

**Prepared By:**

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Webster Groves, MO 63119-2353

**Prepared For:**

*2023 Client Organizer*

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2023 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2022 personal income tax return.

Utilize this Tax Organizer to help you gather your 2023 information. Other than filling out the questionnaire and signing the engagement letter, it is not necessary to fill in all pages of this organizer.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

Please answer all applicable questions and use the Notes to Preparer screen to enter additional information not provided in the Tax Organizer. The Notes to Preparer screen is also available for any questions that you may have for our office.

You will also need to provide the following information, as applicable:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements (1099 Form) showing investment transactions for stocks, bonds, virtual currencies, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements and receipts supporting qualified educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- Statements from U.S. Department of Education supporting federal student loan forgiveness.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest (Forms 1098), taxes, and charitable contributions (including any Form 1098-C).
- Statements supporting the receipt, exchange, sale, use, or any other disposition of a virtual currency.
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Six-digit Identity Protection PIN for use during calendar year 2023, if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority, of which we are not aware.
- Federal and state estimated tax payments paid for 2023, if applicable. Include date and amount paid.

In order to meet the filing deadline for your 2023 income tax return, it is essential that we receive your completed tax organizer and supporting information as soon as possible. **Information received after March 11, 2024 may require an extension of time file. Please be sure to communicate with us if you can't meet the deadline so we can file an extension on your**

**behalf.**

Thank you for the opportunity to serve you.

Sincerely,

David Smith CPA, MBA, CM&AA  
Smith Patrick PC

## Questions

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

**IMPORTANT: How do you prefer we deliver your tax return(s) to you?**

- Pickup  
 Mail  
 Sharefile (portal)  
 Other \_\_\_\_\_

Yes No

### Personal Information

- Did your marital status change during the year?  Yes  No  
If yes, explain: \_\_\_\_\_
- Did you live separately from your spouse during the last six months of the year?  Yes  No
- Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?  Yes  No
- Did your address change from last year?  Yes  No
- Can you be claimed as a dependent by another taxpayer?  Yes  No
- Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?  Yes  No
- Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?  Yes  No
- Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter for filing returns in 2023.  Yes  No
- Did you reside in or operate a business in a Federally declared disaster area?  Yes  No  
The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires and other disaster situations.

### Dependent Information

- Were there any changes in dependents from the prior year?  Yes  No  
If yes, explain: \_\_\_\_\_
- Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,500?  Yes  No
- Do you have dependents who must file a tax return?  Yes  No
- Did you provide over half the support for any other person(s) other than your dependent children during the year?  Yes  No
- Did you pay for child care while you worked, looked for work, or while a full-time student?  Yes  No
- Is there any other person(s) who lived with you more than half the year but not claimed by you last year?  Yes  No
- Did you pay any expenses related to the adoption of a child during the year?  Yes  No
- If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?  Yes  No
- Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter for use during 2023  Yes  No

### Purchases, Sales and Debt Information

- Did you start a new business or purchase rental property during the year?  Yes  No
- Did you have ownership interest in any type of business?  Yes  No
- Did you sell, exchange, or purchase any assets used in your trade or business?  Yes  No
- Did you acquire a new or additional interest in a partnership or S corporation?  Yes  No
- Did you sell, exchange, or purchase any real estate during the year?  Yes  No
- Did you purchase or sell a principal residence during the year?  Yes  No
- Did you foreclose or abandon a principal residence or real property during the year?  Yes  No

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

### Income Information

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

### Retirement Information

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

### Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

## Health Care Information

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

## Itemized Deduction Information

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

## Miscellaneous Information

**IMPORTANT: Are you an owner or do you control 25% of a company's ownership interest for a company registered with a secretary of state or similar office before January 1, 2024? OR**

**Do you plan to become an owner or control at least 25% of a company's ownership interests for a company registered with a secretary of state or similar office for the first time after January 1, 2024?**

**If you answered YES to either of the above questions, you are responsible for filing a "Beneficial Ownership Information Report"(BOIR). You can do so by logging in to [fincen.gov/boi](https://fincen.gov/boi).**

- Did you make gifts of more than \$17,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold

interest in a foreign entity?

Did you receive correspondence from the State or the IRS?

If yes, explain: \_\_\_\_\_

Do you have previous years of tax returns that are either unfiled or filed with  
unpaid balances due?

Do you want to designate \$3 to the Presidential Election Campaign Fund? If you  
check yes, it will not change your tax or reduce your refund.

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 Individual Taxpayer Identification Number (ITIN)

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	___	___
Mark if dependent of another taxpayer	___	___
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	___	___
Mark if legally blind	___	___
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Home/evening telephone number	_____	_____
Do you authorize us to discuss your return with the IRS? (Y, N)	___	___

Present Mailing Address

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City, state postal code, zip code \_\_\_\_\_

Foreign country name \_\_\_\_\_

Foreign phone number \_\_\_\_\_

In care of addressee \_\_\_\_\_

Dependent Information

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

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

Name of child who lived with you but is not your dependent \_\_\_\_\_

Social security number of qualifying person \_\_\_\_\_

Dependent Codes

- |           |   |         |  |
|-----------|---|---------|--|
| *Basic    | 1 = Child who lived with you  | **Other | 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 |         |  |
| ***Months | 77 = Reported on odd year return  |         |  |
|           | 88 = Reported on even year return   |         |  |
|           | 99 = Not reported on return   |         |  |



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

Refunded

Applied to 2024 estimated tax liability

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

If yes, please explain any differences:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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

If yes, please explain any differences:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Do you expect a considerable change in the amount of your 2024 withholding? (Y, N)

If yes, please explain any differences:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Do you expect a change in the number of dependents claimed for 2024? (Y, N)

If yes, please explain any differences:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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

2023 Federal Estimated Tax Payments

2022 overpayment applied to 2023 estimates

+ \_\_\_\_\_

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

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.

Table with columns: Date Due, Date Paid if After Date Due, Amount Paid, Calculated Amount, Method\*. Rows include 1st, 2nd, 3rd, 4th quarter payments and Additional payment.

\*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)

State postal code

—  
—

Amount paid with 2022 return

+ \_\_\_\_\_

2022 overpayment applied to '23 estimates

+ \_\_\_\_\_

Treat calculated amounts as paid

—

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____	+ _____	<div style="border: 1px solid black; padding: 5px;">           _____            _____            _____            _____         </div>
2nd quarter payment	_____	+ _____	
3rd quarter payment	_____	+ _____	
4th quarter payment	_____	+ _____	
Additional payment	_____	+ _____	

2023 City Estimated Tax Payments

City #1	
City name	_____
Amount paid with 2022 return	+ _____
2022 overpayment applied to '23 estimates	+ _____
Treat calculated amounts as paid	—

City #2	
City name	_____
Amount paid with 2022 return	+ _____
2022 overpayment applied to '23 estimates	+ _____
Treat calculated amounts as paid	—

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

	Date Paid	Amount Paid
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	_____

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

City #3	
City name	_____
Amount paid with 2022 return	+ _____
2022 overpayment applied to '23 estimates	+ _____
Treat calculated amounts as paid	—

City #4	
City name	_____
Amount paid with 2022 return	+ _____
2022 overpayment applied to '23 estimates	+ _____
Treat calculated amounts as paid	—

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

	Date Paid	Amount Paid
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	_____

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

### Wages and Salaries #1

Please provide all copies of Form W-2.

2023 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Employer name \_\_\_\_\_

Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care) \_\_\_\_\_

Mark if this is your current employer \_\_\_\_\_

Mark if this is the last year for this employer \_\_\_\_\_

Federal wages and salaries **(Box 1)** + \_\_\_\_\_

Federal tax withheld **(Box 2)** + \_\_\_\_\_

Social security wages **(Box 3)** (If different than federal wages) + \_\_\_\_\_

Social security tax withheld **(Box 4)** + \_\_\_\_\_

Medicare wages **(Box 5)** (If different than federal wages) + \_\_\_\_\_

Medicare tax withheld **(Box 6)** + \_\_\_\_\_

SS tips **(Box 7)** + \_\_\_\_\_

Allocated tips **(Box 8)** + \_\_\_\_\_

Dependent care benefits **(Box 10)** + \_\_\_\_\_

**Box 13 -**

    Statutory employee \_\_\_\_\_

    Retirement plan \_\_\_\_\_

    Third-party sick pay \_\_\_\_\_

State postal code **(Box 15)** \_\_\_\_\_

State wages **(Box 16)** (If different than federal wages) + \_\_\_\_\_

State tax withheld **(Box 17)** + \_\_\_\_\_

Local wages **(Box 18)** + \_\_\_\_\_

Local tax withheld **(Box 19)** + \_\_\_\_\_

Name of locality **(Box 20)** \_\_\_\_\_

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<b>Control Totals +</b>	
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### Wages and Salaries #2

Please provide all copies of Form W-2.

2023 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Employer name \_\_\_\_\_

Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care) \_\_\_\_\_

Mark if this your current employer \_\_\_\_\_

Mark if this is the last year for this employer \_\_\_\_\_

Federal wages and salaries **(Box 1)** + \_\_\_\_\_

Federal tax withheld **(Box 2)** + \_\_\_\_\_

Social security wages **(Box 3)** (If different than federal wages) + \_\_\_\_\_

Social security tax withheld **(Box 4)** + \_\_\_\_\_

Medicare wages **(Box 5)** (If different than federal wages) + \_\_\_\_\_

Medicare tax withheld **(Box 6)** + \_\_\_\_\_

SS tips **(Box 7)** + \_\_\_\_\_

Allocated tips **(Box 8)** + \_\_\_\_\_

Dependent care benefits **(Box 10)** + \_\_\_\_\_

**Box 13 -**

    Statutory employee \_\_\_\_\_

    Retirement plan \_\_\_\_\_

    Third-party sick pay \_\_\_\_\_

State postal code **(Box 15)** \_\_\_\_\_

State wages **(Box 16)** (If different than federal wages) + \_\_\_\_\_

State tax withheld **(Box 17)** + \_\_\_\_\_

Local wages **(Box 18)** + \_\_\_\_\_

Local tax withheld **(Box 19)** + \_\_\_\_\_

Name of locality **(Box 20)** \_\_\_\_\_

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<b>Control Totals +</b>	
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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	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals	+	INCOME	Form ID: B-1
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**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 +											

\*\*Dividend Codes  
Blank = Other                      3 = Nominee

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

**1** Preparer use only

T/S/J \_\_\_\_\_ Employer identification number \_\_\_\_\_  
 Broker Name \_\_\_\_\_ Margin interest \_\_\_\_\_  
 Account number \_\_\_\_\_ Investment management/advisory fees \_\_\_\_\_

\*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.

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

Type Code	1099-DIV	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	US Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Tax Paid	Prior Year Information
1	Payer											
	Amounts	+										
2	Payer											
	Amounts	+										
3	Payer											
	Amounts	+										
4	Payer											
	Amounts	+										
5	Payer											
	Amounts	+										

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____

Description of Account - Aggregate profit/-loss on contracts \_\_\_\_\_ -Loss/Gain Entire Yr \_\_\_\_\_ 1099-B Adjustment \_\_\_\_\_ Net 1256 loss carryback \_\_\_\_\_

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2023 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Name of payer \_\_\_\_\_

State postal code \_\_\_\_\_

Gross distributions received (Box 1) + \_\_\_\_\_

Taxable amount received (Box 2a) + \_\_\_\_\_

Federal withholding (Box 4) + \_\_\_\_\_

Distribution code (Box 7) \_\_\_\_\_

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_

State withholding (Box 14) + \_\_\_\_\_

Local withholding (Box 17) + \_\_\_\_\_

Amount of rollover + \_\_\_\_\_

Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Control Totals +

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2023 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Name of payer \_\_\_\_\_

State postal code \_\_\_\_\_

Gross distributions received (Box 1) + \_\_\_\_\_

Taxable amount received (Box 2a) + \_\_\_\_\_

Federal withholding (Box 4) + \_\_\_\_\_

Distribution code (Box 7) \_\_\_\_\_

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_

State withholding (Box 14) + \_\_\_\_\_

Local withholding (Box 17) + \_\_\_\_\_

Amount of rollover + \_\_\_\_\_

Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Control Totals +

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2023 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Name of payer \_\_\_\_\_

State postal code \_\_\_\_\_

Gross distributions received (Box 1) + \_\_\_\_\_

Taxable amount received (Box 2a) + \_\_\_\_\_

Federal withholding (Box 4) + \_\_\_\_\_

Distribution code (Box 7) \_\_\_\_\_

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_

State withholding (Box 14) + \_\_\_\_\_

Local withholding (Box 17) + \_\_\_\_\_

Amount of rollover + \_\_\_\_\_

Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Control Totals +

NOTES/QUESTIONS:

**1** Preparer use only

	2023 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	
Employer identification number	_____	
Business name	_____	
Principal business/profession	_____	
Business code	_____	
Business address, if different from home address on Organizer Form ID: 1040	_____	
Address	_____	
City/State/Zip	_____	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____	
If other:	_____	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____	
If other enter explanation:	_____	
_____	_____	
_____	_____	
Enter an explanation if there was a change in determining your inventory:	_____	
_____	_____	
Did you "materially participate" in this business? (Y, N)	_____	
If not, number of hours you did significantly participate	_____	
Mark if you began or acquired this business in 2023	_____	
Did you make any payments in 2023 that require you to file Form(s) 1099? (Y, N)	_____	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	
Mark if this business is considered related to qualified services as a minister or religious worker	_____	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____	
Medical insurance premiums paid by this activity	+ _____	
Long-term care premiums paid by this activity	+ _____	
Amount of wages received as a statutory employee	+ _____	

**Business Income**

	2023 Information	Prior Year Information
Gross receipts and sales	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____	
Other income:	_____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Cost of Goods Sold**

	2023 Information	Prior Year Information
Beginning inventory	+ _____	
Purchases	+ _____	
Labor:	_____	
_____	+ _____	
_____	+ _____	
Materials	+ _____	
Other costs:	_____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____	

Control Totals +

BUSINESS



Preparer use only

Principal business or profession \_\_\_\_\_

	2023 Information	Prior Year Information
Advertising	+ _____	_____
Car and truck expenses	+ _____	_____
Commissions and fees	+ _____	_____
Contract labor	+ _____	_____
Depletion	+ _____	_____
Depreciation	+ _____	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		
_____	+ _____	_____
_____	+ _____	_____
Insurance (Other than health):		
_____	+ _____	_____
_____	+ _____	_____
Interest:		
Mortgage (Paid to banks, etc.)		
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Other:		
_____	+ _____	_____
_____	+ _____	_____
Legal and professional services	+ _____	_____
Office expense	+ _____	_____
Pension and profit sharing:		
_____	+ _____	_____
_____	+ _____	_____
Rent or lease:		
Vehicles, machinery, and equipment	+ _____	_____
Other business property	+ _____	_____
Repairs and maintenance	+ _____	_____
Supplies	+ _____	_____
Taxes and licenses:		
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel and meals:		
Travel	+ _____	_____
Meals (Enter 100% subject to 50% limitation)	+ _____	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____	_____
Meals (Fully deductible)	+ _____	_____
Utilities	+ _____	_____
Wages (Less employment credit):		
_____	+ _____	_____
_____	+ _____	_____
Other expenses:		
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

1 Preparer use only

		2023 Information	Prior Year Information
Description	_____		
Taxpayer/Spouse/Joint (T, S, J)	_____	State postal code _____	
Physical address: Street	_____		
City, state, zip code	_____		
Foreign country	_____		
Foreign province/county	_____		
Foreign postal code	_____		
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)	_____		
Description of other type (Type code #8)	_____		
Did you make any payments in 2023 that require you to file Form(s) 1099? (Y,N)	_____	_____	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	_____	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	_____		
Percentage of ownership if not 100%	_____		
Business use percentage, if not 100% (Not vacation home percentage)	_____		

**Rent and Royalty Income**

Rents and royalties	2023 Information	Prior Year Information
_____	_____	_____
_____	_____	_____

**Rent and Royalty Expenses**

	2023 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____	_____	
Auto	+ _____	_____	
Travel	+ _____	_____	
Cleaning and maintenance	+ _____	_____	
Commissions:			
_____	+ _____	_____	
_____	+ _____	_____	
Insurance:			
_____	+ _____	_____	
_____	+ _____	_____	
Legal and professional fees	+ _____	_____	
Management fees:			
_____	+ _____	_____	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)			
_____	+ _____	_____	
_____	+ _____	_____	
Other mortgage interest	+ _____	_____	
Qualified mortgage insurance premiums	+ _____	_____	
Other interest:			
_____	+ _____	_____	
_____	+ _____	_____	
Repairs	+ _____	_____	
Supplies	+ _____	_____	
Taxes:			
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____	_____	
Depreciation	+ _____	_____	
Depletion	+ _____	_____	
Other expenses:			
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	

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

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of entity \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_

1	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			
	Other losses - 1040 Sch 1			
	Section 179			

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of entity \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			
	Other losses - 1040 Sch 1			
	Section 179			

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of entity \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			
	Other losses - 1040 Sch 1			
	Section 179			

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

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of activity \_\_\_\_\_  
 State postal code \_\_\_\_\_

1	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of activity \_\_\_\_\_  
 State postal code \_\_\_\_\_

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of activity \_\_\_\_\_  
 State postal code \_\_\_\_\_

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of activity \_\_\_\_\_  
 State postal code \_\_\_\_\_

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			

Please provide all Forms 1099-K

1 Preparer use only

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

Schedule F Income

Sales Code**	Income description	2023 Information	Prior Year Information
-	_____	+ _____	_____
-	_____	+ _____	_____
-	_____	+ _____	_____
-	_____	+ _____	_____
-	_____	+ _____	_____

** Sales Codes	
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

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

	2023 Total	2023 Taxable	Prior Year Information
Agricultural program payments	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____

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

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



			2023 Information	Prior Year Information
State and local income tax refunds			+ _____	_____
	T/S	Agreement Date	2023 Information	Prior Year Information
Alimony received	---	_____	+ _____	_____
	---	_____	+ _____	_____

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

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation**	+ _____	+ _____	_____
Unemployment compensation federal withholding	+ _____	+ _____	
Unemployment compensation state withholding	+ _____	+ _____	
Unemployment compensation repaid	+ _____	+ _____	
Alaska Permanent Fund dividends	+ _____	+ _____	

T/S/J	Self-Employment Income? (Y, N)		2023 Information	Prior Year Information
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____	_____
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
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-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	
-	-	_____	+ _____	

NOTES/QUESTIONS:

Please provide all copies of Form 1098-T.

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

**Preparer - Enter on Screen Educate2**

Taxpayer/Spouse (T, S) \_\_\_\_\_  
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit) \_\_\_\_\_  
 Student's social security number \_\_\_\_\_  
 Student's first name \_\_\_\_\_  
 Student's last name \_\_\_\_\_

**Institution Information**

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

Institution's federal identification number \_\_\_\_\_  
 Institution's name \_\_\_\_\_  
 Institution's street address \_\_\_\_\_  
 Institution's city, state, zip code \_\_\_\_\_

**Tuition Paid and Related Information**

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2023.

Enter the amount actually paid during 2023.

	2023 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) <b>(Box 1)</b>	+ _____	_____
Educational institution changed its reporting method for 2023 <b>(Box 3)</b>	_____	
Adjustments made for a prior year <b>(Box 4)</b>	_____	
Scholarships or grants <b>(Box 5)</b>	_____	
Adjustments to scholarships or grants for a prior year <b>(Box 6)</b>	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2024 <b>(Box 7)</b>	_____	
At least half-time student <b>(Box 8)</b>	_____	
Graduate student <b>(Box 9)</b> (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund <b>(Box 10)</b>	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2023

**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

—	_____	+	_____	_____
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

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

—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

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

—	_____	+	_____
—	_____	+	_____

Prescription medicines and drugs:

—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

Miles driven for medical items (22 cents)

—	_____	+	_____
---	-------	---	-------

## Schedule A - Tax Expenses

T/S/J

2023 Information

Prior Year Information

State/local income taxes paid:

—	_____	+	_____	_____
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

2022 state and local income taxes paid in 2023:

—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

Real estate taxes paid:

—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

Personal property taxes:

—	_____	+	_____
—	_____	+	_____

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

—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

Sales tax paid on major purchases:

—	_____	+	_____
—	_____	+	_____

Sales tax paid on actual expenses:

—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

**Control Totals +**

**ITEMIZED DEDUCTIONS**

**Form ID: A-1**

T/S/J		2023 Interest Paid	2023 Points Paid	Type*	Prior Year Information
	Home mortgage interest: From Form 1098				
-	_____	+ _____	+ _____	-	
-	_____	+ _____	+ _____	-	
-	_____	+ _____	+ _____	-	
-	_____	+ _____	+ _____	-	
-	_____	+ _____	+ _____	-	
-	_____	+ _____	+ _____	-	
-	_____	+ _____	+ _____	-	
-	_____	+ _____	+ _____	-	
-	_____	+ _____	+ _____	-	
-	_____	+ _____	+ _____	-	

\*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			
	_____	_____	+ _____	
	Address _____			
	City, state and zip code _____			
	_____	_____	+ _____	
	Address _____			
	City, state and zip code _____			

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

-	Payer's/Borrower's name _____				
	Street Address _____				
	City/State/Zip code _____				
	<b>Refinancing Points paid in 2023 -</b>				
	Taxpayer/Spouse/Joint (T, S, J) _____		-		
	Recipient/Lender name _____				
	Total points paid at time of refinance _____				
	Points deemed as paid in 2023 (Preparer use only) _____	+ _____			
	Date of refinance _____				
	Term of new loan (in months) _____				
	Reported on Form 1098 in 2023 _____		-		
	Taxpayer/Spouse/Joint (T, S, J) _____		-		
	Recipient/Lender name _____				
	Total points paid at time of refinance _____				
	Points deemed as paid in 2023 (Preparer use only) _____	+ _____			
	Date of refinance _____				
	Term of new loan (in months) _____				
	Reported on Form 1098 in 2023 _____		-		

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

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.

Table with 3 columns: T/S/J, 2023 Information, and Prior Year Information. It contains multiple rows for entering contribution amounts, with a shaded area for prior year information.

Volunteer miles driven

Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

Miscellaneous Deductions

T/S/J 2023 Information Prior Year Information

Other expenses

Table with 3 columns: T/S/J, 2023 Information, and Prior Year Information. It contains multiple rows for entering miscellaneous deduction amounts, with a shaded area for prior year information.

Gambling losses: (Enter only if you have gambling income)

NOTES/QUESTIONS:

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

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

	2023 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	—	
Type of Account:		
Bank	—	
Securities	—	
Other	_____	
Maximum value of account	_____	
Account number or other designation	_____	
Financial institution	_____	
Address of financial institution	_____	
City, state, zip code	_____	
Foreign country code/name	_____	
For addresses in Mexico, enter state	_____	
Foreign province/county	_____	
Foreign postal code	_____	
Account jointly owned with spouse	—	
Account opened during the tax year	—	
Account closed during the tax year	—	
Information is reported for a financial account which is:	—	
2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest		

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

Taxpayer identification number of account holder/joint owner \_\_\_\_\_

Foreign identification number of account holder/joint owner (If no Taxpayer identification number) \_\_\_\_\_

Last name or organization name of account holder/joint owner \_\_\_\_\_

First name and middle initial of account holder/joint owner \_\_\_\_\_

Address and apartment \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Foreign country code/name \_\_\_\_\_

    For addresses in Mexico, enter state \_\_\_\_\_

Foreign postal code \_\_\_\_\_

Number of joint owners (Not including taxpayer, if applicable) \_\_\_\_\_

Filer's title with this owner (If applicable) \_\_\_\_\_

**NOTES/QUESTIONS:**

### Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) \_\_\_\_\_

Social security number \_\_\_\_\_