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

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BARTMASSER & CO CPA
14945 VENTURA BLVD STE 224
SHERMAN OAKS CA 91403

Telephone number: **(310) 657-8700**
 Fax number: **(310) 657-3245**
 E-mail address: **kary@bartmassercpa.com**

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2023 tax return. Please enter all pertinent 2023 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

Taxpayer

Spouse

| | | |
|----------------------------------|--|--|
| First name and initial | | |
| Last name | | |
| Title/suffix | | |
| Social security number | | |
| Occupation | | |
| Date of birth (m/d/y) | | |
| Date of death (m/d/y) | | |
| 1=blind | | |
| Home phone | | |
| Work phone | | |
| Work extension | | |
| Cell phone | | |
| E-mail address | | |

| | | |
|---------|----------------------------|--|
| Address | In care of | |
| | Street address | |
| | Apartment number | |
| | City | |
| | State | |
| | ZIP code | |

DEPENDENTS

Dependent No.

Dependent No.

| | | |
|------------------------------------|--|--|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death (m/d/y) | | |
| Date of adoption (m/d/y) | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |

Dependent No.

Dependent No.

| | | |
|------------------------------------|--|--|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death (m/d/y) | | |
| Date of adoption (m/d/y) | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |

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Please enter all pertinent 2023 information. If you have attached a government form for an item, check the box and do not enter a 2023 amount.

WAGES, SALARIES AND TIPS

Employer name:

| | |
|--------------------------|--|
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

| 2023 Amount | 2022 Amount |
|------------------|-------------|
| Attach Forms W-2 | |
| | |
| | |
| | |

INTEREST INCOME

Payer name:

| | |
|--------------------------|--|
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

| | |
|-----------------------|--|
| Attach Forms 1099-INT | |
| | |
| | |
| | |

DIVIDEND INCOME

Payer name:

| | |
|--------------------------|--|
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

| | |
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| Attach Forms 1099-DIV | |
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| | |

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

| | |
|--------------------------|--|
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

| | |
|----------------------------|--|
| Attach Forms 1099-R & W-2G | |
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Winnings not reported on W-2G.....

Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

| | |
|--------------------------|--|
| <input type="checkbox"/> | Form 1099-B - Sales of stock (also include transaction history) |
| <input type="checkbox"/> | Form 1099-MISC - Miscellaneous income |
| <input type="checkbox"/> | Form 1099-K - Merchant card and third party network payments |
| <input type="checkbox"/> | Form 1099-S - Sales of real estate (also include closing statements) |

| | |
|-------------------|--|
| Attach Forms 1099 | |
|-------------------|--|

| | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Form 1099-G - State tax refunds |
|--------------------------|---------------------------------------|

| | |
|-------------------|--|
| Attach Forms 1099 | |
|-------------------|--|

Taxpayer:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation |
| <input type="checkbox"/> | Form 1099-Q (529 Plan) |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts) |

| | |
|-------------------|--|
| Attach Forms 1099 | |
|-------------------|--|

Spouse:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation |
| <input type="checkbox"/> | Form 1099-Q (529 Plan) |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts) |

| | |
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| Attach Forms 1099 | |
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MISCELLANEOUS INCOME

Taxpayer: Alimony received

Spouse: Alimony received

Other: _____

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RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

Spouse: Traditional IRA contributions (1=maximum)

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

| 2023 Amount | 2022 Amount |
|-------------|-------------|
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OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest

Form 1098-T - Tuition and related expenses

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|--------------------------|--|
| Attach Forms 1098 | |
| | |

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement

| | |
|--------------------------|--|
| Attach Forms 1095 | |
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ADJUSTMENTS TO INCOME

Taxpayer:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income:

Alimony paid - Recipient name & SSN

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Spouse:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income:

Alimony paid - Recipient name & SSN

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MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs

Doctors, dentists and nurses

Hospitals and nursing homes

Insurance premiums

Long-term care premiums - taxpayer

Long-term care premiums - spouse

Insurance reimbursement

Out-of-pocket lodging and transportation expenses

Number of medical miles

Other: _____

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TAXES PAID

State income taxes - 1/23 payment on 2022 state estimate

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TAXES PAID (continued)

State income taxes - paid with 2022 state extension

State income taxes - paid with 2022 state return

State income taxes - paid for prior years and/or to other states

City/local income taxes - 1/23 payment on 2022 city/local estimate

City/local income taxes - paid with 2022 city/local extension

City/local income taxes - paid with 2022 city/local return

State and local sales taxes (except autos and special items)

Use taxes paid on 2023 purchases

Use taxes paid on 2022 state return

Sales tax on autos not included above

Sales taxes paid on boats, aircraft, and other special items

Real estate taxes - principal residence

Real estate taxes - property held for investment

Foreign income taxes

Personal property taxes (including automobile fees in some states)

| 2023 Amount | 2022 Amount |
|--------------------------|-------------|
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| Attach Tax Notice | |

INTEREST PAID

Home mortgage interest and points paid:

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|--------------------------|--|
| Attach Forms 1098 | |
| | |

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

| | |
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| | |

Points not reported on Form 1098:

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

Investment interest (interest on margin accounts):

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|--|--|
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| | |

Passive interest

CASH CONTRIBUTIONS

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

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Volunteer expenses (out-of-pocket)

Number of charitable miles

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

| | |
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MISCELLANEOUS DEDUCTIONS

Union and professional dues

Tax return preparation fee

Safe deposit box rental

Investment expenses

Estate tax, section 691(c)

Unreimbursed employee expenses:

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Other: _____

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

BARTMASSER & CO CPA
 14945 VENTURA BLVD STE 224
 SHERMAN OAKS CA 91403
 Telephone number: (310) 657-8700
 Fax number: (310) 657-3245
 E-mail address: kary@bartmassercpa.com

Tax Return Appointment

Date:
 Time:
 Location:

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

CLIENT INFORMATION

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

Filing Status

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

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Client Information (continued)

1 p2

Please add, change or delete information for 2023.

CLIENT INFORMATION

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

1 p2

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

Please add, change or delete information for 2023.

DEPENDENTS

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

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.

YES

NO

PERSONAL INFORMATION

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for \${Y+00}?

DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2023?

Did you have any children under age 19 or full-time students under age 24 at the end of 2023, with interest and dividend income in excess of \$1,250, or total investment income in excess of \$2,500?

HEALTH CARE COVERAGE

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

INCOME

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in \${Y+00}?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

| | | | |
|------|------|----|-------------------------------------|
| 2023 | 1040 | US | Miscellaneous Questions (continued) |
|------|------|----|-------------------------------------|

If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | RETIREMENT PLANS |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | EDUCATION |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | ITEMIZED DEDUCTIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | ESTIMATED TAXES |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of 2022 taxes to your 2023 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2023 taxes, do you want the excess applied to your 2024 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2024 taxable income and withholdings to be different from 2023? |
| <input type="checkbox"/> | <input type="checkbox"/> | MISCELLANEOUS |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.

- | YES | NO | MISCELLANEOUS (continued) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$17,000, or any gifts to a trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months? |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time during 2023, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? |

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time during the tax year, did you: receive or sell, exchange, gift, or otherwise dispose of digital asset? |

Please enter all pertinent 2023 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

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

BANK INFORMATION

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|--------------|----------------------------|----------------|----------------|---------------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

2023 ESTIMATED TAX / 1040-ES (6)

Federal

| | Amount Paid | Date Paid | TS | 2023 Voucher Amount |
|--|-------------|-----------|----|---------------------|
| Overpayment applied from 2022 | | | | |
| 1st quarter payment | | | | |
| 2nd quarter payment | | | | |
| 3rd quarter payment | | | | |
| 4th quarter payment | | | | |
| Additional Estimated Tax Payments | | | | |
| Paid with extension | | | | |
| Former spouse SSN if joint estimates | | | | |

State

| | Amount Paid | Date Paid | TS | 2023 Voucher Amount |
|-------------------------------------|-------------|-----------|----|---------------------|
| Overpayment applied from 2022 | | | | |
| 1st quarter payment | | | | |
| 2nd quarter payment | | | | |
| 3rd quarter payment | | | | |
| 4th quarter payment | | | | |
| Additional Estimated Tax Payments | | | | |
| Paid with extension | | | | |

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

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

2023

1040

US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2023 information.

APPLICATION OF 2023 OVERPAYMENT (7.1)

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

Other (please explain): _____

2024 ESTIMATED TAX INFORMATION

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

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

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

If "yes" explain any differences: _____

7.1

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

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

WAGES, SALARIES, TIPS (10)

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) | | Wages, Tips, Other Compensation (Box 1) | Tax Withheld | | | | | 2022 Wages |
|-----|--------------------------|----------------------------|--|---|-----------------|-------------------------|------------------|----------------|----------------|------------|
| | | 1=spouse | | | Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) | |
| | | | | | | | | | | |
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PENSIONS, IRA DISTRIBUTIONS (13.1)

| No. | Name of Payer | Distribution code #2 | | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld | | Value of all IRAs at 12/31/23 | 2022 Distribution |
|-----|---------------|----------------------|--|----------------------------|-------------------------|-----------------|----------------|-------------------------------|-------------------|
| | | Distribution code #1 | | | | Federal (Box 4) | State (Box 14) | | |
| | | 1=IRA/SEP/SIMPLE | | | | | | | |
| | | | | | | | | | |
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GAMBLING WINNINGS (W-2G) (13.2)

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

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

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

10, 13.1, 13.2

| | | | | |
|-------------|-------------|-----------|---------------------------------------|---------------|
| 2023 | 1040 | US | Interest & Dividend Income | 11, 12 |
|-------------|-------------|-----------|---------------------------------------|---------------|

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

INTEREST INCOME (11)

| No. | Name of Payer (also enter SSN & address for seller-financed mortgage) | 1=taxpayer 2=spouse | Interest Income | | | Tax-Exempt Interest | | Early Withdrawal Penalty (Box 2) | 2022 Interest |
|-----|---|------------------------|---------------------------------------|-------------------------------------|-----------------------------------|-----------------------------|--------------------------------|---|------------------|
| | | | Banks, S&Ls, C/Us, etc. (Box 1) | Seller- Financed Mtg. (Box 1) | U.S. Bonds, T-Bills (Box 3) | Total Municipal Bonds | In-state Municipal Bonds | | |
| | | | | | | | | | |
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DIVIDEND INCOME (12)

| No. | Name of Payer | 1=taxpayer 2=spouse | Dividend Income | | | | | Tax-Exempt Interest | | Foreign Tax Paid (Box 7) | 2022 Dividends |
|-----|---------------|------------------------|---|------------------------------------|--|-------------------------------|---------------------------|-----------------------------|---------------------------------------|--------------------------------|-------------------|
| | | | Total Ordinary Dividends (Box 1a) | Qualified Dividends (Box 1b) | Total Capital Gain Distrib. (Box 2a) | SubSection 199A (Box 5) | U.S. Bonds (% or amt.) | Total Municipal Bonds | In-state Muni-bonds (% or amt.) | | |
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|-------------|-------------|-----------|-----------------------------|-------------|
| 2023 | 1040 | US | Miscellaneous Income | 14.1 |
|-------------|-------------|-----------|-----------------------------|-------------|

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

MISCELLANEOUS INCOME

| | 2023 Amount | | 2022 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Social security benefits (SSA-1099, box 5) | | | | |
| Medicare premiums paid (SSA-1099) | | | | |
| 1=treat Medicare premiums paid as SE health ins. | | | | |
| Tier 1 RR retirement benefits (RRB-1099, box 5) ... | | | | |
| 1=lump-sum election for SS benefits | | | | |
| Alimony received | | | | |
| Taxable scholarships and fellowships | | | | |
| Jury duty pay | | | | |
| Household employee income not on W-2 | | | | |
| Excess minister's allowance | | | | |
| Alaska permanent fund dividends | | | | |
| Income from rental of personal property | | | | |
| Activity not engaged in for profit income | | | | |
| Olympic & Paralympic medals & USOC prize money | | | | |
| Prizes and awards | | | | |
| Stock Options | | | | |
| Strike or lockout benefits (other than bona fide gifts) | | | | |
| Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes | | | | |
| Wages earned while incarcerated not on W-2 | | | | |
| Income subject to S/E tax: (1099-NEC, box 1) | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| Other income (1099-MISC, box 3, 8) | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

Form 1099-K

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

TAX WITHHELD (not entered elsewhere)

| | | | | |
|-----------------------------------|--|--|--|--|
| Federal income tax withheld | | | | |
| State income tax withheld | | | | |
| Local income tax withheld | | | | |

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

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

2023 1099-G Amount

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

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

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

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

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

2023 Amount 2022 Amount

| | | | |
|--|--|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer..... | | |
| | 1=spouse..... | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits) | | |
| | Elementary & secondary education (net of nontaxable benefits) | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1) | | |
| | Earnings (Box 2) | | |
| | Basis (Box 3) | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4) | | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) | | |
| | ESA's only: | | |
| | 2023 contributions to this ESA | | |
| Value of this account at 12/31/23 (plus outstanding rollovers) | | | |
| Basis in this ESA as of 12/31/22 | | | |

| | | | |
|--|--|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer..... | | |
| | 1=spouse..... | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits) | | |
| | Elementary & secondary education (net of nontaxable benefits) | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1) | | |
| | Earnings (Box 2) | | |
| | Basis (Box 3) | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4) | | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) | | |
| | ESA's only: | | |
| | 2023 contributions to this ESA | | |
| Value of this account at 12/31/23 (plus outstanding rollovers) | | | |
| Basis in this ESA as of 12/31/22 | | | |

| | | | |
|--|--|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer..... | | |
| | 1=spouse..... | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits) | | |
| | Elementary & secondary education (net of nontaxable benefits) | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1) | | |
| | Earnings (Box 2) | | |
| | Basis (Box 3) | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4) | | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) | | |
| | ESA's only: | | |
| | 2023 contributions to this ESA | | |
| Value of this account at 12/31/23 (plus outstanding rollovers) | | | |
| Basis in this ESA as of 12/31/22 | | | |

| | | | | |
|-------------|-------------|-----------|---------------------------|-------------|
| 2023 | 1040 | US | ABLE Distributions | 14.4 |
|-------------|-------------|-----------|---------------------------|-------------|

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

ABLE DISTRIBUTIONS / CONTRIBUTIONS

2023 Amount

2022 Amount

| | | | |
|--|--|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer or issuer | | |
| | 1=spouse | | |
| | Distributions (1099-QA): | | |
| | Gross distributions (1) | | |
| | Earnings (2) | | |
| | Basis (3) | | |
| | 1=program to program transfer (4) | | |
| | 1=ABLE account terminated (5) | | |
| | 1=recipient is not the designated beneficiary (6) | | |
| | Qualified disability expenses paid | | |
| | Amount excluded from 10% tax | | |
| | Excess contributions: | | |
| | Excess contributions withdrawn by due date of return | | |
| Earnings on excess contributions | | | |

| | | | |
|--|--|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer or issuer | | |
| | 1=spouse | | |
| | Distributions (1099-QA): | | |
| | Gross distributions (1) | | |
| | Earnings (2) | | |
| | Basis (3) | | |
| | 1=program to program transfer (4) | | |
| | 1=ABLE account terminated (5) | | |
| | 1=recipient is not the designated beneficiary (6) | | |
| | Qualified disability expenses paid | | |
| | Amount excluded from 10% tax | | |
| | Excess contributions: | | |
| | Excess contributions withdrawn by due date of return | | |
| Earnings on excess contributions | | | |

| | | | |
|--|--|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer or issuer | | |
| | 1=spouse | | |
| | Distributions (1099-QA): | | |
| | Gross distributions (1) | | |
| | Earnings (2) | | |
| | Basis (3) | | |
| | 1=program to program transfer (4) | | |
| | 1=ABLE account terminated (5) | | |
| | 1=recipient is not the designated beneficiary (6) | | |
| | Qualified disability expenses paid | | |
| | Amount excluded from 10% tax | | |
| | Excess contributions: | | |
| | Excess contributions withdrawn by due date of return | | |
| Earnings on excess contributions | | | |

| | | | | | |
|-------------|-------------|-----------|-------------------------------------|--|-----------|
| 2023 | 1040 | US | Business Income (Schedule C) | No. <input style="width:40px;" type="text"/> | 16 |
|-------------|-------------|-----------|-------------------------------------|--|-----------|

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

GENERAL INFORMATION

| | |
|---|--|
| Principal business/profession | |
| Principal business code | |
| Business name, if different from Form 1040 | |
| Business address, if different from Form 1040 | |
| City, if different from Form 1040 | |
| State, if different from Form 1040 | |
| ZIP code, if different from Form 1040 | |
| Foreign region | |
| Foreign postal code | |
| Foreign country | |
| Employer identification number | |
| Other accounting method | |

| | | |
|---|--|--|
| Accounting method: 1=cash, 2=accrual | | |
| Inventory method: 1=cost, 2=lower cost/market, 3=other | | |
| 1=change of inventory method | | |
| 1=spouse, 2=joint | | |
| 1=first Schedule C filed for this business | | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no | | |
| 1=not subject to self-employment tax | | |
| 1=did not "materially participate" | | |
| 1=personal services is not a material income producing factor | | |
| 1=investment | | |
| 1=minister's Schedule C | | |
| 1=single member limited liability company | | |
| 1=trader in financial instruments or commodities | | |

INCOME

| | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Gross receipts or sales (Form 1099-NEC) | | |
| Returns and allowances | | |
| Other income: | | |
| _____ | | |
| _____ | | |
| _____ | | |

COST OF GOODS SOLD

| | | |
|--|--|--|
| Inventory at beginning of the year | | |
| Purchases | | |
| Cost of items for personal use | | |
| Cost of labor | | |
| Materials and supplies | | |
| Other costs: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Inventory at end of the year | | |

2023

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

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

EXPENSES

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Accounting..... | | |
| Advertising..... | | |
| Answering service..... | | |
| Bad debts from sales or service..... | | |
| Bank charges..... | | |
| Car and truck expenses (not entered elsewhere)..... | | |
| Commissions..... | | |
| Contract labor..... | | |
| Delivery and freight..... | | |
| Dues and subscriptions..... | | |
| Employee benefit programs..... | | |
| Insurance (other than health)..... | | |
| Mortgage interest (paid to banks, etc.)..... | | |
| Other interest (not entered elsewhere)..... | | |
| Janitorial..... | | |
| Laundry and cleaning..... | | |
| Legal and professional..... | | |
| Miscellaneous..... | | |
| Office expense..... | | |
| Outside services..... | | |
| Parking and tolls..... | | |
| Pension and profit sharing plans - contributions..... | | |
| Pension and profit sharing plans - admin. and education costs..... | | |
| Postage..... | | |
| Printing..... | | |
| Rent - vehicles, machinery, & equipment (not entered elsewhere)..... | | |
| Rent - other..... | | |
| Repairs..... | | |
| Security..... | | |
| Supplies..... | | |
| Taxes - real estate..... | | |
| Taxes - payroll..... | | |
| Taxes - sales tax included in gross receipts..... | | |
| Taxes - other (not entered elsewhere)..... | | |
| Telephone..... | | |
| Tools..... | | |
| Travel..... | | |
| Meals in full (50%)..... | | |
| Department of Transportation meals in full (80%)..... | | |
| Uniforms..... | | |
| Utilities..... | | |
| Wages..... | | |

Other expenses:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

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

16 p2

| | | | | |
|------|------|----|-------------------------------------|----|
| 2023 | 1040 | US | Capital Gains & Losses (Schedule D) | 17 |
|------|------|----|-------------------------------------|----|

If you sold any stocks, bonds, or other investment property in 2023, please list the pertinent information for each sale below or provide a spreadsheet file with this information. Be sure to attach all 1099-B forms and brokerage statements.

| No. | Quantity | Description of Property (Box 1a) | Date Acquired (Box 1b) | Date Sold (Box 1c) | Sales Price (gross or net) (Box 1d) | Cost or Basis (Box 1e) | Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5) | Expenses of Sale (if gross sales price entered) | Federal Income Tax Withheld (Box 4) |
|-----|----------|----------------------------------|------------------------|--------------------|-------------------------------------|------------------------|--|---|-------------------------------------|
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| | | | | | | | | | 17 |
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2023

1040

US

Installment Sales (Form 6252)

17 p2

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

PRIOR YEAR INSTALLMENT SALE

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

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

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

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

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

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

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

2023

1040

US

Sale of Home & Moving Expenses

17, 27

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

SALE OF HOME (17)

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

Adjusted Basis

Original cost
Improvements:
Adjusted basis

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

Total expenses of sale

Reduced Exclusion

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

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

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

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

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

17, 27

| | | | | | |
|-------------|-------------|-----------|---|--|-----------|
| 2023 | 1040 | US | Rental & Royalty Income (Schedule E) | No. <input style="width:40px;" type="text"/> | 18 |
|-------------|-------------|-----------|---|--|-----------|

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

GENERAL INFORMATION

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

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

INCOME

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

DIRECT EXPENSES

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

| Advertising | | |
|---|--|--|
| Association dues | | |
| Auto and travel (not entered elsewhere) | | |
| Cleaning and maintenance | | |
| Commissions | | |
| Gardening | | |
| Insurance | | |
| Legal and professional fees | | |
| Licenses and permits | | |
| Management fees | | |
| Miscellaneous | | |
| Mortgage interest (paid to banks, etc.) | | |
| Excess mortgage interest | | |
| Other interest (not entered elsewhere) | | |
| Painting and decorating | | |
| Pest control | | |
| Plumbing and electrical | | |
| Repairs | | |
| Supplies | | |
| Taxes - real estate | | |
| Taxes - other (not entered elsewhere) | | |
| Telephone | | |
| Utilities | | |
| Wages and salaries | | |
| Other: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

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

2023

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

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

GENERAL INFORMATION

| | |
|---------------------------|--|
| Foreign region | |
| Foreign postal code | |
| Foreign country | |

OIL AND GAS

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

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

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

INDIRECT EXPENSES

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

| | | |
|---|--|--|
| Advertising | | |
| Association dues | | |
| Auto and travel (not entered elsewhere) | | |
| Cleaning and maintenance | | |
| Commissions | | |
| Gardening | | |
| Insurance | | |
| Legal and professional fees | | |
| Licenses and permits | | |
| Management fees | | |
| Miscellaneous | | |
| Mortgage interest (paid to banks, etc.) | | |
| Excess mortgage interest | | |
| Other interest (not entered elsewhere) | | |
| Painting and decorating | | |
| Pest control | | |
| Plumbing and electrical | | |
| Repairs | | |
| Supplies | | |
| Taxes - real estate | | |
| Taxes - other (not entered elsewhere) | | |
| Telephone | | |
| Utilities | | |
| Wages and salaries | | |

Other:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
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| _____ | | |

2023

1040

US

Farm Income (Schedule F/Form 4835)

No.

19

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

GENERAL INFORMATION

| | |
|--------------------------|----------------------|
| Principal product | <input type="text"/> |
| Employer ID number | <input type="text"/> |

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

FARM INCOME

| | 2023 Amount | 2022 Amount |
|--|----------------------|----------------------|
| Cash method: | | |
| Sales of livestock and other resale items | <input type="text"/> | <input type="text"/> |
| Cost or basis of livestock or other resale items | <input type="text"/> | <input type="text"/> |
| Sales of products raised | <input type="text"/> | <input type="text"/> |
| Accrual method: | | |
| Sales of livestock, produce, etc. | <input type="text"/> | <input type="text"/> |
| Beginning inventory of livestock, etc. | <input type="text"/> | <input type="text"/> |
| Cost of livestock, etc. purchased | <input type="text"/> | <input type="text"/> |
| Ending inventory of livestock, etc. | <input type="text"/> | <input type="text"/> |
| Other farm income: | | |
| Total cooperative distributions | <input type="text"/> | <input type="text"/> |
| Taxable cooperative distributions | <input type="text"/> | <input type="text"/> |
| Total agricultural program payments (other than CRP) | <input type="text"/> | <input type="text"/> |
| Taxable agricultural program payments (other than CRP) | <input type="text"/> | <input type="text"/> |
| Total conservation reserve program payments | <input type="text"/> | <input type="text"/> |
| Taxable conservation reserve program payments | <input type="text"/> | <input type="text"/> |
| Commodity credit loans reported under election | <input type="text"/> | <input type="text"/> |
| Total commodity credit loans forfeited or repaid | <input type="text"/> | <input type="text"/> |
| Taxable commodity credit loans forfeited or repaid | <input type="text"/> | <input type="text"/> |
| Total crop insurance proceeds received in 2023 | <input type="text"/> | <input type="text"/> |
| Taxable crop insurance proceeds received in 2023 | <input type="text"/> | <input type="text"/> |
| Taxable crop insurance proceeds deferred from 2022 | <input type="text"/> | <input type="text"/> |
| Custom hire (machine work) income not included above | <input type="text"/> | <input type="text"/> |

2023

1040

US

Farm Income (Sch. F/Form 4835) (cont.)

No.

19 p2

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

FARM INCOME (continued)

Other income:

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

FARM EXPENSES

- Car and truck expenses (not entered elsewhere)
- Chemicals
- Conservation expenses
- Custom hire (machine work)
- Employee benefit programs
- Feed purchased
- Fertilizers and lime
- Freight and trucking
- Gasoline, fuel, and oil
- Insurance (other than health)
- Mortgage interest (paid to banks, etc.)
- Other interest (not entered elsewhere)
- Labor hired
- Pension and profit sharing - contributions
- Pension and profit sharing plans - admin. and education costs
- Rent - vehicles, machinery, and equipment (not entered elsewhere)
- Rent - other (land, animals, etc.)
- Repairs and maintenance
- Seeds and plants purchased
- Storage and warehousing
- Supplies purchased
- Taxes (not entered elsewhere)
- Utilities
- Veterinary, breeding, and medicine
- Capitalized preproductive period expenses (also enter below)
- Other expenses:

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

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

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

PARTNERSHIP INFORMATION (20.1)

| No. | Name of Partnership | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in Partnership |
|-----|---------------------|--------------------------------|---------------------------------|--|
| | | | | |
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S CORPORATION INFORMATION (20.2)

| No. | Name of S corporation | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in S corporation |
|-----|-----------------------|--------------------------------|---------------------------------|--|
| | | | | |
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|------|------|----|---------------------------------------|-----------|
| 2023 | 1040 | US | Estate or Trust and REMIC Information | 20.3,20.4 |
|------|------|----|---------------------------------------|-----------|

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

ESTATE OR TRUST INFORMATION (20.3)

| No. | Name of Estate or Trust | Employer Identification Number | Tax Shelter Registration Number |
|-----|-------------------------|--------------------------------|---------------------------------|
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REMIC INFORMATION (20.4)

| No. | Name of REMIC | Employer Identification Number |
|-----|---------------|--------------------------------|
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| | 20.3,20.4 |
|--|-----------|

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|-------------|-------------|-----------|-------------------------------|-----------|
| 2023 | 1040 | US | Asset Disposition List | 22 |
|-------------|-------------|-----------|-------------------------------|-----------|

If you disposed of any business assets in 2023, please enter date sold, sales price, and expenses of sale.
For real estate transactions, be sure to attach all 1099-S forms and closing statements.

| No. | Description of Property (Box 3) | Date Placed in Service | Date Sold (Box 1) | Sales Price (Box 2) | Cost or Basis | Expenses of Sale |
|-----|---------------------------------|------------------------|-------------------|---------------------|---------------|------------------|
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2023

1040

US

Asset Acquisition List

22 p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2023, please enter all pertinent information below.

| No. | Description of Property | Related Business or Activity | Preparer Use Only | | | Date Placed in Service | Cost or Basis | Preparer Use Only | |
|-----|-------------------------|------------------------------|-------------------|-------------|----------|------------------------|---------------|---------------------|--------|
| | | | Form | No. of Form | Category | | | Current Section 179 | Method |
| | | | | | | | | | |
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2023

1040

US

Vehicle Expenses

No.

22 p3

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

GENERAL INFORMATION

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

AUTOMOBILE MILEAGE

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

ACTUAL EXPENSES

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

2023

1040

US

Adjustments to Income

24

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

TRADITIONAL IRA CONTRIBUTIONS

Table with 4 columns: 2023 Amount (Taxpayer, Spouse), 2022 Amount (Taxpayer, Spouse). Rows include IRA contributions you made or expect to make, Contributions made to date, 1=covered by plan, 2=not covered, and 2023 payments from 1/1/23 to 4/15/23.

ROTH IRA CONTRIBUTIONS

Table with 4 columns: 2023 Amount (Taxpayer, Spouse), 2022 Amount (Taxpayer, Spouse). Rows include Roth IRA contributions you made or expect to make and Contributions made to date.

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Table with 4 columns: 2023 Amount (Taxpayer, Spouse), 2022 Amount (Taxpayer, Spouse). Rows include Profit-sharing (25%/1.25) contributions, Money purchase (25%/1.25) contributions, Defined benefit contributions, Self-employed SEP (25%/1.25) contributions, Plan contribution rate, Individual 401k: SE elective deferrals, Individual 401k: SE designated Roth contributions, SIMPLE contributions, Self-employed SIMPLE contributions, Employer matching rate, and 1=nonelective contributions.

ADJUSTMENTS TO INCOME

Table with 4 columns: 2023 Amount (Taxpayer, Spouse), 2022 Amount (Taxpayer, Spouse). Rows include Self-employed health insurance (Total premiums, Long-term care premiums), Student loan interest paid, Educator expenses, Jury duty pay, Attorney fees and court costs, Contributions by certain chaplains, Reforestation amortization, Repayment of supplemental unemployment benefits, Expenses from rental of personal property, and Other adjustments to income.

24

2023

1040

US

Adjustments to Income

24 p2

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

ADJUSTMENTS TO INCOME

Alimony paid:

Taxpayer

Spouse

Date of divorce or sep. agreement

Recipient's first name

Recipient's last name

Recipient's SSN

Amount paid

2022 amt:

2022 amt:

24 p2

2023

1040

US

Itemized Deductions

25

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

MEDICAL AND DENTAL EXPENSES

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

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums not entered elsewhere, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Medical miles driven, and Other medical and dental expenses.

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

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Rows include State income taxes (1/23 payment, 2022 return extension, 2022 state return, prior years), and City/local income taxes (1/23 payment, 2022 city/local extension, 2022 city/local return).

SALES AND USE TAXES PAID

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Rows include State and local sales taxes, Use taxes paid on 2023 purchases, Use taxes paid with 2022 state return, Sales tax on autos, and Sales tax on boats, aircraft, other special items.

OTHER TAXES PAID

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Rows include Real estate taxes (principal residence, held for investment), Personal property taxes, Foreign income taxes, and Other taxes.

2023

1040

US

Itemized Deductions (continued)

25 p2

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

INTEREST PAID

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

2023 Amount

TS

2022 Amount

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Includes row for amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Includes rows for points not reported on Form 1098.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Includes rows for investment interest.

Passive interest:

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Includes row for passive interest.

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Includes rows for cash or check contributions to churches, schools, hospitals, etc.

Volunteer expenses (out-of-pocket):

Number of charitable miles:

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Includes rows for volunteer expenses and charitable miles.

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

Contributions by cash or check:

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Includes rows for cash or check contributions to veterans' organizations, etc.

Volunteer expenses (out-of-pocket):

Number of charitable miles:

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Includes rows for volunteer expenses and charitable miles.

25 p2

2023

1040

US

Itemized Deductions (continued)

25 p3

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

NONCASH CONTRIBUTIONS

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

50% limitation (see above):

2023 Amount TS 2022 Amount

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Rows for 50% limitation.

30% limitation (see above):

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Rows for 30% limitation.

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

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Rows for 30% capital gain property.

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

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Rows for 20% capital gain property.

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

Union and professional dues

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

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Rows for other unreimbursed employee expenses.

Investment expense:

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Rows for investment expense.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Rows for tax return preparation fee and safe deposit box rental.

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

Table with 3 columns: Description, 2023 Amount, TS, 2022 Amount. Rows for miscellaneous deductions.

25 p3

2023

1040

US

Itemized Deductions (continued)

25 p5

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

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

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

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

Table with columns: 2023 Amount, TS, 2022 Amount. Rows: Fair market value of the property on the date that the last debt was secured; Home acquisition and grandfather debt on the date that the last debt was secured.

LOAN INFORMATION

Loan #1

- Lender's name
Form (see table)
Number of form
1=taxpayer, 2=spouse, blank=joint
Interest paid
Points paid
Total principal paid
Lump sum principal payment (if paid off)
Months outstanding (if not 12)
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)
Home acquisition debt balance - beginning of year
Home acquisition debt borrowed in 2023
Home equity debt balance - beginning of year
Home equity debt borrowed in 2023
Grandfather debt balance - beginning of year

Table for Loan #1 with columns: 2023 Amount, TS, 2022 Amount. Includes a shaded area for 2022 amounts.

Loan #2

- Lender's name
Form (see table)
Number of form
1=taxpayer, 2=spouse, blank=joint
Interest paid
Points paid
Total principal paid
Lump sum principal payment (if paid off)
Months outstanding (if not 12)
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)
Home acquisition debt balance - beginning of year
Home acquisition debt borrowed in 2023
Home equity debt balance - beginning of year
Home equity debt borrowed in 2023
Grandfather debt balance - beginning of year

Table for Loan #2 with columns: 2023 Amount, TS, 2022 Amount. Includes a shaded area for 2022 amounts.

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

25 p5

2023

1040

US

Itemized Deductions (continued)

25 p5 cont

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

LOAN INFORMATION (continued)

Loan #3

2023 Amount

TS

2022 Amount

Lender's name

Form (see table)

Number of form

1=taxpayer, 2=spouse, blank=joint

Interest paid

Points paid

Total principal paid

Lump sum principal payment (if paid off)

Months outstanding (if not 12)

1=home acquisition debt incurred after 12/15/17

Home acquisition debt balance - beginning of year

Home acquisition debt borrowed in 2023

Home equity debt balance - beginning of year

Home equity debt borrowed in 2023

Grandfather debt balance - beginning of year

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Loan #4

Lender's name

Form (see table)

Number of form

1=taxpayer, 2=spouse, blank=joint

Interest paid

Points paid

Total principal paid

Lump sum principal payment (if paid off)

Months outstanding (if not 12)

1=home acquisition debt incurred after 12/15/17

Home acquisition debt balance - beginning of year

Home acquisition debt borrowed in 2023

Home equity debt balance - beginning of year

Home equity debt borrowed in 2023

Grandfather debt balance - beginning of year

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Form

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

25 p5 cont

2023

1040

US

Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2023, please complete the information below for each donee using the following guidelines:

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

* A deduction for contributions of clothing or other household items that are not in good used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

Form section 1: Includes fields for Name of charitable organization, Street address, City, State, ZIP code, 1=spouse, 2=joint, Property description, Vehicle identification number (VIN), Year (yyyy), Make and model, Condition and mileage, Date of contribution, Date acquired by donor, How acquired by donor, Donor's cost or basis, Fair market value, and Method used to determine FMV.

Form section 2: Identical to section 1, including fields for Name of charitable organization, Street address, City, State, ZIP code, 1=spouse, 2=joint, Property description, Vehicle identification number (VIN), Year (yyyy), Make and model, Condition and mileage, Date of contribution, Date acquired by donor, How acquired by donor, Donor's cost or basis, Fair market value, and Method used to determine FMV.

Legend section with two columns: 1 How Property was Acquired (1 = Purchase, 2 = Gift, 3 = Inheritance, 4 = Exchange) and 2 Method Used to Determine FMV (1 = Appraisal, 2 = Thrift shop value, 3 = Catalog, 4 = Comparable sales, For other methods, see IRS Pub. 561).

26

2023

1040

US

Business Use of Home (Form 8829)

No.

29

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

BUSINESS USE OF HOME

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

INDIRECT EXPENSES

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

| | | |
|-------------------------------|--|--|
| Mortgage interest..... | | |
| Real estate taxes..... | | |
| Casualty losses..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Rent..... | | |
| Repairs and maintenance..... | | |
| Utilities..... | | |
| Excess mortgage interest..... | | |
| Excess real estate taxes..... | | |
| Other indirect expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |

DIRECT EXPENSES

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

| | | |
|--------------------------------|--|--|
| Mortgage interest..... | | |
| Real estate taxes..... | | |
| Casualty losses..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Rent..... | | |
| Repairs and maintenance..... | | |
| Utilities..... | | |
| Excess mortgage interest..... | | |
| Excess real estate taxes..... | | |
| Excess casualty losses..... | | |
| Allowable casualty losses..... | | |
| Other direct expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |

29

2023

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

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

GENERAL INFORMATION

Occupation, if different from Form 1040

| | | |
|---|----------------------|--|
| Form..... | <input type="text"/> | |
| Number of form (1=first Schedule C, 2=second, etc.)..... | <input type="text"/> | |
| 1=spouse..... | <input type="text"/> | |
| 1=performance artist, 2=handicapped, 3=fee-basis government official..... | <input type="text"/> | |
| 1=minister's expenses..... | <input type="text"/> | |

EMPLOYEE BUSINESS EXPENSES

| | 2023 Amount | 2022 Amount |
|--|----------------------|----------------------|
| Meal expenses in full..... | <input type="text"/> | <input type="text"/> |
| Reimbursements for meals not on W-2, box 1..... | <input type="text"/> | <input type="text"/> |
| 1=Department of Transportation (80% meal allowance)..... | <input type="text"/> | <input type="text"/> |
| Local transportation (bus, taxi, train, etc.)..... | <input type="text"/> | <input type="text"/> |
| Travel expenses while away from home overnight..... | <input type="text"/> | <input type="text"/> |
| Reimbursements not included on Form W-2, box 1..... | <input type="text"/> | <input type="text"/> |
| Other business expenses: | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

2023

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

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

VEHICLE INFORMATION

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

| 2023 Amount | 2022 Amount |
|-------------|-------------|
| | |
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VEHICLE 1

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

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Actual expenses:

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

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VEHICLE 2

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

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Actual expenses:

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

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2023

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2023 information.

GENERAL INFORMATION

| | | |
|---|----------------------|----------------------|
| 1=spouse..... | <input type="text"/> | <input type="text"/> |
| Foreign address of taxpayer, if different from Form 1040: | | |
| Street address..... | <input type="text"/> | |
| City..... | <input type="text"/> | |
| Region..... | <input type="text"/> | |
| Postal code..... | <input type="text"/> | |
| Country..... | <input type="text"/> | |
| Employer: | | |
| Name..... | <input type="text"/> | |
| U.S. street address..... | <input type="text"/> | |
| U.S. city..... | <input type="text"/> | |
| U.S. state..... | <input type="text"/> | |
| U.S. ZIP code..... | <input type="text"/> | |
| Foreign street address..... | <input type="text"/> | |
| Foreign city..... | <input type="text"/> | |
| Foreign region..... | <input type="text"/> | |
| Foreign postal code..... | <input type="text"/> | |
| Foreign country..... | <input type="text"/> | |
| Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other..... | <input type="text"/> | <input type="text"/> |
| Employer type, if other..... | <input type="text"/> | |

| | | |
|---|-----------------------------------|----------------------|
| Type of exclusion revoked if revoked in earlier year (if applicable): | Tax year revocation was effective | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Country of citizenship.....

| | | |
|---|---|----------------------|
| City and country of separate foreign residence if maintained due to adverse living conditions (if applicable): | Number of days during tax year at separate foreign address (if applicable) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|-------------------------------|---|----------------------|
| Tax homes(s) during tax year: | Dates tax home(s) were established (m/d/y) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

31.1

2023

1040

US

Foreign Income Exclusion (2555)

No.

31.1 p2

Please enter all pertinent 2023 information.

TRAVEL INFORMATION

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

| Travel Type (table) | Name of country (if not United States) | Date arrived | Date left | Days in U.S. on business |
|---------------------|--|--------------|-----------|--------------------------|
| | | | | |
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BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

| | | |
|--|----------------------|--|
| Beginning date for bona fide residence (m/d/y) | <input type="text"/> | |
| Ending date for bona fide residence (m/d/y) | <input type="text"/> | |
| Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer | <input type="text"/> | |
| Names of family living abroad with taxpayer (if applicable): | <input type="text"/> | |

| Relationship | Period family lived abroad |
|--------------|----------------------------|
| | |
| | |
| | |

| | | |
|--|----------------------|--|
| 1=submitted statement to country of bona fide residence | <input type="text"/> | |
| 1=required to pay income tax to country of bona fide residence | <input type="text"/> | |
| Contractual terms relating to length of employment abroad | <input type="text"/> | |
| Type of visa you entered foreign country under | <input type="text"/> | |
| Explanation why visa limited stay or employment in country (if applicable) | <input type="text"/> | |

| | | | | | |
|---|----------------------|----------|----------------------|------------------------------------|----------------------|
| Address of home in U.S. maintained while living abroad (if applicable): | <input type="text"/> | ZIP Code | <input type="text"/> | 1=U.S. home rented (if applicable) | <input type="text"/> |
| | | | | | |
| | | | | | |

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

Principal country of employment

FOREIGN HOUSING EXPENSES

| | 2023 Amount | 2022 Amount |
|----------------------------------|----------------------|----------------------|
| Qualified housing expenses | <input type="text"/> | <input type="text"/> |

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

Travel Type

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

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

FOREIGN WAGES, SALARIES, TIPS

| | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Name or number | | |
| 1=spouse | | |
| 1=retirement plan (Box 13) | | |
| Name of employer (Box c) | | |
| Wages, tips, other compensation (Box 1) | | |
| Federal income tax withheld (Box 2) | | |
| Social security tax withheld (Box 4) | | |
| Medicare tax withheld (Box 6) | | |
| State income tax withheld (Box 17) | | |
| Local income tax withheld (Box 19) | | |

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

| | | |
|---------------------------------|--|--|
| Home (lodging) | | |
| Meals | | |
| Car | | |
| Other properties or facilities: | | |
| | | |
| | | |
| | | |

Allowances and Reimbursements

| | | |
|--|--|--|
| Cost of living and overseas differential | | |
| Family | | |
| Education | | |
| Home leave | | |
| Quarters | | |
| Other purposes: | | |
| | | |
| | | |
| | | |

| | | |
|---|--|--|
| Meals and lodging provided for the convenience of the Employer (excludable under section 119) | | |
|---|--|--|

Other Foreign Earned Income

| | | |
|--|--|--|
| | | |
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2023 Days Worked Allocation Information

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

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

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

HSA CONTRIBUTIONS

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

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

HSA DISTRIBUTIONS

| | | | | |
|---|--|--|--|--|
| Total HSA distribution received (1099-SA, box 1) ... | | | | |
| Distributions included above that were rolled over to another HSA | | | | |
| Total unreimbursed qualified medical expenses | | | | |

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

| | | | | |
|-------------|-------------|-----------|--|------------------|
| 2023 | 1040 | US | Child and Dependent Care Expenses (Form 2441) | 33.1,33.2 |
|-------------|-------------|-----------|--|------------------|

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

DEPENDENT CARE EXPENSES (33.1)

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

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

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

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

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

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

2023

1040

US

Qualified Adoption Expenses (Form 8839)

37

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

ELIGIBLE CHILDREN

2023 Amount

2022 Amount

| | | | | |
|--|---|---|--|--|
| No. <input type="text"/> | First name | | | |
| | Last name | | | |
| | Identification number | | | |
| | Date of birth (m/d/y) | | | |
| | 1=born before 2006 and was disabled | | | |
| | 1=special needs child | | | |
| | 1=foreign child | | | |
| | 1=adoption was not final in 2023 | | | |
| | Qualified Adoption Expenses Paid in | 2022 for adoption not finalized by end of 2023 | | |
| | | Prior years for adoption of foreign child finalized in 2023 | | |
| 2022 and 2023 for adoption finalized in 2023 | | | | |
| 2023 for adoption finalized before 2023 | | | | |
| 1=spouse, 2=joint | | | | |

| | | | | |
|--|---|---|--|--|
| No. <input type="text"/> | First name | | | |
| | Last name | | | |
| | Identification number | | | |
| | Date of birth (m/d/y) | | | |
| | 1=born before 2006 and was disabled | | | |
| | 1=special needs child | | | |
| | 1=foreign child | | | |
| | 1=adoption was not final in 2023 | | | |
| | Qualified Adoption Expenses Paid in | 2022 for adoption not finalized by end of 2023 | | |
| | | Prior years for adoption of foreign child finalized in 2023 | | |
| 2022 and 2023 for adoption finalized in 2023 | | | | |
| 2023 for adoption finalized before 2023 | | | | |
| 1=spouse, 2=joint | | | | |

| | | | | |
|--|---|---|--|--|
| No. <input type="text"/> | First name | | | |
| | Last name | | | |
| | Identification number | | | |
| | Date of birth (m/d/y) | | | |
| | 1=born before 2006 and was disabled | | | |
| | 1=special needs child | | | |
| | 1=foreign child | | | |
| | 1=adoption was not final in 2023 | | | |
| | Qualified Adoption Expenses Paid in | 2022 for adoption not finalized by end of 2023 | | |
| | | Prior years for adoption of foreign child finalized in 2023 | | |
| 2022 and 2023 for adoption finalized in 2023 | | | | |
| 2023 for adoption finalized before 2023 | | | | |
| 1=spouse, 2=joint | | | | |

37

2023

1040

US

Education Credits

No.

38

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

STUDENT INFORMATION

1=taxpayer, 2=spouse
First name
Last name
Social security number
Number of prior years AOC claimed
1=student was NOT enrolled at least half-time for at least one academic period that began in 2023 (or the first 3 months of 2024 if the qualified expenses were made in 2023) at an eligible institution in a qualified program
1=student completed first four years of post-secondary education before 2023
1=student was convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance

Form grid for student information with shaded areas.

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name
Street address
City
State
ZIP code
1=2023 Form 1098-T was NOT received
1=2023 Form 1098-T received with Box 7 completed
1=2022 Form 1098-T received with Box 7 completed
Federal ID number from Form 1098-T

Form grid for educational institution #1 with shaded areas.

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name
Street address
City
State
ZIP code
1=2023 Form 1098-T was NOT received
1=2023 Form 1098-T received with Box 7 completed
1=2022 Form 1098-T received with Box 7 completed
Federal ID number from Form 1098-T

Form grid for educational institution #2 with shaded areas.

QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2023 (net of refund or assistance, & not entered elsewhere)
Books & supplies required to be purchased from institution
Books & supplies not entered above
Amount of prior year refund or assistance *

Table with columns for 2023 Amount and 2022 Amount.

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

2023

1040

US

Household Employment Taxes (Schedule H)

42

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

HOUSEHOLD EMPLOYMENT TAXES

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

Employer identification number
1=spouse, 2=joint

Table with 2 columns: 2023 Amount, 2022 Amount. Rows include Social security, Medicare and income taxes: 1=paid any one employee cash wages of \$2,600 or more, 1=withheld federal income tax for household employee, Total cash wages subject to social security taxes, Total cash wages subject to Medicare taxes, Federal income tax withheld, Taxes withheld from state disability payments.

Table with 2 columns: 2023 Amount, 2022 Amount. Rows include Federal unemployment tax: 1=paid total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023, Total cash wages subject to FUTA tax, 1=paid unemployment contributions to only one state, 1=paid all state unemployment contributions by 4/15/24, 1=all wages taxable for FUTA were also taxable for state unemployment, Name of state, Contributions paid to state unemployment fund.

42

2023

1040

US

Parent's Election to Report Child's Inc.

No.

44

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

CHILD'S INFORMATION

| | |
|-------------------------------|--|
| First name | |
| Last name | |
| Social security number | |
| Date of birth (m/d/y) | |
| 1=nontaxable to federal | |
| 1=nontaxable to state | |

INTEREST INCOME (Form 1099-INT)

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

DIVIDEND INCOME (Form 1099-DIV)

| | | |
|--|--|--|
| Total ordinary dividends (Box 1a): _____ | | |
| Qualified dividends (Box 1b) | | |
| Total capital gain distributions (Box 2a): _____ | | |
| Unrecaptured section 1250 gain (Box 2b) | | |
| Section 1202 gain (Box 2c) | | |
| Collectibles (28%) gain (Box 2d) | | |
| Nontaxable distributions (Box 3) | | |
| Tax-exempt interest: | | |
| Total municipal bonds | | |
| In-state municipal bonds | | |
| Nominee distributions: | | |
| Ordinary dividends | | |
| Qualified dividends | | |
| Capital gain distributions | | |
| Alaska permanent fund dividends included above | | |

2023

1040

US

Report of Foreign Bank and Financial Accounts

82.1

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

GENERAL INFORMATION

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Canadian province or Mexican state | | |
| Other type of filer | | |
| Foreign identification: | | |
| Taxpayer: | | |
| 1=passport, 2=foreign TIN | | |
| Other type of identification | | |
| Number | | |
| Country of issue | | |
| Spouse: | | |
| 1=passport, 2=foreign TIN | | |
| Other type of identification | | |
| Number | | |
| Country of issue | | |
| Taxpayer: | | |
| Title | | |
| Spouse: | | |
| Title | | |

82.1

2023

1040

US

Report of Foreign Bank & Fin. Accts.

No.

82.1 p2

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

INFORMATION ON FINANCIAL ACCOUNTS

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| 1=spouse..... | | |
| Type of account: 1=bank account, 2=securities account, or specify..... | | |
| Maximum value of account (-1 if unknown)..... | | |
| Financial institution: | | |
| Name of institution (Line 1) (mandatory)..... | | |
| Name of institution (Line 2)..... | | |
| Mailing address..... | | |
| Account number..... | | |
| City..... | | |
| State..... | | |
| ZIP/postal code..... | | |
| Country (if not US)..... | | |
| Accounts owned jointly: | | |
| Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)..... | | |
| Principal joint owner: | | |
| Taxpayer identification number, if not joint filer..... | | |
| TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown..... | | |
| Last name..... | | |
| First name..... | | |
| Middle initial..... | | |
| Address..... | | |
| City..... | | |
| State..... | | |
| ZIP/postal code..... | | |
| Country (if not US)..... | | |
| Accounts where filer has no financial interest: | | |
| Last name or org. name (mandatory)..... | | |
| First name..... | | |
| Middle initial..... | | |
| Taxpayer identification number..... | | |
| TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown..... | | |
| Address..... | | |
| City..... | | |
| State..... | | |
| ZIP/postal code..... | | |
| Country (if not US)..... | | |
| Filer's title..... | | |

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

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

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

OTHER FOREIGN ASSETS (Part II)

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

1

Type of Entity

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

2023

1040

US

Foreign Reporting (8938) (continued)

No.

82.2 p2

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

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name

1=issuer, 2=counterparty

Type of issuer or counterparty (see table 2)

Issuer or counterparty: 1=US person, 2=foreign person

Mailing address

City

State/province

Postal code

Country

| | |
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Issuer or counterparty (#2):

Name

1=issuer, 2=counterparty

Type of issuer or counterparty (see table 2)

Issuer or counterparty: 1=US person, 2=foreign person

Mailing address

City

State/province

Postal code

Country

| | |
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Issuer or counterparty (#3):

Name

1=issuer, 2=counterparty

Type of issuer or counterparty (see table 2)

Issuer or counterparty: 1=US person, 2=foreign person

Mailing address

City

State/province

Postal code

Country

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Issuer or counterparty (#4):

Name

1=issuer, 2=counterparty

Type of issuer or counterparty (see table 2)

Issuer or counterparty: 1=US person, 2=foreign person

Mailing address

City

State/province

Postal code

Country

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

82.2 p2

| | | | |
|-------------|-------------|-----------|----------------------|
| 2023 | 1040 | US | Topical Index |
|-------------|-------------|-----------|----------------------|

| TOPIC | FORM | TOPIC | FORM |
|---|------------------|--|----------------|
| Adoption expenses | 37 | IRA distributions | 10, 13.1, 13.2 |
| Alimony paid | 24 | Medical and dental expenses | 25 |
| Alimony received | 14.1 | Miscellaneous income | 14.1 |
| Business income and expenses | 16 | Miscellaneous itemized deductions | 25 p3, 25 p4 |
| Business use of home | 29 | Mortgage interest expense | 25 p2 |
| Capital gains/losses | 17 | Moving expenses | 17, 27 |
| Charitable contributions | 25 p2, 25 p3, 26 | Partnership information | 20.1, 20.2 |
| Child and dependent care expenses | 33.1, 33.2 | Pension distributions | 10, 13.1, 13.2 |
| Children's interest/dividend income | 44 | Purchase of business assets | 22 p2 |
| Client information | 1 | Qualified Plan (Keogh) contributions | 24 |
| Dependents | 2 | Qualified tuition programs | 14.3 |
| Direct deposit of refund | 3, 6, 7.1 | Railroad retirement benefits | 14.1 |
| Dividend income | 11, 12 | Real estate taxes paid | 25 |
| Education expenses | 38 | REMIC information | 20.3, 20.4 |
| Education Savings Accounts | 14.3 | Rental & royalty income & expenses | 18 |
| Employee business expenses | 30 p1 | S corporation information | 20.1, 20.2 |
| Estate information | 20.3, 20.4 | Sale of business assets | 22 |
| Estate tax | 25 p4 | Sale of home | 17, 27 |
| Estimated taxes | 3, 6, 7.1 | Sale of stocks and bonds | 17 |
| Excess Mortgage Interest | 25 p5 | Sales and use taxes paid | 25 |
| Farm income and expenses | 19 | Self-employed elective deferrals | 24 |
| Foreign information | 31.1 | SEP contributions | 24 |
| Foreign wages and other income | 31.2 | SIMPLE contributions | 24 |
| Gambling income/losses | 10, 13.1, 13.2 | Social security benefits received | 14.1 |
| Health insurance premiums (self-employed) | 24 | State and local tax refunds | 14.2 |
| Health savings accounts | 32.1 | Student loan interest paid | 24 |
| Household employment taxes | 42 | Taxes paid | 25 |
| Installment sales | 17 p2 | Tax return preparation fee | 25 p3 |
| Interest income | 11, 12 | Trust information | 20.3, 20.4 |
| Interest paid | 25 p2 | Unemployment compensation | 14.2 |
| Investment expense | 25 p3 | Vacation home | 18, 18 p2 |
| Investment interest expense | 25 p2 | Vehicle information | 22 p3, 30 p2 |
| IRA contributions | 24 | Wages, salaries, tips | 10, 13.1, 13.2 |

| | | | |
|------|------|----|---------------|
| 2023 | 1040 | US | Tax Organizer |
|------|------|----|---------------|

BARTMASSER & CO CPA
14945 VENTURA BLVD STE 224
SHERMAN OAKS CA 91403

Telephone number: **(310) 657-8700**
 Fax number: **(310) 657-3245**
 E-mail address: **kary@bartmassercpa.com**

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2023 tax return. Please enter all pertinent 2023 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

Taxpayer

Spouse

| | | |
|----------------------------------|--|--|
| First name and initial | | |
| Last name | | |
| Title/suffix | | |
| Social security number | | |
| Occupation | | |
| Date of birth (m/d/y) | | |
| Date of death (m/d/y) | | |
| 1=blind | | |
| Home phone | | |
| Work phone | | |
| Work extension | | |
| Cell phone | | |
| E-mail address | | |

| | | |
|---------|----------------------------|--|
| Address | In care of | |
| | Street address | |
| | Apartment number | |
| | City | |
| | State | |
| | ZIP code | |

DEPENDENTS

Dependent No.

Dependent No.

| | | |
|------------------------------------|--|--|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death (m/d/y) | | |
| Date of adoption (m/d/y) | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |

Dependent No.

Dependent No.

| | | |
|------------------------------------|--|--|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death (m/d/y) | | |
| Date of adoption (m/d/y) | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |

| | | | |
|------|------|----|---------------|
| 2023 | 1040 | US | Tax Organizer |
|------|------|----|---------------|

Please enter all pertinent 2023 information. If you have attached a government form for an item, check the box and do not enter a 2023 amount.

WAGES, SALARIES AND TIPS

Employer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| 2023 Amount | 2022 Amount |
|------------------|-------------|
| Attach Forms W-2 | |
| | |
| | |
| | |

INTEREST INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| | |
|-----------------------|--|
| Attach Forms 1099-INT | |
| | |
| | |
| | |

DIVIDEND INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| | |
|-----------------------|--|
| Attach Forms 1099-DIV | |
| | |
| | |
| | |

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| | |
|-------------------------------|--|
| Attach Forms 1099-R & W-2G | |
| | |
| | |
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| | |

Winnings not reported on W-2G.....

Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

| | |
|--------------------------|--|
| <input type="checkbox"/> | Form 1099-B - Sales of stock (also include transaction history) |
| <input type="checkbox"/> | Form 1099-MISC - Miscellaneous income |
| <input type="checkbox"/> | Form 1099-K - Merchant card and third party network payments |
| <input type="checkbox"/> | Form 1099-S - Sales of real estate (also include closing statements) |

| | |
|-------------------|--|
| Attach Forms 1099 | |
|-------------------|--|

| | | | |
|--------------------------|--------------------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Form 1099-G - State tax refunds..... | <input type="checkbox"/> | Attach Forms 1099 |
|--------------------------|--------------------------------------|--------------------------|-------------------|

Taxpayer:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation |
| <input type="checkbox"/> | Form 1099-Q (529 Plan) |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts) |

| | |
|-------------------|--|
| Attach Forms 1099 | |
|-------------------|--|

Spouse:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation |
| <input type="checkbox"/> | Form 1099-Q (529 Plan) |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts) |

| | |
|-------------------|--|
| Attach Forms 1099 | |
|-------------------|--|

| | | | |
|-------------|-------------|-----------|----------------------|
| 2023 | 1040 | US | Tax Organizer |
|-------------|-------------|-----------|----------------------|

MISCELLANEOUS INCOME

Taxpayer: Alimony received

Spouse: Alimony received

Other: _____

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

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

Spouse: Traditional IRA contributions (1=maximum)

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

| 2023 Amount | 2022 Amount |
|-------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest

Form 1098-T - Tuition and related expenses

| | |
|--------------------------|--|
| Attach Forms 1098 | |
| Attach Forms 1098 | |

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement

| | |
|--------------------------|--|
| Attach Forms 1095 | |
| Attach Forms 1095 | |

ADJUSTMENTS TO INCOME

Taxpayer:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income: _____

Alimony paid - Recipient name & SSN

| | |
|--|--|
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Spouse:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income: _____

Alimony paid - Recipient name & SSN

| | |
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MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs

Doctors, dentists and nurses

Hospitals and nursing homes

Insurance premiums

Long-term care premiums - taxpayer

Long-term care premiums - spouse

Insurance reimbursement

Out-of-pocket lodging and transportation expenses

Number of medical miles

Other: _____

| | |
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TAXES PAID

State income taxes - 1/23 payment on 2022 state estimate

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

2023 1040 US Tax Organizer

TAXES PAID (continued)

State income taxes - paid with 2022 state extension
State income taxes - paid with 2022 state return
State income taxes - paid for prior years and/or to other states
City/local income taxes - 1/23 payment on 2022 city/local estimate
City/local income taxes - paid with 2022 city/local extension
City/local income taxes - paid with 2022 city/local return
State and local sales taxes (except autos and special items)
Use taxes paid on 2023 purchases
Use taxes paid on 2022 state return
Sales tax on autos not included above
Sales taxes paid on boats, aircraft, and other special items
Real estate taxes - principal residence
Real estate taxes - property held for investment
Foreign income taxes
Personal property taxes (including automobile fees in some states)

Table with 2 columns: 2023 Amount, 2022 Amount. Includes a shaded row for 'Attach Tax Notice'.

INTEREST PAID

Home mortgage interest and points paid:
[] _____
[] _____

Table with 2 columns: 2023 Amount, 2022 Amount. Includes a shaded row for 'Attach Forms 1098'.

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

Table with 2 columns: 2023 Amount, 2022 Amount.

Points not reported on Form 1098:

Table with 2 columns: 2023 Amount, 2022 Amount.

Investment interest (interest on margin accounts):

Table with 2 columns: 2023 Amount, 2022 Amount.

Passive interest.....

CASH CONTRIBUTIONS

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

Volunteer expenses (out-of-pocket)
Number of charitable miles

Table with 2 columns: 2023 Amount, 2022 Amount.

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

Table with 2 columns: 2023 Amount, 2022 Amount.

MISCELLANEOUS DEDUCTIONS

Union and professional dues
Tax return preparation fee
Safe deposit box rental
Investment expenses
Estate tax, section 691(c)
Unreimbursed employee expenses:

Table with 2 columns: 2023 Amount, 2022 Amount.

Other: _____

Table with 2 columns: 2023 Amount, 2022 Amount.

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

BARTMASSER & CO CPA
 14945 VENTURA BLVD STE 224
 SHERMAN OAKS CA 91403
 Telephone number: (310) 657-8700
 Fax number: (310) 657-3245
 E-mail address: kary@bartmassercpa.com

Tax Return Appointment

Date:
 Time:
 Location:

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

CLIENT INFORMATION

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

Filing Status

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

Please add, change or delete information for 2023.

CLIENT INFORMATION

| | | | |
|---|--|--|---|
| Taxpayer Contact Information | Home phone | | <p>Daytime Phone</p> <p>1 = Work 2 = Home 3 = Mobile</p> <p>RDP Filing Status</p> <p>1 = Not applicable 2 = Joint 3 = Separate</p> |
| Work phone | | | |
| Work extension | | | |
| Daytime phone (table) | | | |
| Mobile phone | | | |
| Fax number | | | |
| E-mail address | | | |
| Spouse Contact Information | Home phone | | |
| Work phone | | | |
| Work extension | | | |
| Daytime phone (table) | | | |
| Mobile phone | | | |
| Fax number | | | |
| E-mail address | | | |
| Taxpayer Authentication | Driver's license no. | | |
| Driver's license state | | | |
| Issue date (m/d/y) | | | |
| Expiration date (m/d/y) | | | |
| Theft protection PIN | | | |
| Spouse Authentication | Driver's license no. | | |
| Driver's license state | | | |
| Issue date (m/d/y) | | | |
| Expiration date (m/d/y) | | | |
| Theft protection PIN | | | |
| CA State Information | Registered domestic partner filing status (see table) | | |
| 1=PMB no. in address | | | |
| NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information. | | | |

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

Please add, change or delete information for 2023.

DEPENDENTS

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

| | | | |
|-------------|-------------|-----------|--------------------------------|
| 2023 | 1040 | US | Miscellaneous Questions |
|-------------|-------------|-----------|--------------------------------|

If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.

YES

NO

PERSONAL INFORMATION

- Did your marital status change during the year?
- Did your address change during the year?
- Could you be claimed as a dependent on another person's tax return for \${Y+00}?

DEPENDENTS

- Were there any changes in dependents?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2023?
- Did you have any children under age 19 or full-time students under age 24 at the end of 2023, with interest and dividend income in excess of \$1,250, or total investment income in excess of \$2,500?

HEALTH CARE COVERAGE

- Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

INCOME

- Did you receive unreported tip income of \$20 or more in any month?
- Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- Did you receive any disability income?
- Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- Did you buy or sell any stocks, bonds or other investment property in \${Y+00}?
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
- Did you have any debts cancelled or forgiven?
- Does anyone owe you money which has become uncollectible?

| | | | |
|------|------|----|-------------------------------------|
| 2023 | 1040 | US | Miscellaneous Questions (continued) |
|------|------|----|-------------------------------------|

If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | RETIREMENT PLANS |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | EDUCATION |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | ITEMIZED DEDUCTIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | ESTIMATED TAXES |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of 2022 taxes to your 2023 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2023 taxes, do you want the excess applied to your 2024 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2024 taxable income and withholdings to be different from 2023? |
| <input type="checkbox"/> | <input type="checkbox"/> | MISCELLANEOUS |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |

2023

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.

- | YES | NO | MISCELLANEOUS (continued) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$17,000, or any gifts to a trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months? |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time during 2023, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? |

2023

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time during the tax year, did you: receive or sell, exchange, gift, or otherwise dispose of digital asset? |

Please enter all pertinent 2023 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

| | | | | | |
|---|--|--|--|--|--|
| 1=direct deposit of federal tax refund into bank account | | | | | |
| 1=electronic payment of balance due | | | | | |
| 1=electronic payment of estimated tax | | | | | |
| 1=direct deposit CA refund to one account, 2=split deposit between two accounts | | | | | |
| 1=electronic payment of CA state tax balance due | | | | | |
| 1=electronic payment of CA estimated tax | | | | | |

BANK INFORMATION

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|--------------|----------------------------|----------------|----------------|---------------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

2023 ESTIMATED TAX / 1040-ES (6)

Federal

| | Amount Paid | Date Paid | TS | 2023 Voucher Amount |
|--|-------------|-----------|----|---------------------|
| Overpayment applied from 2022 | | | | |
| 1st quarter payment | | | | |
| 2nd quarter payment | | | | |
| 3rd quarter payment | | | | |
| 4th quarter payment | | | | |
| Additional Estimated Tax Payments | | | | |
| Paid with extension | | | | |
| Former spouse SSN if joint estimates | | | | |

State

| | Amount Paid | Date Paid | TS | 2023 Voucher Amount |
|-------------------------------------|-------------|-----------|----|---------------------|
| Overpayment applied from 2022 | | | | |
| 1st quarter payment | | | | |
| 2nd quarter payment | | | | |
| 3rd quarter payment | | | | |
| 4th quarter payment | | | | |
| Additional Estimated Tax Payments | | | | |
| Paid with extension | | | | |

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

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

2023

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US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2023 information.

APPLICATION OF 2023 OVERPAYMENT (7.1)

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

Other (please explain): _____

2024 ESTIMATED TAX INFORMATION

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

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

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

If "yes" explain any differences: _____

7.1

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

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

WAGES, SALARIES, TIPS (10)

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) | | Wages, Tips, Other Compensation (Box 1) | Tax Withheld | | | | | 2022 Wages |
|-----|--------------------------|----------------------------|--|---|-----------------|-------------------------|------------------|----------------|--------------|------------|
| | | 1=spouse | | | Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | SDI (Box 14) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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PENSIONS, IRA DISTRIBUTIONS (13.1)

| No. | Name of Payer | Distribution code #2 | | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld | | Value of all IRAs at 12/31/23 | 2022 Distribution |
|-----|---------------|----------------------|----------|----------------------------|-------------------------|-----------------|----------------|-------------------------------|-------------------|
| | | Distribution code #1 | | | | Federal (Box 4) | State (Box 14) | | |
| | | 1=IRA/SEP/SIMPLE | 1=spouse | | | | | | |
| | | | | | | | | | |
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GAMBLING WINNINGS (W-2G) (13.2)

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

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

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

10, 13.1, 13.2

| | | | | |
|-------------|-------------|-----------|---------------------------------------|---------------|
| 2023 | 1040 | US | Interest & Dividend Income | 11, 12 |
|-------------|-------------|-----------|---------------------------------------|---------------|

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

INTEREST INCOME (11)

| No. | Name of Payer (also enter SSN & address for seller-financed mortgage) | 1=taxpayer 2=spouse | Interest Income | | | Tax-Exempt Interest | | Early Withdrawal Penalty (Box 2) | 2022 Interest |
|-----|---|------------------------|---------------------------------------|-------------------------------------|-----------------------------------|-----------------------------|--------------------------------|---|------------------|
| | | | Banks, S&Ls, C/Us, etc. (Box 1) | Seller- Financed Mtg. (Box 1) | U.S. Bonds, T-Bills (Box 3) | Total Municipal Bonds | In-state Municipal Bonds | | |
| | | | | | | | | | |
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DIVIDEND INCOME (12)

| No. | Name of Payer | 1=taxpayer 2=spouse | Dividend Income | | | | | Tax-Exempt Interest | | Foreign Tax Paid (Box 7) | 2022 Dividends |
|-----|---------------|------------------------|---|------------------------------------|--|-------------------------------|---------------------------|-----------------------------|---------------------------------------|--------------------------------|-------------------|
| | | | Total Ordinary Dividends (Box 1a) | Qualified Dividends (Box 1b) | Total Capital Gain Distrib. (Box 2a) | SubSection 199A (Box 5) | U.S. Bonds (% or amt.) | Total Municipal Bonds | In-state Muni-bonds (% or amt.) | | |
| | | | | | | | | | | | |
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|-------------|-------------|-----------|-----------------------------|-------------|
| 2023 | 1040 | US | Miscellaneous Income | 14.1 |
|-------------|-------------|-----------|-----------------------------|-------------|

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

MISCELLANEOUS INCOME

| | 2023 Amount | | 2022 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Social security benefits (SSA-1099, box 5) | | | | |
| Medicare premiums paid (SSA-1099) | | | | |
| 1=treat Medicare premiums paid as SE health ins. | | | | |
| Tier 1 RR retirement benefits (RRB-1099, box 5) ... | | | | |
| 1=lump-sum election for SS benefits | | | | |
| Alimony received | | | | |
| Taxable scholarships and fellowships | | | | |
| Jury duty pay | | | | |
| Household employee income not on W-2 | | | | |
| Excess minister's allowance | | | | |
| Alaska permanent fund dividends | | | | |
| Income from rental of personal property | | | | |
| Activity not engaged in for profit income | | | | |
| Olympic & Paralympic medals & USOC prize money | | | | |
| Prizes and awards | | | | |
| Stock Options | | | | |
| Strike or lockout benefits (other than bona fide gifts) | | | | |
| Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes | | | | |
| Wages earned while incarcerated not on W-2 | | | | |
| Income subject to S/E tax: (1099-NEC, box 1) | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| Other income (1099-MISC, box 3, 8) | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

Form 1099-K

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

TAX WITHHELD (not entered elsewhere)

| | | | | |
|-----------------------------------|--|--|--|--|
| Federal income tax withheld | | | | |
| State income tax withheld | | | | |
| Local income tax withheld | | | | |

2023

1040

US

State & Local Tax Refunds / Unemployment Compensation

14.2

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

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

2023 1099-G Amount

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

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

14.2

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

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

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

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

| | | | | |
|-------------|-------------|-----------|---------------------------|-------------|
| 2023 | 1040 | US | ABLE Distributions | 14.4 |
|-------------|-------------|-----------|---------------------------|-------------|

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

ABLE DISTRIBUTIONS / CONTRIBUTIONS

2023 Amount

2022 Amount

| | | | |
|--|--|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer or issuer | | |
| | 1=spouse | | |
| | Distributions (1099-QA): | | |
| | Gross distributions (1) | | |
| | Earnings (2) | | |
| | Basis (3) | | |
| | 1=program to program transfer (4) | | |
| | 1=ABLE account terminated (5) | | |
| | 1=recipient is not the designated beneficiary (6) | | |
| | Qualified disability expenses paid | | |
| | Amount excluded from 10% tax | | |
| | Excess contributions: | | |
| | Excess contributions withdrawn by due date of return | | |
| Earnings on excess contributions | | | |

| | | | |
|--|--|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer or issuer | | |
| | 1=spouse | | |
| | Distributions (1099-QA): | | |
| | Gross distributions (1) | | |
| | Earnings (2) | | |
| | Basis (3) | | |
| | 1=program to program transfer (4) | | |
| | 1=ABLE account terminated (5) | | |
| | 1=recipient is not the designated beneficiary (6) | | |
| | Qualified disability expenses paid | | |
| | Amount excluded from 10% tax | | |
| | Excess contributions: | | |
| | Excess contributions withdrawn by due date of return | | |
| Earnings on excess contributions | | | |

| | | | |
|--|--|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer or issuer | | |
| | 1=spouse | | |
| | Distributions (1099-QA): | | |
| | Gross distributions (1) | | |
| | Earnings (2) | | |
| | Basis (3) | | |
| | 1=program to program transfer (4) | | |
| | 1=ABLE account terminated (5) | | |
| | 1=recipient is not the designated beneficiary (6) | | |
| | Qualified disability expenses paid | | |
| | Amount excluded from 10% tax | | |
| | Excess contributions: | | |
| | Excess contributions withdrawn by due date of return | | |
| Earnings on excess contributions | | | |

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

GENERAL INFORMATION

| | |
|---|--|
| Principal business/profession | |
| Principal business code | |
| Business name, if different from Form 1040 | |
| Business address, if different from Form 1040 | |
| City, if different from Form 1040 | |
| State, if different from Form 1040 | |
| ZIP code, if different from Form 1040 | |
| Foreign region | |
| Foreign postal code | |
| Foreign country | |
| Employer identification number | |
| Other accounting method | |

| | | |
|---|--|--|
| Accounting method: 1=cash, 2=accrual | | |
| Inventory method: 1=cost, 2=lower cost/market, 3=other | | |
| 1=change of inventory method | | |
| 1=spouse, 2=joint | | |
| 1=first Schedule C filed for this business | | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no | | |
| 1=not subject to self-employment tax | | |
| 1=did not "materially participate" | | |
| 1=personal services is not a material income producing factor | | |
| 1=investment | | |
| 1=minister's Schedule C | | |
| 1=single member limited liability company | | |
| 1=trader in financial instruments or commodities | | |
| CA FTB Form 3805V: | | |
| 1=eligible small business | | |
| Qualified new business year: 1=1st, 2=2nd, 3=3rd | | |
| Principle business code (SIC 1987) | | |

INCOME

| | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Gross receipts or sales (Form 1099-NEC) | | |
| Returns and allowances | | |
| Other income: | | |
| _____ | | |
| _____ | | |

COST OF GOODS SOLD

| | | |
|--|--|--|
| Inventory at beginning of the year | | |
| Purchases | | |
| Cost of items for personal use | | |
| Cost of labor | | |
| Materials and supplies | | |
| Other costs: | | |
| _____ | | |
| _____ | | |
| Inventory at end of the year | | |

2023

1040

US/CA

Business Income (Schedule C) (cont.)

No.

16 p2

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

EXPENSES

| | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Accounting | | |
| Advertising | | |
| Answering service | | |
| Bad debts from sales or service | | |
| Bank charges | | |
| Car and truck expenses (not entered elsewhere) | | |
| Commissions | | |
| Contract labor | | |
| Delivery and freight | | |
| Dues and subscriptions | | |
| Employee benefit programs | | |
| Insurance (other than health) | | |
| Mortgage interest (paid to banks, etc.) | | |
| Other interest (not entered elsewhere) | | |
| Janitorial | | |
| Laundry and cleaning | | |
| Legal and professional | | |
| Miscellaneous | | |
| Office expense | | |
| Outside services | | |
| Parking and tolls | | |
| Pension and profit sharing plans - contributions | | |
| Pension and profit sharing plans - admin. and education costs | | |
| Postage | | |
| Printing | | |
| Rent - vehicles, machinery, & equipment (not entered elsewhere) | | |
| Rent - other | | |
| Repairs | | |
| Security | | |
| Supplies | | |
| Taxes - real estate | | |
| Taxes - payroll | | |
| Taxes - sales tax included in gross receipts | | |
| Taxes - other (not entered elsewhere) | | |
| Telephone | | |
| Tools | | |
| Travel | | |
| Meals in full (50%) | | |
| Department of Transportation meals in full (80%) | | |
| Uniforms | | |
| Utilities | | |
| Wages | | |
| Other expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

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

16 p2

2023

1040

US

Installment Sales (Form 6252)

17 p2

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

PRIOR YEAR INSTALLMENT SALE

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

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

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

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

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

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

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

2023

1040

US

Sale of Home & Moving Expenses

17, 27

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

SALE OF HOME (17)

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

Adjusted Basis

Original cost
Improvements:
Adjusted basis

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

Total expenses of sale

Reduced Exclusion

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

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

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

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

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

17, 27

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

GENERAL INFORMATION

| | 2023 Amount | 2022 Amount | | | | | | | | | | | | | | | | |
|------------------------------------|--|--------------------------------|-------------------------|----------------------|-----------------------------|------------|----------------------------|-------------|--------------------------------|----------------|----------------|------------------------------------|----------|------------------------------|---------------|--|-----------------|--|
| Description of property | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align:center;">Type of Property</td> </tr> <tr> <td>Street address</td> <td>1 = Single Family Residence</td> </tr> <tr> <td>City</td> <td>2 = Multi-Family Residence</td> </tr> <tr> <td>State</td> <td>3 = Vacation/Short-Term Rental</td> </tr> <tr> <td>ZIP code</td> <td>4 = Commercial</td> </tr> <tr> <td>Type of property (see table)</td> <td>5 = Land</td> </tr> <tr> <td>Other type of property</td> <td>6 = Royalties</td> </tr> <tr> <td></td> <td>7 = Self-Rental</td> </tr> </table> | | Type of Property | Street address | 1 = Single Family Residence | City | 2 = Multi-Family Residence | State | 3 = Vacation/Short-Term Rental | ZIP code | 4 = Commercial | Type of property (see table) | 5 = Land | Other type of property | 6 = Royalties | | 7 = Self-Rental | |
| | | Type of Property | | | | | | | | | | | | | | | | |
| Street address | | 1 = Single Family Residence | | | | | | | | | | | | | | | | |
| City | | 2 = Multi-Family Residence | | | | | | | | | | | | | | | | |
| State | | 3 = Vacation/Short-Term Rental | | | | | | | | | | | | | | | | |
| ZIP code | | 4 = Commercial | | | | | | | | | | | | | | | | |
| Type of property (see table) | | 5 = Land | | | | | | | | | | | | | | | | |
| Other type of property | 6 = Royalties | | | | | | | | | | | | | | | | | |
| | 7 = Self-Rental | | | | | | | | | | | | | | | | | |
| Number of days rented | 34 | | | | | | | | | | | | | | | | | |

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

| | |
|--|--|
| CA FTB Form 3805V: | |
| 1=eligible small business | |
| Qualified new business year: 1, 2 or 3 | |
| Principle business code (SIC 1987) | |

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

DIRECT EXPENSES

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

| | | |
|---|--|--|
| Advertising | | |
| Association dues | | |
| Auto and travel (not entered elsewhere) | | |
| Cleaning and maintenance | | |
| Commissions | | |
| Gardening | | |
| Insurance | | |
| Legal and professional fees | | |
| Licenses and permits | | |
| Management fees | | |
| Miscellaneous | | |
| Mortgage interest (paid to banks, etc.) | | |
| Excess mortgage interest | | |
| Other interest (not entered elsewhere) | | |
| Painting and decorating | | |
| Pest control | | |
| Plumbing and electrical | | |
| Repairs | | |
| Supplies | | |
| Taxes - real estate | | |
| Taxes - other (not entered elsewhere) | | |
| Telephone | | |
| Utilities | | |
| Wages and salaries | | |
| Other: | | |

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

2023

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

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

GENERAL INFORMATION

| | |
|---------------------------|--|
| Foreign region | |
| Foreign postal code | |
| Foreign country | |

OIL AND GAS

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

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

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

INDIRECT EXPENSES

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

| | | |
|---|--|--|
| Advertising | | |
| Association dues | | |
| Auto and travel (not entered elsewhere) | | |
| Cleaning and maintenance | | |
| Commissions | | |
| Gardening | | |
| Insurance | | |
| Legal and professional fees | | |
| Licenses and permits | | |
| Management fees | | |
| Miscellaneous | | |
| Mortgage interest (paid to banks, etc.) | | |
| Excess mortgage interest | | |
| Other interest (not entered elsewhere) | | |
| Painting and decorating | | |
| Pest control | | |
| Plumbing and electrical | | |
| Repairs | | |
| Supplies | | |
| Taxes - real estate | | |
| Taxes - other (not entered elsewhere) | | |
| Telephone | | |
| Utilities | | |
| Wages and salaries | | |

Other:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

2023

1040

US/CA

Farm Income (Schedule F/Form 4835)

No.

19

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

GENERAL INFORMATION

| | |
|--------------------------|----------------------|
| Principal product | <input type="text"/> |
| Employer ID number | <input type="text"/> |

| | | |
|---|----------------------|--|
| Agricultural activity code | <input type="text"/> | |
| Accounting method: 1=cash, 2=accrual | <input type="text"/> | |
| 1=spouse, 2=joint | <input type="text"/> | |
| 1=farm rental (Form 4835) | <input type="text"/> | |
| Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other | <input type="text"/> | |
| 1=crop insurance proceeds election | <input type="text"/> | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no | <input type="text"/> | |
| 1=did not "materially participate" (Schedule F only) | <input type="text"/> | |
| 1=did not actively participate (Farm rental only) | <input type="text"/> | |
| 1=real estate professional (farm rental only) | <input type="text"/> | |
| 1=single member limited liability company | <input type="text"/> | |
| % of ownership if not 100% (.xxxx) (Farm rental only) | <input type="text"/> | |
| CA FTB Form 3805V: | | |
| 1=eligible small business | <input type="text"/> | |
| Qualified new business year: 1=1st, 2=2nd, 3=3rd | <input type="text"/> | |
| Principle business code (SIC 1987) | <input type="text"/> | |

FARM INCOME

| | 2023 Amount | 2022 Amount |
|--|----------------------|----------------------|
| Cash method: | | |
| Sales of livestock and other resale items | <input type="text"/> | <input type="text"/> |
| Cost or basis of livestock or other resale items | <input type="text"/> | <input type="text"/> |
| Sales of products raised | <input type="text"/> | <input type="text"/> |
| Accrual method: | | |
| Sales of livestock, produce, etc. | <input type="text"/> | <input type="text"/> |
| Beginning inventory of livestock, etc. | <input type="text"/> | <input type="text"/> |
| Cost of livestock, etc. purchased | <input type="text"/> | <input type="text"/> |
| Ending inventory of livestock, etc. | <input type="text"/> | <input type="text"/> |
| Other farm income: | | |
| Total cooperative distributions | <input type="text"/> | <input type="text"/> |
| Taxable cooperative distributions | <input type="text"/> | <input type="text"/> |
| Total agricultural program payments (other than CRP) | <input type="text"/> | <input type="text"/> |
| Taxable agricultural program payments (other than CRP) | <input type="text"/> | <input type="text"/> |
| Total conservation reserve program payments | <input type="text"/> | <input type="text"/> |
| Taxable conservation reserve program payments | <input type="text"/> | <input type="text"/> |
| Commodity credit loans reported under election | <input type="text"/> | <input type="text"/> |
| Total commodity credit loans forfeited or repaid | <input type="text"/> | <input type="text"/> |
| Taxable commodity credit loans forfeited or repaid | <input type="text"/> | <input type="text"/> |
| Total crop insurance proceeds received in 2023 | <input type="text"/> | <input type="text"/> |
| Taxable crop insurance proceeds received in 2023 | <input type="text"/> | <input type="text"/> |
| Taxable crop insurance proceeds deferred from 2022 | <input type="text"/> | <input type="text"/> |
| Custom hire (machine work) income not included above | <input type="text"/> | <input type="text"/> |

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

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

PARTNERSHIP INFORMATION (20.1)

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

S CORPORATION INFORMATION (20.2)

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

| | | | | |
|------|------|----|---------------------------------------|-----------|
| 2023 | 1040 | US | Estate or Trust and REMIC Information | 20.3,20.4 |
|------|------|----|---------------------------------------|-----------|

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

ESTATE OR TRUST INFORMATION (20.3)

| No. | Name of Estate or Trust | Employer Identification Number | Tax Shelter Registration Number |
|-----|-------------------------|--------------------------------|---------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REMIC INFORMATION (20.4)

| No. | Name of REMIC | Employer Identification Number |
|-----|---------------|--------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | |
|--|------------------|
| | 20.3,20.4 |
|--|------------------|

2023

1040

US

Vehicle Expenses

No.

22 p3

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

GENERAL INFORMATION

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

AUTOMOBILE MILEAGE

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

ACTUAL EXPENSES

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

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

TRADITIONAL IRA CONTRIBUTIONS

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

ROTH IRA CONTRIBUTIONS

| | 2023 Amount | | 2022 Amount | |
|--|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) | | | | |
| Contributions made to date | | | | |

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

| | | | | |
|---|--|--|--|--|
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) | | | | |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) | | | | |
| Defined benefit contributions you expect to make | | | | |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) | | | | |
| Plan contribution rate if not .25 (.xxxx) | | | | |
| Individual 401k: SE elective deferrals (except Roth) (1=max.) | | | | |
| Individual 401k: SE designated Roth contributions (1=max.) | | | | |
| SIMPLE contributions: | | | | |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum) | | | | |
| Employer matching rate if not .03 (.xxxx) | | | | |
| 1=nonelective contributions (2%) | | | | |
| Contributions made to date | | | | |

ADJUSTMENTS TO INCOME

| | | | | |
|--|--|--|--|--|
| Self-employed health insurance: | | | | |
| Total premiums (excluding long-term care) | | | | |
| Long-term care premiums | | | | |
| Student loan interest paid (1098-E, box 1) | | | | |
| Educator expenses (kindergarten thru grade 12) | | | | |
| Jury duty pay given to employer | | | | |
| Attorney fees and court costs for unlawful discrimination claims | | | | |
| Attorney fees and court costs paid in connection with an IRS award for information on tax law violations | | | | |
| Contributions by certain chaplains to section 403(b) plans | | | | |
| Reforestation amortization and expenses | | | | |
| Repayment of supplemental unemployment benefits | | | | |
| Expenses from rental of personal property | | | | |
| Other adjustments to income: | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

2023

1040

US

Itemized Deductions

25

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

MEDICAL AND DENTAL EXPENSES

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

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums not entered elsewhere, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Medical miles driven, and Other medical and dental expenses.

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

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Rows include State income taxes (1/23 payment, 2022 extension, 2022 return, prior years), and City/local income taxes (1/23 payment, 2022 extension, 2022 return).

SALES AND USE TAXES PAID

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Rows include State and local sales taxes, Use taxes paid on 2023 purchases, Use taxes paid with 2022 state return, Sales tax on autos, and Sales tax on boats, aircraft, other special items.

OTHER TAXES PAID

Table with 3 columns: 2023 Amount, TS, 2022 Amount. Rows include Real estate taxes (principal residence, held for investment), Personal property taxes, Foreign income taxes, and Other taxes.

25

2023

1040

US

Itemized Deductions (continued)

25 p2

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

INTEREST PAID

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

2023 Amount

TS

2022 Amount

Table with 3 columns: Description, 2023 Amount, 2022 Amount. Includes rows for home mortgage interest and points.

Home mortgage interest not reported on Form 1098:

Form for payee information: Payee's name, SSN or FEIN, street address, city, state, ZIP code, region, postal code, country.

Table for Amount paid with 3 columns: Description, 2023 Amount, 2022 Amount.

Points not reported on Form 1098:

Table for points not reported on Form 1098 with 3 columns: Description, 2023 Amount, 2022 Amount.

Investment interest (interest on margin accounts):

Table for investment interest with 3 columns: Description, 2023 Amount, 2022 Amount.

Passive interest:

Table for passive interest with 3 columns: Description, 2023 Amount, 2022 Amount.

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:

Table for cash or check contributions with 3 columns: Description, 2023 Amount, 2022 Amount.

Volunteer expenses (out-of-pocket):

Number of charitable miles:

Table for volunteer expenses and miles with 3 columns: Description, 2023 Amount, 2022 Amount.

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

Contributions by cash or check:

Table for cash or check contributions with 3 columns: Description, 2023 Amount, 2022 Amount.

Volunteer expenses (out-of-pocket):

Number of charitable miles:

Table for volunteer expenses and miles with 3 columns: Description, 2023 Amount, 2022 Amount.

2023

1040

US/CA

Itemized Deductions (continued)

25 p3

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

NONCASH CONTRIBUTIONS

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

50% limitation (see above):

2023 Amount TS 2022 Amount

Table with 3 columns: 2023 Amount, TS, 2022 Amount. 3 rows for 50% limitation.

30% limitation (see above):

Table with 3 columns: 2023 Amount, TS, 2022 Amount. 3 rows for 30% limitation.

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

Table with 3 columns: 2023 Amount, TS, 2022 Amount. 3 rows for 30% capital gain property.

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

Table with 3 columns: 2023 Amount, TS, 2022 Amount. 3 rows for 20% capital gain property.

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

Union and professional dues

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

Table with 3 columns: 2023 Amount, TS, 2022 Amount. 3 rows for other unreimbursed employee expenses.

Investment expense:

Table with 3 columns: 2023 Amount, TS, 2022 Amount. 3 rows for investment expense.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2023 Amount, TS, 2022 Amount. 2 rows for tax return preparation fee and safe deposit box rental.

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

Table with 3 columns: 2023 Amount, TS, 2022 Amount. 3 rows for miscellaneous deductions.

Federal only:

Table with 3 columns: 2023 Amount, TS, 2022 Amount. 2 rows for federal only.

State only:

Table with 3 columns: 2023 Amount, TS, 2022 Amount. 2 rows for state only.

25 p3

2023

1040

US/CA

Itemized Deductions (continued)

25 p4

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

OTHER MISCELLANEOUS DEDUCTIONS

2023 Amount

TS

2022 Amount

Estate tax, section 691(c)

Table with 3 columns: 2023 Amount, TS, 2022 Amount

Other miscellaneous deductions:

Horizontal lines for entering miscellaneous deductions

Table with 3 columns: 2023 Amount, TS, 2022 Amount

Federal only:

Horizontal lines for Federal only deductions

Table with 3 columns: 2023 Amount, TS, 2022 Amount

State only:

Horizontal lines for State only deductions

Table with 3 columns: 2023 Amount, TS, 2022 Amount

25 p4

If your total noncash contributions are in excess of \$500 in 2023, please complete the information below for each donee using the following guidelines:

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

| | | | |
|--|---------|---|--|
| No. <input style="width:40px;" type="text"/> | Vehicle | Name of charitable organization (donee) | |
| | | Street address | |
| | | City | |
| | | State | |
| | | ZIP code | |
| | | 1=spouse, 2=joint | |
| | | Property description (other than vehicle) | |
| | | Identification number (VIN) | |
| | | Year (yyyy) | |
| | | Make and model | |
| | | Condition and mileage | |
| | | Date of contribution (m/d/y) | |
| | | Date acquired by donor (m/y) | |
| | | How acquired by donor (Table 1 or describe) | |
| Donor's cost or basis | | | |
| Fair market value | | | |
| Method used to determine FMV (Table 2 or describe) | | | |

| | | | |
|--|---------|---|--|
| No. <input style="width:40px;" type="text"/> | Vehicle | Name of charitable organization (donee) | |
| | | Street address | |
| | | City | |
| | | State | |
| | | ZIP code | |
| | | 1=spouse, 2=joint | |
| | | Property description (other than vehicle) | |
| | | Identification number (VIN) | |
| | | Year (yyyy) | |
| | | Make and model | |
| | | Condition and mileage | |
| | | Date of contribution (m/d/y) | |
| | | Date acquired by donor (m/y) | |
| | | How acquired by donor (Table 1 or describe) | |
| Donor's cost or basis | | | |
| Fair market value | | | |
| Method used to determine FMV (Table 2 or describe) | | | |

| | | | | | | | | | |
|--|----------------------|-----------------|----------|--------------|--|---------------|-------------|-----------------------|----------------------|
| <p>1</p> <p style="text-align:center;">How Property was Acquired</p> <table style="width:100%;"> <tr> <td style="width:50%;">1 = Purchase</td> <td style="width:50%;">3 = Inheritance</td> </tr> <tr> <td>2 = Gift</td> <td>4 = Exchange</td> </tr> </table> | 1 = Purchase | 3 = Inheritance | 2 = Gift | 4 = Exchange | <p>2</p> <p style="text-align:center;">Method Used to Determine FMV</p> <table style="width:100%;"> <tr> <td style="width:50%;">1 = Appraisal</td> <td style="width:50%;">3 = Catalog</td> </tr> <tr> <td>2 = Thrift shop value</td> <td>4 = Comparable sales</td> </tr> </table> <p style="text-align:center;">For other methods, see IRS Pub. 561.</p> | 1 = Appraisal | 3 = Catalog | 2 = Thrift shop value | 4 = Comparable sales |
| 1 = Purchase | 3 = Inheritance | | | | | | | | |
| 2 = Gift | 4 = Exchange | | | | | | | | |
| 1 = Appraisal | 3 = Catalog | | | | | | | | |
| 2 = Thrift shop value | 4 = Comparable sales | | | | | | | | |

2023

1040

US

Business Use of Home (Form 8829)

No.

29

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

BUSINESS USE OF HOME

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

INDIRECT EXPENSES

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

| | | |
|-------------------------------|--|--|
| Mortgage interest..... | | |
| Real estate taxes..... | | |
| Casualty losses..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Rent..... | | |
| Repairs and maintenance..... | | |
| Utilities..... | | |
| Excess mortgage interest..... | | |
| Excess real estate taxes..... | | |
| Other indirect expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |

DIRECT EXPENSES

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

| | | |
|--------------------------------|--|--|
| Mortgage interest..... | | |
| Real estate taxes..... | | |
| Casualty losses..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Rent..... | | |
| Repairs and maintenance..... | | |
| Utilities..... | | |
| Excess mortgage interest..... | | |
| Excess real estate taxes..... | | |
| Excess casualty losses..... | | |
| Allowable casualty losses..... | | |
| Other direct expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |

29

2023

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

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

GENERAL INFORMATION

Occupation, if different from Form 1040

| | | |
|---|----------------------|--|
| Form..... | <input type="text"/> | |
| Number of form (1=first Schedule C, 2=second, etc.)..... | <input type="text"/> | |
| 1=spouse..... | <input type="text"/> | |
| 1=performance artist, 2=handicapped, 3=fee-basis government official..... | <input type="text"/> | |
| 1=minister's expenses..... | <input type="text"/> | |

EMPLOYEE BUSINESS EXPENSES

| | 2023 Amount | 2022 Amount |
|--|----------------------|----------------------|
| Meal expenses in full..... | <input type="text"/> | <input type="text"/> |
| Reimbursements for meals not on W-2, box 1..... | <input type="text"/> | <input type="text"/> |
| 1=Department of Transportation (80% meal allowance)..... | <input type="text"/> | <input type="text"/> |
| Local transportation (bus, taxi, train, etc.)..... | <input type="text"/> | <input type="text"/> |
| Travel expenses while away from home overnight..... | <input type="text"/> | <input type="text"/> |
| Reimbursements not included on Form W-2, box 1..... | <input type="text"/> | <input type="text"/> |
| Other business expenses: | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

VEHICLE INFORMATION

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

| 2023 Amount | 2022 Amount |
|-------------|-------------|
| | |
| | |
| | |
| | |
| | |

VEHICLE 1

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

| | |
|--|--|
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Actual expenses:

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

| | |
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VEHICLE 2

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

| | |
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| | |

Actual expenses:

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

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2023

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2023 information.

GENERAL INFORMATION

| | | |
|---|----------------------|----------------------|
| 1=spouse..... | <input type="text"/> | <input type="text"/> |
| Foreign address of taxpayer, if different from Form 1040: | | |
| Street address..... | <input type="text"/> | |
| City..... | <input type="text"/> | |
| Region..... | <input type="text"/> | |
| Postal code..... | <input type="text"/> | |
| Country..... | <input type="text"/> | |
| Employer: | | |
| Name..... | <input type="text"/> | |
| U.S. street address..... | <input type="text"/> | |
| U.S. city..... | <input type="text"/> | |
| U.S. state..... | <input type="text"/> | |
| U.S. ZIP code..... | <input type="text"/> | |
| Foreign street address..... | <input type="text"/> | |
| Foreign city..... | <input type="text"/> | |
| Foreign region..... | <input type="text"/> | |
| Foreign postal code..... | <input type="text"/> | |
| Foreign country..... | <input type="text"/> | |
| Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other..... | <input type="text"/> | <input type="text"/> |
| Employer type, if other..... | <input type="text"/> | |

| | | |
|---|-----------------------------------|----------------------|
| Type of exclusion revoked if revoked in earlier year (if applicable): | Tax year revocation was effective | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|-----------------------------|----------------------|
| Country of citizenship..... | <input type="text"/> |
|-----------------------------|----------------------|

| | | |
|---|---|----------------------|
| City and country of separate foreign residence if maintained due to adverse living conditions (if applicable): | Number of days during tax year at separate foreign address (if applicable) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|-------------------------------|---|----------------------|
| Tax homes(s) during tax year: | Dates tax home(s) were established (m/d/y) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

31.1

2023

1040

US

Foreign Income Exclusion (2555)

No.

31.1 p2

Please enter all pertinent 2023 information.

TRAVEL INFORMATION

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

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

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

| | | |
|--|----------------------|--|
| Beginning date for bona fide residence (m/d/y) | <input type="text"/> | |
| Ending date for bona fide residence (m/d/y) | <input type="text"/> | |
| Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer | <input type="text"/> | |
| Names of family living abroad with taxpayer (if applicable): | <input type="text"/> | |

| Relationship | Period family lived abroad |
|--------------|----------------------------|
| | |
| | |
| | |

| | | |
|--|----------------------|--|
| 1=submitted statement to country of bona fide residence | <input type="text"/> | |
| 1=required to pay income tax to country of bona fide residence | <input type="text"/> | |
| Contractual terms relating to length of employment abroad | <input type="text"/> | |
| Type of visa you entered foreign country under | <input type="text"/> | |
| Explanation why visa limited stay or employment in country (if applicable) | <input type="text"/> | |

| | | |
|---|----------------------|------------------------------------|
| Address of home in U.S. maintained while living abroad (if applicable): | ZIP Code | 1=U.S. home rented (if applicable) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

Principal country of employment

FOREIGN HOUSING EXPENSES

| | 2023 Amount | 2022 Amount |
|----------------------------------|----------------------|----------------------|
| Qualified housing expenses | <input type="text"/> | <input type="text"/> |

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

Travel Type

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

| | | | | | |
|-------------|-------------|-----------|---|--|-------------|
| 2023 | 1040 | US | Foreign Income Exclusion (Form 2555) | No. <input style="width:40px;" type="text"/> | 31.2 |
|-------------|-------------|-----------|---|--|-------------|

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

FOREIGN WAGES, SALARIES, TIPS

| | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Name or number | | |
| 1=spouse | | |
| 1=retirement plan (Box 13) | | |
| Name of employer (Box c) | | |
| Wages, tips, other compensation (Box 1) | | |
| Federal income tax withheld (Box 2) | | |
| Social security tax withheld (Box 4) | | |
| Medicare tax withheld (Box 6) | | |
| State income tax withheld (Box 17) | | |
| Local income tax withheld (Box 19) | | |

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

| | | |
|---------------------------------|--|--|
| Home (lodging) | | |
| Meals | | |
| Car | | |
| Other properties or facilities: | | |
| | | |
| | | |
| | | |

Allowances and Reimbursements

| | | |
|--|--|--|
| Cost of living and overseas differential | | |
| Family | | |
| Education | | |
| Home leave | | |
| Quarters | | |
| Other purposes: | | |
| | | |
| | | |
| | | |

| | | |
|---|--|--|
| Meals and lodging provided for the convenience of the Employer (excludable under section 119) | | |
|---|--|--|

Other Foreign Earned Income

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

2023 Days Worked Allocation Information

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

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

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

HSA CONTRIBUTIONS

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

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

HSA DISTRIBUTIONS

| | | | | |
|---|--|--|--|--|
| Total HSA distribution received (1099-SA, box 1) ... | | | | |
| Distributions included above that were rolled over to another HSA | | | | |
| Total unreimbursed qualified medical expenses ... | | | | |

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

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

DEPENDENT CARE EXPENSES (33.1)

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

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

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

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

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

| | | | |
|--|---|-----------|--|
| No. <input style="width:40px;" type="text"/> | Name of provider | | |
| | Street address | | |
| | City | | |
| | State | | |
| | ZIP code | | |
| | Address where care provided (if different): | | |
| | Street address | | |
| | City, state, ZIP code | | |
| | Telephone number | | |
| | Identification number (SSN or EIN) | | |
| | 1=organization is tax-exempt | | |
| | 1=care provider is a person | | |
| | Foreign region | | |
| | Foreign postal code | | |
| | Foreign country | | |
| Amount paid to care provider in 2023 | | 2022 amt: | |
| 1=spouse, 2=joint | | | |

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

ELIGIBLE CHILDREN

2023 Amount

2022 Amount

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

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

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

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

STUDENT INFORMATION

1=taxpayer, 2=spouse

First name

Last name

Social security number

Number of prior years AOC claimed

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

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

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

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EDUCATIONAL INSTITUTION ATTENDED (#1)

Name

Street address

City

State

ZIP code

1=2023 Form 1098-T was NOT received

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

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

Federal ID number from Form 1098-T

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EDUCATIONAL INSTITUTION ATTENDED (#2)

Name

Street address

City

State

ZIP code

1=2023 Form 1098-T was NOT received

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

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

Federal ID number from Form 1098-T

| | |
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QUALIFIED EDUCATION EXPENSES

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

Books & supplies required to be purchased from institution

Books & supplies not entered above

Amount of prior year refund or assistance *

| 2023 Amount | 2022 Amount |
|-------------|-------------|
| | |
| | |
| | |
| | |

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

2023

1040

US

Household Employment Taxes (Schedule H)

42

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

HOUSEHOLD EMPLOYMENT TAXES

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

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

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

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

42

2023

1040

US

Parent's Election to Report Child's Inc.

No.

44

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

CHILD'S INFORMATION

| | |
|-------------------------------|--|
| First name | |
| Last name | |
| Social security number | |
| Date of birth (m/d/y) | |
| 1=nontaxable to federal | |
| 1=nontaxable to state | |

INTEREST INCOME (Form 1099-INT)

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

DIVIDEND INCOME (Form 1099-DIV)

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Total ordinary dividends (Box 1a): _____ | | |
| Qualified dividends (Box 1b) | | |
| Total capital gain distributions (Box 2a): _____ | | |
| Unrecaptured section 1250 gain (Box 2b) | | |
| Section 1202 gain (Box 2c) | | |
| Collectibles (28%) gain (Box 2d) | | |
| Nontaxable distributions (Box 3) | | |
| Tax-exempt interest: | | |
| Total municipal bonds | | |
| In-state municipal bonds | | |
| Nominee distributions: | | |
| Ordinary dividends | | |
| Qualified dividends | | |
| Capital gain distributions | | |
| Alaska permanent fund dividends included above | | |

2023

1040

US

Report of Foreign Bank and Financial Accounts

82.1

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

GENERAL INFORMATION

| | 2023 Amount | 2022 Amount |
|--|----------------------|----------------------|
| Canadian province or Mexican state | <input type="text"/> | |
| Other type of filer | <input type="text"/> | |
| Foreign identification: | | |
| Taxpayer: | | |
| 1=passport, 2=foreign TIN | <input type="text"/> | <input type="text"/> |
| Other type of identification | <input type="text"/> | |
| Number | <input type="text"/> | |
| Country of issue | <input type="text"/> | |
| Spouse: | | |
| 1=passport, 2=foreign TIN | <input type="text"/> | <input type="text"/> |
| Other type of identification | <input type="text"/> | |
| Number | <input type="text"/> | |
| Country of issue | <input type="text"/> | |
| Taxpayer: | | |
| Title | <input type="text"/> | |
| Spouse: | | |
| Title | <input type="text"/> | |

82.1

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

INFORMATION ON FINANCIAL ACCOUNTS

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| 1=spouse..... | | |
| Type of account: 1=bank account, 2=securities account, or specify..... | | |
| Maximum value of account (-1 if unknown)..... | | |
| Financial institution: | | |
| Name of institution (Line 1) (mandatory)..... | | |
| Name of institution (Line 2)..... | | |
| Mailing address..... | | |
| Account number..... | | |
| City..... | | |
| State..... | | |
| ZIP/postal code..... | | |
| Country (if not US)..... | | |
| Accounts owned jointly: | | |
| Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)..... | | |
| Principal joint owner: | | |
| Taxpayer identification number, if not joint filer..... | | |
| TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown..... | | |
| Last name..... | | |
| First name..... | | |
| Middle initial..... | | |
| Address..... | | |
| City..... | | |
| State..... | | |
| ZIP/postal code..... | | |
| Country (if not US)..... | | |
| Accounts where filer has no financial interest: | | |
| Last name or org. name (mandatory)..... | | |
| First name..... | | |
| Middle initial..... | | |
| Taxpayer identification number..... | | |
| TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown..... | | |
| Address..... | | |
| City..... | | |
| State..... | | |
| ZIP/postal code..... | | |
| Country (if not US)..... | | |
| Filer's title..... | | |

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

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

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

OTHER FOREIGN ASSETS (Part II)

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

1

Type of Entity

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

2023

1040

US

Foreign Reporting (8938) (continued)

No.

82.2 p2

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

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

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

Table with 2 columns and 8 rows for issuer/counterparty #1.

Issuer or counterparty (#2):

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

Table with 2 columns and 8 rows for issuer/counterparty #2.

Issuer or counterparty (#3):

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

Table with 2 columns and 8 rows for issuer/counterparty #3.

Issuer or counterparty (#4):

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

Table with 2 columns and 8 rows for issuer/counterparty #4.

2
Type of Issuer or Counterparty
1 = Individual
2 = Partnership
3 = Corporation
4 = Trust
5 = Estate

82.2 p2

