54016

110 East Third Street  
New Richmond, WI 54017



GUINN, VINOPAL  
& ZAHRADKA, LLP  
ACCOUNTANTS

Tax Year: 2023  
Client ID: XXXXX  
Client Name:

We appreciate the opportunity to work with you. To minimize the possibility of a misunderstanding between us, we are setting forth pertinent information about the services we will perform for you.

We will prepare your 2023 federal and state individual income tax returns from information you furnish us. To assist you in gathering and organizing the necessary information required for the preparation of your individual income tax returns, we will furnish you with a tax organizer. Providing us with the completed tax organizer will help to ensure that you are not overlooking important information that may be necessary for complete and accurate returns, as well as may help to minimize our fees.

We must receive all information to prepare your returns by March 25, 2024 to ensure that your returns will be completed by April 15, 2024. If we have not received all of your information by March 25, 2024, we cannot guarantee that your returns will be completed before the deadline. If we are unable to complete the returns, we will assume that you want us to prepare an extension of time to file your returns. You should keep in mind that this would be an extension of time to file the returns; however, any tax estimated to be due would need to be paid with the extension request. We assume no liability for late filing or late payment penalties.

You are confirming that you will furnish us with all the information required for preparing the returns. This includes, but is not limited to, providing us with the information necessary to identify (1) all states and foreign countries in which you "do business" or derive income (directly or indirectly) and (2) the extent of business operations in each relevant state and/or country. We will not audit or verify the data you submit, although we may ask you to clarify it or furnish us with additional data. You should retain all the documents, books, and records that form the basis of your income and deductions. The documents may be necessary to prove the accuracy and completeness of the returns to a taxing authority. If you have any questions as to the type of records required, please ask us for advice in that regard.

Please note that the Internal Revenue Service (IRS) considers virtual currency (e.g., Bitcoin) as property for U.S. federal tax purposes. As such, any transactions in, or transactions that use, virtual currency are subject to the same general tax principles that apply to other property transactions. If you had virtual currency activity during the tax year, you may be subject to tax consequences associated with such transactions and may have additional foreign reporting obligations.

You agree to provide us with complete and accurate information regarding any transactions in, or transactions that have used, virtual currency during the applicable tax year. Please ask us for advice if you have any questions regarding the type of records required for virtual currency transactions.

We will use our professional judgment in preparing your returns. Given the magnitude of the economic tax relief provisions the U.S. stimulus packages have contained, as well as some new concepts introduced in the law, additional stated guidance from the Internal Revenue Service, and possibly from Congress in the form of technical corrections on certain income tax provisions may be forthcoming. We will use our professional judgment and expertise to assist you given the guidance as currently promulgated at the time our services are rendered. Subsequent developments issued by the applicable tax authorities may affect the information we have previously provided, and these effects may be material. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will share our knowledge and understanding of the possible positions that may be taken on your return. In accordance with our professional standards, we will follow whatever position you request, as long as it is consistent with the codes, regulations, and interpretations that have been promulgated.

If a taxing authority should later contest the position taken, there may be an assessment of additional tax, interest and penalties. We assume no liability for any such assessment of additional tax, penalties or interest. In the event, however, that you ask us to take a tax position that in our professional judgment will not meet the applicable laws and standards as promulgated, we reserve the right to stop work and shall not be liable for any damages that occur as a result of ceasing to render services.

The law provides for a penalty to be imposed where a taxpayer makes a substantial understatement of their tax liability. Taxpayers may seek to avoid all or part of the penalty by showing (1) that they acted in good faith and there was reasonable cause for the understatement, (2) that the understatement was based on substantial authority, or (3) there was a reasonable basis for the position taken on the return and the relevant facts affecting the item's tax treatment were adequately disclosed on the return. You agree to advise us if you wish disclosure to be made in your returns or if you desire us to identify or perform further research with respect to any material tax issues for the purpose of ascertaining whether, in our opinion, there is "substantial authority" for the position proposed to be taken on such issue in your returns.

If your individual return includes business activities, please note that in 2018, a Supreme Court Ruling in *South Dakota v. Wayfair, Inc.* ("Wayfair") significantly impacted businesses that engage in out of state sales (i.e., remote sales). *Wayfair* opened the door for other states to redefine what is deemed to be "sufficient contact" from a physical presence standard, to a much broader standard that looks at a business's economic presence ("economic nexus") in a given state. How this may impact your business depends on the individual states from which you derive sales and whether they have adopted an economic nexus standard. As our engagement is limited to preparing the income tax returns specified above, our firm is not rendering any services designed to assess your sales and use tax risks and potential exposure to substantial ("economic") nexus. By your signature below, you understand and acknowledge that you are responsible for compliance with applicable rules associated with the collection and remittance of sales and use tax for the various states in which you do business. If you require our assistance to assess your sales and use tax exposure and how the *Wayfair* decision may impact your business, please let us know. Any additional services will be covered under a separate engagement letter.

**If you and/or your entity have a financial interest in, or signature authority over, any foreign accounts, you may be subject to certain filing requirements with the U.S. Department of the Treasury, in addition to the IRS. Filing requirements may also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). By your signature below, you agree to provide us with complete and accurate information regarding any foreign accounts that you and/or your entity may have had a direct or indirect interest in, or signature authority over, during the above referenced tax year. The foreign reporting requirements are very complex, so if you have any questions regarding the application of the U.S. Department of the Treasury and/or the IRS reporting requirements to your foreign interests or activities, please ask us for advice in that regard. Failure to disclose the required information to the U.S. Department of the Treasury and the IRS may result in substantial civil and/or criminal penalties. We assume no liability for penalties associated with the failure to file or untimely filing of any of these forms.**

Taxing authorities require us to electronically file all federal and state individual income tax returns ("e-filing"). However, you do have the right to "opt out" of the e-filing program. Please notify our firm immediately should you desire not to have your returns e-filed, so that we may provide you with the forms necessary for opting out of the e-file program. Please note that unless you notify us of your desire to not e-file your returns, we will prepare your returns to be e-filed.

Although e-filing requires both you and our firm to complete additional steps, the same filing deadlines will apply. You must therefore ensure that you complete the additional requirements well before the due dates in order for our firm to be able to timely transmit your returns. We will provide you with a paper or electronic copy of the income tax returns for your review prior to electronic transmission. After you have reviewed the returns, you must provide us with a signed authorization indicating that you have reviewed the returns and that, to the best of your knowledge, you feel they are correct. We cannot transmit the returns to the taxing authorities until we have the signed authorization. Therefore, if you have not provided our firm with your signed authorization by April 14, we will place your returns on extension, even though they might already have been completed. In that event, you will be responsible for ensuring that any payment due with the extension is timely sent to the appropriate taxing authorities. You will also be responsible for any additional costs our firm incurs arising from the extension preparation.

Finally, please note that although our firm will use our best efforts to ensure that your returns are successfully transmitted to the appropriate taxing authorities, we will not be financially responsible for electronic transmission or other errors arising after your returns have been successfully submitted from our office.

By your signature below, you understand and agree that you are responsible for the accuracy and completeness of the records, documents, explanations, and other information provided to us for purposes of this engagement. You have the final responsibility for the income tax returns; therefore, you should review them carefully before you sign the e-file authorization forms, or sign and submit your income tax returns directly to the appropriate taxing authorities. You agree that our firm is not responsible for a taxing authority's disallowance of deductions or inadequately supported documentation, nor for resulting taxes, penalties, and interest.

Fees for our services will be at our standard rates plus computer charges and out-of-pocket expenses. Payment for service is due when rendered and interim billings may be submitted as work progresses and expenses are incurred. If we have not received payment within 90 days of our invoice, all work will be suspended until your account is brought current. You acknowledge and agree that in the event we stop work or withdraw from this engagement as a result of your failure to pay on a timely basis for services rendered as required by this engagement letter, we shall not be liable for any damages that occur as a result of our ceasing to render services.

We are responsible for preparing only the returns listed above. Our fee does not include responding to inquiries or examination by taxing authorities. However, we are available to represent you. Our fees for such services are at our standard rates and would be covered under a separate engagement letter.

In connection with this engagement, we may communicate with you or others via email transmission. We take reasonable measures to secure your confidential information in our email transmissions. However, as emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered to and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure or communication of email transmissions, or for the unauthorized use or failed delivery of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of sales or anticipated profits, or disclosure or communication of confidential or proprietary information.

We may from time to time and depending on the circumstances and nature of the services we are providing, share your confidential information with third-party service providers, some of whom may be cloud-based, but we remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality terms with all service providers to maintain the confidentiality of your information and will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure appropriate confidentiality terms with a third-party service provider, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Although we will use our best efforts to make the sharing of your information with such third parties secure from unauthorized access, no completely secure system for electronic data transfer exists. As such, by your signature below, you understand that the firm makes no warranty, expressed or implied, on the security of electronic data transfers.

It is our policy to keep records related to this engagement for seven years. However, we do not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. It is your responsibility to retain and protect your records (which includes any work product we provide to you as well as any records that we return) for possible future use, including potential examination by any government or regulatory agencies. We do not accept responsibility for hosting client information; therefore, you have the sole responsibility for ensuring you retain and maintain in your possession all your financial and non financial information, data and records.

By your signature below, you acknowledge and agree that upon the expiration of the seven year period, we shall be free to destroy our records related to this engagement.

If any dispute arises among the parties hereto, the parties agree to first try in good faith to settle the dispute by mediation, under its applicable rules for resolving professional accounting and related services disputes before resorting to litigation. Costs of any mediation proceeding shall be shared equally by all parties.

Client and accountant both agree that any dispute over fees charged by the accountant to the client will be submitted for resolution by arbitration in accordance with the applicable rules for resolving professional accounting and related services disputes, except that under all circumstances the arbitrator must follow the laws of Wisconsin. Such arbitration shall be binding and final. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT, IN THE EVENT OF A DISPUTE OVER FEES CHARGED BY THE ACCOUNTANT, EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION. The prevailing party shall be entitled to an award of reasonable attorneys' fees and costs incurred in connection with the arbitration of the dispute in an amount to be determined by the arbitrator.

**If the above fairly sets forth your understanding, please sign the enclosed copy of this letter and return it to us. Please note that you are affirming your understanding of, and agreement to, the terms and conditions of this engagement letter by any one of the following actions: returning your signed engagement letter to our firm; providing your income tax information to us for use in the preparation of your returns; the submission of the tax returns we have prepared for you to the taxing authorities; or the payment of our return preparation fees.**

We are pleased to have you as a client and look forward to a long and mutually satisfying relationship.

Guinn, Vinopal & Zahradka, LLP

Discussed, understood & accepted by:

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

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

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

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

Telephone # \_\_\_\_\_

## Questions

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

	Yes	No
<b>Return and Organizer Communication Preferences</b>		
Do you want to receive your next year tax organizer via e-mail instead of mail?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please enter your email address: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Refund and Direct Deposit</b>		
If your direct deposit information changed from last year, or if we don't already have your direct deposit information and you would like direct deposit, provide a voided check.		
<b>Identity Protection</b>		
Did you, your spouse or any dependents receive an Identity Protection PIN (IP PIN) from the IRS? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Employed &amp; Business Information (if you don't have a business, skip this section)</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<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 pay health insurance premiums for yourself or your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in maxing out a SEP or SimpleIRA if you are eligible?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any dependents for which you want us to prepare a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide their tax documents (Minimum preparation fee will be \$160)		
Did you pay for child care while you worked, looked for work, or while a full-time student? If so, provide a statement with the name, tax ID #, and address of the child care provider along with the total child care costs paid during the year.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you sell, exchange, or purchase any real estate or primary residence during the year? If yes, provide the settlement or closing documents.	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled this year, such as a mortgage or student loan?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Credits</b>		
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? If so, provide purchase documents.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your primary or secondary home this year? If yes, provide details of the improvements made, including receipts.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foreign Information</b>		
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor 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, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>

**Retirement Information**

	Yes	No
Did you make contributions to either of these accounts for 2023? (provide documentation)		
Traditional/Deductible IRA. If yes, how much for each spouse? _____	<input type="checkbox"/>	<input type="checkbox"/>
Roth IRA. If yes, how much for each spouse? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in maximizing allowable contributions to these accounts for 2023?		
Traditional/Deductible IRA	<input type="checkbox"/>	<input type="checkbox"/>
Roth IRA	<input type="checkbox"/>	<input type="checkbox"/>

**Education Information**

Did you have any college education expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to or withdrawals from an education savings or 529 Plan account? If so, provide documentation.	<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"/>

**Health Care Information**

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>
If eligible, would you like to maximize contributions to a Health Savings Account (HSA) if it would increase your tax refund?	<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? If so, provide Form 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>

**Itemized Deduction Information**

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(s).	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.	<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 a home loan? If yes, attach 1098.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous Information**

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (such as Bitcoin)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$17,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS? If yes, include a copy.	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year? If so, explain _____	<input type="checkbox"/>	<input type="checkbox"/>



**Wisconsin Miscellaneous**

Did you rent your primary residence? If yes, how much did you pay for rent for the year \$ \_\_\_\_\_, and was heat included? \_\_\_\_\_

Yes No

 

Did you make any out of state purchases on which sales and use tax was not charged? If yes, what is the amount of the purchases? \$ \_\_\_\_\_

 

Did you participate in the Wisconsin Farmland Preservation Program? If yes, please enclose your property tax bills and the certification.

 

Did you pay any tuition to a Private School (Grades K-12)? Please provide school name, student name, grade in school, and tuition paid.

 **Minnesota Miscellaneous**

Did you incur educational expenses for Grades K-12? If yes, please provide detail of educational expenses incurred for each student.

 

Did you pay any tuition to a Private School (Grades K-12)? Please provide school name, student name, grade in school, and tuition paid.

GENERAL INFORMATION

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) 2

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) Y

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:

Form ID: 1040 **Personal Information** **1**

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

Mark if you were married but living apart all year [2]

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

	<b>Taxpayer</b>		<b>Spouse</b>
Social security number	***-**-6789 <sup>[4]</sup>		
First name	[6]		[7]
Last name	[8]		[9]
Occupation	[10]		[11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) <b>2</b>	[12]		[14]
Mark if dependent of another taxpayer	[15]		[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) <b>1</b>	[17]		
Mark if legally blind	[20]		[21]
Date of birth	[22]		[24]
Date of death	[26]		[27]
Work/daytime telephone number/ext number	[28] [29]		[30] [31]
Home/evening telephone number	[32]		[33]
Do you authorize us to discuss your return with the IRS? (Y, N) <b>Y</b>	[34]		

**Present Mailing Address**

Address [40]

Apartment number [41]

City, state postal code, zip code [42] [43] [44]

Foreign country name [46]

Foreign phone number [49]

In care of addressee [51]

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

First Name <sup>[52]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home <sup>**</sup>	Dep Codes <sup>**</sup>	Care expenses paid for dependent

Name of child who lived with you but is not your dependent [53]

Social security number of qualifying person [54]

**Dependent Codes**

<b>*Basic</b>	1 = Child who lived with you	<b>**Other</b>	1 = Student (Age 19 - 23)
	2 = Child who did not live with you due to divorce/separation		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)		
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit		
<b>***Months</b>	77 = Reported on odd year return		
	88 = Reported on even year return		
	99 = Not reported on return		

**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]

	<b>Taxpayer</b>	<b>Spouse</b>
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]

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

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

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

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

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

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

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

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

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

---

**NOTES/QUESTIONS:**

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:**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
State postal code \_\_\_\_\_ [2]

Amount paid with 2022 return + \_\_\_\_\_ [3]  
2022 overpayment applied to '23 estimates + \_\_\_\_\_ [4]  
Treat calculated amounts as paid \_\_\_\_\_ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	<div style="border: 1px solid black; padding: 5px;">           _____            _____            _____            _____         </div>
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

**2023 City Estimated Tax Payments**

City #1		City #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2022 return + _____ [31]		Amount paid with 2022 return + _____ [53]	
2022 overpayment applied to '23 estimates\$ _____ [32]		2022 overpayment applied to '23 estimates\$ _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

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

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name _____ [72]		City name _____ [94]	
Amount paid with 2022 return + _____ [75]		Amount paid with 2022 return + _____ [97]	
2022 overpayment applied to '23 estimates\$ _____ [76]		2022 overpayment applied to '23 estimates\$ _____ [98]	
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]	

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

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____





## Interest Income

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

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

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

## \*\*Interest Codes

Blank = Regular Interest

4 = Accrued Interest

6 = ABP Adjustment

3 = Nominee Distribution

5 = OID Adjustment

7 = Series EE &amp; I Bond

Control Totals +

INCOME

Form ID: B-1

## Dividend Income

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

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

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

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee





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

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
State postal code \_\_\_\_\_ [3]

**Social Security Benefits**

	2023 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information: From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [7]	
Prescription drug (Part D) premiums	+ _____ [9]	
Net Benefits for 2023 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [12]	
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [14]	

**Tier 1 Railroad Benefits**

	2023 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2023 <b>(Box 5)</b>	+ _____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

**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 9

\_\_\_\_\_ [40]  
 \_\_\_\_\_ [41]  
 \_\_\_\_\_ [42]  
 \_\_\_\_\_ [43]  
 \_\_\_\_\_ [44]

**NOTES/QUESTIONS:**











Please provide all Forms 1099-K

**1** Preparer use only

	2023 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	<b>1</b> [7]	
Agricultural activity code	_____ [9]	
Did you "materially participate" in this business? (Y, N)	_____ [12]	
Did you make any payments in 2023 that require you to file Form(s) 1099? (Y, N)	_____ [14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	
Mark if Schedule F net income or loss should be excluded from self-employment income	_____ [18]	
Medical insurance premiums paid by this activity	+ _____ [21]	
Long-term care premiums paid by this activity	+ _____ [25]	

**Schedule F Income**

Sales Code**	Income description	2023 Information	Prior Year Information
—	_____	+ _____ [35]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**\*\* Sales Codes**

<b>1 = Cash sales of items bought for resale</b>	<b>4 = Custom hire (machine work)</b>
<b>2 = Cash sales of items raised</b>	<b>5 = Other income</b>
<b>3 = Accrual sales</b>	

	2023 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [37]	
Beginning inventory of livestock and other items (Accrual method)	+ _____ [39]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [41]	
Ending Inventory of livestock and other items (Accrual method)	+ _____ [43]	
Total cooperative distributions you received	+ _____ [45]	
Taxable cooperative distributions you received	+ _____ [47]	

	2023 Total	2023 Taxable	Prior Year Information
Agricultural program payments			
_____ + _____	+ _____	+ _____ [50]	
_____ + _____	+ _____	+ _____	

	2023 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____ [52]	
Commodity credit loans reported under election:		
_____	_____ [54]	
_____	_____ [56]	
Taxable commodity credit loans forfeited	+ _____ [58]	

	2023 Total	2023 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2023			
_____ + _____	+ _____	+ _____ [61]	
_____ + _____	+ _____	+ _____	
Mark if electing to defer crop insurance proceeds to 2024		_____ [63]	
Crop insurance proceeds deferred from 2022		+ _____ [65]	



Alimony Paid:

T/S	Date*	2023 Information	Prior Year Information
		+ _____ [4]	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+ _____	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+ _____	
	Recipient name and SSN		
	Address		
	City, state and zip code		

\* Date of divorce/separation agreement

	2023 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ _____ [6]	+ _____ [7]	
	+ _____	+ _____	
Other adjustments:	+ _____ [9]	+ _____ [10]	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	

NOTES/QUESTIONS:

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: <small>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.</small>		
[4] _____	+ _____ [5]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Long-term care premiums you paid: <small>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.)</small>		
[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]	
_____	+ _____	
_____	+ _____	

T/S/J	2023 Interest Paid <sup>[2]</sup>	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]	
<b>Address</b>				
<b>City, state and zip code</b>				
			+ _____	
<b>Address</b>				
<b>City, state and zip code</b>				

T/S/J	Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -	2023 Information	Prior Year Information
_____	Payer's/Borrower's name _____ [7]		
	Street Address _____		
	City/State/Zip code _____		
	<b>Refinancing Points paid in 2023 -</b>		
	Taxpayer/Spouse/Joint (T, S, J) _____ [11]		
	Recipient/Lender name _____		
	Total points paid at time of refinance _____		
	Points deemed as paid in 2023 ( <b>Preparer use only</b> ) + _____ [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 ( <b>Preparer use only</b> ) + _____		
	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]	
—	+ _____	
—	+ _____	
—	+ _____	
—	+ _____	
—	+ _____	
—	+ _____	
—	+ _____	
—	+ _____	
—	+ _____	
Gambling losses: (Enter only if you have gambling income)		
[15]	+ _____ [16]	
—	+ _____	
—	+ _____	
—	+ _____	
—	+ _____	

NOTES/QUESTIONS:





	2023 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			
_____ + _____ [2]	+ _____ [3]		
_____ + _____	+ _____		
Self-employed long-term care premiums: (Not entered elsewhere)			
_____ + _____ [5]	+ _____ [6]		
_____ + _____	+ _____		

**NOTES/QUESTIONS:**