2023 1040 US Topical Index

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Series: Topical Index

Page 2 **ORGANIZER** 2023 1040 US **Tax Organizer Tax Return Appointment** The Hobbs Group, PA 1704 Laurel Street Date: Columbia SC 29201 Time: Telephone number: (803)799-0555 Location: Fax number: (803)799-4212 E-mail address: 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** 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..... In care of..... Street address..... Apartment number. Address City..... State..... 7IP code

	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		

3	1040	US	Tax Organizer		
		Pleas	se enter all pertinent 2023 infori	mation. If you have attached	
		_	se enter all pertinent 2023 inform nt form for an item, check the b	ox and do not enter a 2023 am	ount.
	GES, SALA	RIES AND	TIPS		
mplo T	oyer name:			2023 Amount	2022 Amount
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┤ .				Attach Forms W-2	
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				Attach Forms 1099-R & W-2G	
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			v-2G		
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)TH	<b>ER GOVEF</b>	NMENT F	ORMS - INCOME	<u> </u>	
	Form 1099-B	- Sales of sto	ck (also include transaction history)		
-			neous income	Attach For	ns 1099
7			ard and third party network payments	••	
	Form 1099-S	- Sales of rea	al estate (also include closing statements	) .	
_		- State tax re	funds	Attach Forms 1099	
axpa ⊺		20 0 : :	and the board Cha		
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7		•	LE Accounts)		
	Form 1000_C/A	, UTUU-WM (ME	nee nooding		
pous	se:	99 - Social se	ecurity benefits		
pous	se: Form SSA-10		ecurity benefits		
pous	se: Form SSA-10 Form 1099-G	- Unemploym	ecurity benefitsent compensation	Attach Forms 1099	
pous	se: Form SSA-10 Form 1099-G Form 1099-Q (	- Unemploym 529 Plan)	ent compensation	Attach Forms 1099	_

**ORGANIZER Tax Organizer** US 2023 1040 MISCELLANEOUS INCOME Taxpayer: Alimony received Spouse: Alimony received Other: RETIREMENT PLAN CONTRIBUTIONS 2023 Amount 2022 Amount 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) ..... Self-employed, SEP, SIMPLE, & qualified plan contributions (1= maximum) . . . . . OTHER GOVERNMENT FORMS - DEDUCTIONS Attach Forms 1098 Form 1098-T - Tuition and related expenses ..... AFFORDABLE CARE ACT **Attach Forms 1095** Form 1095-A - Health Insurance Marketplace Statement ..... **ADJUSTMENTS TO INCOME** Taxpayer: Self-employed health insurance premiums ..... Educator expenses..... Other adjustments to income: Alimony paid - Recipient name & SSN..... Spouse: Educator expenses..... Other adjustments to income: **MEDICAL AND DENTAL EXPENSES** Prescription medicines and drugs..... Doctors, dentists and nurses..... Insurance premiums..... Insurance reimbursement..... Number of medical miles..... Other:

**TAXES PAID** 

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

Tax Organizer

TAVE					
IAX	ES PAID (co	ontinued)		2023 Amount	2022 Amount
	•	•	2 state extension		
	ncome taxes -				
		•	years and/or to other states		
			nent on 2022 city/local estimate		
•			h 2022 city/local extension		
-		-	h 2022 city/local return		
,		•	pt autos and special items)		
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Pe		y taxes (inclu	uding automobile fees in some states)		
	mortgage inter		ts paid:		
П	99501	<b>po</b>	•	=	
H -				Attach Forms 1098	
Home m	ortgage interest no	ot on Form 1098	(include name, SSN, & address of payee):		
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_					
Points	not reported of	on Form 1098	3:		
	'				
	ment interest (	interest on n	nargin accounts):		
	ve interest				
NOTE:			or cash or check contributions unless the he name of the organization, contribution		
				_	
Volunt	eer expenses	(out-of-pocke	et)	_	
Numbe		miles			
Numbe	er of charitable  CASH CON  : No deduction	miles TRIBUTIO is allowed for		items that are not in good used con	dition or better, in addition
Numbe NON( NOTE:	er of charitable  CASH CON  : No deduction a deduction for	e miles ITRIBUTIO is allowed fo or any item v	DNS or contributions of clothing and household with minimal monetary value may be deni	items that are not in good used con	dition or better, in addition
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Number NONE:  NOTE:  MISC Union Tax re Safe d	er of charitable CASH CON  No deduction a deduction for  CELLANEOU  and profession turn preparation deposit box ren	e miles	PNS or contributions of clothing and household with minimal monetary value may be deni	items that are not in good used coned.	dition or better, in addition
Number NOTE:  MISC Union Tax rei Safe d Investr	er of charitable CASH CON  : No deduction for the control of the c	e miles	ONS or contributions of clothing and household with minimal monetary value may be deni	items that are not in good used coned.	dition or better, in addition
Number NONE:  MISC Union Tax re Safe d Investre Estate	er of charitable CASH CON  : No deduction for the control of the c	e miles ITRIBUTIO is allowed for any item v  US DEDUC nal dues on fee ital s 91(c)	DNS or contributions of clothing and household with minimal monetary value may be deni	items that are not in good used coned.	dition or better, in addition
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UNGANIZEN				Page 6
2023	1040	US	Client Information	1

The Hobbs Group, PA

1704 Laurel Street Columbia SC 29201

Telephone number: (803)799-0555 Fax number: (803)799-4212

E-mail address:

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

### **Filing Status**

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

ORGANIZER				Page 7
2023	1040	US	Client Information (continued)	<b>1</b> <sub>p2</sub>
			Please add, change or delete information for 2023.	

# **CLIENT INFORMATION**

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

# **Daytime Phone**

1 = Work 2 = Home 3 = Mobile

US **Dependents** 2023 1040 2

# Please add, change or delete information for 2023.

# **DEPENDENTS**

Dependent	Dependent	
		Type of Dependent
		1 = Child living w/taxpayer
		2 = Child not living w/taxpaver
		3 = Dependent other than child 4 = Head of household or
		qualifying surviving
		spouse (QSS) only.
		5 = Earned income credit only,
		not a dependent
		Earned Income Credit
		1 = When applicable (default)
		2 = Student age 19 to 23
Dependent	Dependent	3 = Disabled 4 = Force
		5 = Suppress
		NOTE: If you claim the earned
		income credit, please provide
		proof that your child is a res-
		ident of the U.S. This proof is typically in the form of:
		School records or statement
		2. Landlord or property man-
		agement statement
		3. Health care provider statement
		4. Medical records
		<ul><li>5. Child care provider records</li><li>6. Placement agency statement</li></ul>
Dependent	Dependent	7. Social service records or
•	-	statement 8. Place of worship statement
		Indian tribe office statement
		10. Employer statement
		NOTE: If your child is disabled,
		please provide one of the fol- lowing forms of proof of disa-
		bility:
		Doctor statement
		2. Other health care provider statement
		3. Social services agency or
		or occiai controco agono, or
		program statement
	Dependent	

**ORGANIZER** Page 9 **Miscellaneous Questions** US 2023 1040 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. PERSONAL INFORMATION YES NO 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?

Page 10 **ORGANIZER** 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. RETIREMENT PLANS YES NO Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you transfer or rollover any amount from one retirement plan to another retirement plan? **EDUCATION** Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? ITEMIZED DEDUCTIONS Did you incur a loss because of damaged or stolen property? Did you work out of town for part of the year? Did you use your car on the job (other than to and from work)? **ESTIMATED TAXES** Did you apply an overpayment of 2022 taxes to your 2023 estimated tax (instead of being refunded)? If you have an overpayment of 2023 taxes, do you want the excess applied to your 2024 estimated tax (instead of being Do you expect your 2024 taxable income and withholdings to be different from 2023? **MISCELLANEOUS** Do you want to allocate \$3 to the Presidential Election Campaign Fund? Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? May the IRS discuss your tax return with your preparer? 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?

**ORGANIZER** Page 11 **Miscellaneous Questions (continued)** US 2023 1040 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. MISCELLANEOUS (continued) YES NO Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? Was your home rented out or used for business? 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? Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? 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? Did you engage the services of any household employees? Were you notified or audited by either the Internal Revenue Service or the State taxing agency? Did you or your spouse make any gifts to an individual that total more than \$17,000, or any gifts to a trust? Did your bank account information change within the last twelve months? 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	Did your r	marital status change during the year?					
		Did your a	address change during the year?					
		Could you	be claimed as a dependent on another person's tax return?					
		Were ther	re any changes in dependents?					
		Did you a	nd your dependents have health care coverage for the full-year?					
		Did you re	eceive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.					
		Did you re	eceive unreported tip income of \$20 or more in any month?					
		Did you re	eceive any disability income?					
		Did you b	uy or sell any stocks, bonds or other investment property?					
		Did you p	urchase, sell, or refinance your principal home or second home, or did you take a home equity loan?					
		Did you m	nake any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell ources?					
		Did you re	eceive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?					
		Did you tr	ransfer or rollover any amount from one retirement plan to another?					
		Did you c	onvert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?					
		Did you, y	your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or I school?					
		Did you ir	ncur a loss because of damaged or stolen property?					
		Did you u	se your car on the job (other than to and from work)?					
		May the II	RS discuss your tax return with your preparer?					
		Was your	home rented out or used for business?					
		Were you	notified or audited by either the IRS or the State taxing agency?					
		At any tim	ne during the tax year, did you: receive or sell, exchange, gift, or otherwise dispose of digital asset?					

**2**(

NIZER										Page
23	1040	US	Dire	ct Depo	sit & Estim	ates (F	orm 10	40 ES)		3, 6
			Ple	ease enter	all pertinent 20	023 inform	ation.			
DIRE	CT DEPC	SIT / ELI			MENT (3)					
	•									
	K INFORI				_					
	ix iivi Oi ii	WALION		Percent to					Type of	Type of
	Nama	of Damle		Deposit	Davidia a Norak		A 1	l	Account	lnvest.
	Name (	of Bank		(xx.xx)	Routing Numb	er	Account N	lumber	(Table 1)	(Table 2)
วบวร	ESTIMAT	ED TAY /	1040_E	:S (6)		•			•	
eder:		LD IAA	1040-L	• •	Date	D-	u Bala		2023	
	aı yment applied	from 2022		Amo	unt Paid	Da	te Paid	TS	Voucher Amo	ount
	rter payment.									
-	irter payment. Irter payment.									
	rter payment.									
	rter payment.									
tii quai	iter payment.									
Additional Estimated										
	Tax Payr									
Paid wit	th extension									
	spouse SSN if									
_									2023	
State				Amo	unt Paid	Da	te Paid	TS	Voucher Amo	ount
Overpay	ment applied f	rom 2022								
	ter payment .									
	rter payment .									
	ter payment .									
th quar	ter payment .									
	Additional C	atim at a d						-		
	Additional E Tax Payr							-		
	•							-		
Doid wit	h extension									
aid Wit	ii exterision									
	1	T			2	T				
	'	Type of Acc					Investment			
		1 = Savings 2 = Checking	g		1 = Checking or savin 2 = Taxpayer's IRA (n 3 = Spouse's IRA (ne	gs (default) ext year limits)	7 = Other	dell savings acco	` ′	
					3 = Spouse's IRA (ne 4 = Health savings ac 5 = Archer MSA	count (HSA)	δ = Taxpay 9 = Spous	yer's IRA (curren e's IRA (current	year limits) year limits)	
					S = AICHEL MSA					
									_	

2023	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
			Please enter all pertinent 2023 information.	
APPI	LICATION	I OF 2023	OVERPAYMENT (7.1)	
	ave an overpa please explain	۸.	3 taxes, do you want the excess refunded? or applied to 2024 estimate?	
2024	ESTIMA	TED TAX	INFORMATION	
Do you	expect your 2	024 taxable in	come to be different from 2023? Yes	No
			g to be different from 2023? Yes	No
	explain any d	merences:		
				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)

		1=retirement	Wages, Tips, Other			Tax Withheld			
No.	Name of Employer (Box c)	Box c) plan (Box 13) Other Compensatio (Box 1)		Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	2022 Wages
							_		

## PENSIONS, IRA DISTRIBUTIONS (13.1)

			Distribution code # 2			!	Gross	T	Tax Withheld		Value of	
No.	Name of Payer	Distribu 1=IRA/SE 1=spous	P/SIM				Distribution (Box 1)	Taxable Amount (Box 2a)	Federal (Box 4)	State (Box 14)	Value of all IRAs at 12/31/23	2022 Distribution
					·							

#### **GAMBLING WINNINGS (W-2G) (13.2)**

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

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

(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
2023	1040	03	Interest & Dividend income	11,14

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)**

	Name of Payer	1 toynovor		Interest Income		Tax-Exem	pt Interest	Early	
No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	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	Withdrawal Penalty (Box 2)	2022 Interest
$\overline{}$			•						

# **DIVIDEND INCOME (12)**

		1_taypayor		Di	vidend Incor	ne		Tax-Exem	pt Interest	Foreign	
No.	Name of Payer	2=spouse	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.)	Foreign Tax Paid (Box 7)	2022 Dividends
	1		1		ı		1	I	1		

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)	I					
Theome subject to 3/L tax. (1033-NLO, box 1)	1					
ther income (1099-MISC, box 3, 8)						
		_				
Form 1099-K						
LOUIN 1032-V						
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						
	1					
TAX WITHHELD (not entered elsewhere)						
Federal income tax withheld						
State income tax withheld						
Local income tax withheld.						
	I					

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)

OIVEINI EC	2023 1099-G Amount	
	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)	
No.	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)	
	<u> </u>	
	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)	
No.	RTAA payments (Box 5)	
	Taxable grants:	
	Taxable grants:  Federal taxable amount (Box 6)	
	Taxable grants:  Federal taxable amount (Box 6)  State taxable amount, if different	
	Taxable grants:  Federal taxable amount (Box 6)  State taxable amount, if different  Farm amounts:	
	Taxable grants:  Federal taxable amount (Box 6)  State taxable amount, if different  Farm amounts:  Agriculture payments (Box 7)	
	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	
	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)	
	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	
	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)	

2023	1040	IIS	Education Distributions (ESA's and QTP's)	
ZUZJ	IUTU	00		

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 AN	D QTP'S (Form 1099-Q)	2023 Amount	2022 Amount
	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)		
No.	Earnings (Box 2)		
NO	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		
	Name of account		
	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)		
No.	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		
	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)		
No.	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)		
	Pagin in this FCA as of 10/01/00		
	Basis in this ESA as of 12/31/22		

14.3

2023	1040	US	ABLE Distributions	14.4

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

ABLE DIST	RIBUTIONS / CONTRIBUTIONS	2023 Amount	2022 Amount
	Name of payer or issuer	2020 / Milouit	2022 / 111100111
	1=spouse.		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
No.	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		
	1		
	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
No.	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		
	Lamings on oxesse contributions		
	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	` '		
	Earnings (2)		
No 🗆	Basis (3)		
No.	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		

23	1040	US	Business Income (Sched	lule C)	No.	16
	Please en	ter all pert	inent 2023 amounts. Last year's am	ounts are provided fo	r your reference.	
GEI	NERAL IN	IFORMA <sup>®</sup>	TION			
Princi	ipal business/p	orofession				
	•					
			Form 1040			
	-		m Form 1040			
-			)			
	•		1040			
Foreig	gn postal code					
	•					
-	-					
Other	accounting m	ethod				
Δοσοι	inting method:	1_cach 2_	accrual			
			ver cost/market, 3=other		_	
	-					
	-	-				
1=firs	t Schedule C f	iled for this b	usiness			
If requi	ired to file Form(s	) 1099, did you o	r will you file all required Form(s) 1099: 1= yes, 2= no			
	-		t tax			
			erial income producing factor			
			company			
	-	_	r commodities			
INC	OME			2023 Amount	2022 Amount	
Gross	receipts or sa	ales (Form 10	99-NEC)	2023 Amount	2022 Alliouni	
	·	,				
Other	income:		_			
CO1	ST OF GC	100e e0			<u> </u>	
			_			
			r			
	•					
	costs:					

2023 1040 US Business Income (Schedule C) (cont.)	2023	Business Income (Schedule C) (cont.)	No.	16 p2
---	------	--------------------------------------	-----	-------

Please enter all pertinent 2023 amounts.	Last year's amounts	are provided for y	our reference
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+
+
+

16 <sub>p2</sub>

2023   1040   US   Capital Gains & Losses (Schedule
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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)
								<u>                                       </u>	17

**17** 

RGANIZER				Page 24
2023	1040	US	Installment Sales (Form 6252)	17 <sub>p2</sub>

ON IL	AR INSTALLMENT SALE	2023 Amount	2022 Amount
	Description of property		
o. 🗀	Date acquired (m/d/y)		
,	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y).		
o. 🗀	Date sold (m/d/y).		_
·	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Current year principal payments (-1 ii none)		
	Description of property		
	Date acquired (m/d/y).		
	Date sold (m/d/y).		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Current year principal payments (-1 ii none)		
	Description of property.		
	Date acquired (m/d/y).		
	Date sold (m/d/y).		_
·	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	carrent your principal payments ( 1 ir none)		
	Description of property.		
	Date acquired (m/d/y)		
o. 🔝	Date sold (m/d/y)		
	Gross profit ratio (.xxxx).		
	Current year principal payments (-1 if none)		
			l
	Description of property		
	Date acquired (m/d/y)		
).	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)	<del></del>	
			·
	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
LULU	1070		Duic of Hottic & Moving Expenses	

If you sold your home or moved in 2023, please complete the information below.

SALE OF HOME (17)	
Description of property (Box 3)	
Pate acquired (m/d/y)	
Pate sold (m/d/y) (Box 1)	
sales price (Box 2).	
=sale of home	
=owned and used property as main home for at least 2 of 5 years before sale	
=first-time homebuyer credit was previously taken on this home	
=business use in year of sale	
lumber of days after December 31, 2008 that home was not used as principal residence	
Adjusted Basis	
Priginal cost	
mprovements:	L
djusted basis	
otal expenses of sale	
Reduced Exclusion	rcumstances you either:
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen ci  Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6,  excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	rcumstances you either: 1997.
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen ci  Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6,  excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)  =sale due to change in health, employment or unforeseen circumstances	rcumstances you either: 1997.
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen ci ) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6,  excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)  =sale due to change in health, employment or unforeseen circumstances  ays used as main home - taxpayer	rcumstances you either: 1997.
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen ci ) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6,  excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)  =sale due to change in health, employment or unforeseen circumstances  easys used as main home - taxpayer  easys used as main home - spouse	rcumstances you either: 1997.
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen ci  Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6,  excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)  =sale due to change in health, employment or unforeseen circumstances  Pays used as main home - taxpayer  Pays used as main home - spouse  Pays property owned - taxpayer	rcumstances you either: 1997.
Reduced Exclusion  lease complete the following information if due to a change in health, place of employment, or unforeseen ci ) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) =sale due to change in health, employment or unforeseen circumstances easys used as main home - taxpayer easys used as main home - spouse easys property owned - taxpayer easys property owned - spouse	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen ci ) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6,  excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)  =sale due to change in health, employment or unforeseen circumstances  ays used as main home - taxpayer	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen ci ) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6,  excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)  =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 permanager  MOVING EXPENSES (27)	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen ci ) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6,  excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)  =sale due to change in health, employment or unforeseen circumstances  Please as main home - taxpayer  Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances  Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances  Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances  Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances  Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances  Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances  Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances  Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances  Please complete the sale of another home after May 6,  Please complete the sale of another home after May 6,  Please complete the sale of another home after May 6,  Please complete the sale of another home after May 6,  Please complete the sale of another home after May 6,  Please complete the sale of another home after May 6,  Please complete the sale of another home after May 6,  Please complete the sale of another home after May 6,  Please complete the sale of another home after May 6,  Please complete the sale of another home after May 6,  Please complete the sale of another home after May 6,  Please complete t	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen ci ) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6,  excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)  =sale due to change in health, employment or unforeseen circumstances  Plays used as main home - taxpayer  Plays used as main home - spouse  Plays property owned - taxpayer  Plays property owned - spouse  MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanel  =spouse, 2=joint  =armed forces move due to permanent change of station	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen ci  Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6,  excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)  =sale due to change in health, employment or unforeseen circumstances  Pays used as main home - taxpayer  Pays used as main home - spouse  Pays property owned - taxpayer  Pays property owned - spouse  Pays property owned - spouse  Pays property owned - spouse  AOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent forces move due to permanent change of station  Affiles from old home to new work place	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen ci  Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) =sale due to change in health, employment or unforeseen circumstances Plays used as main home - taxpayer Plays used as main home - spouse Plays property owned - taxpayer Plays property owned - spouse  MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanus espouse, 2=joint.  =armed forces move due to permanent change of station files from old home to new work place  files from old home to old work place	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen of Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances  Plays used as main home - taxpayer  Plays used as main home - spouse  Plays property owned - taxpayer  Plays property owned - taxpayer  Plays property owned - spouse  MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanular spouse, 2=joint  Earmed 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	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen ci ) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6,  Excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)  =sale due to change in health, employment or unforeseen circumstances  Plays used as main home - taxpayer  Plays used as main home - spouse  Plays property owned - taxpayer  Plays property owned - spouse  MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanusciple of the forces move due to permanent change of station  files from old home to new work place  Expenses for transportation and storage of household goods and personal effects  odging and travel (excluding meals):	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen ci ) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances esale due to change in health, employment or unforeseen circumstances esale sa main home - taxpayer esays used as main home - spouse esays property owned - taxpayer esays property owned - spouse  MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent espouse, 2=joint.  =armed forces move due to permanent change of station files from old home to new work place files from old home to old work place expenses for transportation and storage of household goods and personal effects odging and travel (excluding meals): Lodging and travel (excluding automobile)	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen ci ) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) =sale due to change in health, employment or unforeseen circumstances alogous used as main home - taxpayer alogous used as main home - spouse alogous property owned - taxpayer alogous property owned - spouse  MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent process move due to permanent change of station files from old home to new work place files from old home to new work place expenses for transportation and storage of household goods and personal effects odging and travel (excluding meals): Lodging and travel (excluding automobile) Parking fees and tolls.	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen ci ) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances esale due to change in health, employment or unforeseen circumstances esale sa main home - taxpayer esays used as main home - spouse esays property owned - taxpayer esays property owned - spouse  MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent espouse, 2=joint.  =armed forces move due to permanent change of station files from old home to new work place files from old home to old work place expenses for transportation and storage of household goods and personal effects odging and travel (excluding meals): Lodging and travel (excluding automobile)	

	1040		Tiental & Hoyalty Income (Schedule L)		
	Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.  ENERAL INFORMATION  2023 Amount  2022 Amount  2023 Amount  2022 Amount  2023 Amount  2024 Mount  2025 Amount  2026 Amount  2026 Amount  2026 Amount  2026 Amount  2027 Amount  2027 Amount  2028 Amount  2028 Amount  2028 Amount  2028 Amount  2028 Amount  2029 Amount  2029 Amount  2029 Amount  2029 Amount  2029 Amount  2029 Amount  2020 Amo			e.	
GEN	NERAL IN	FORMAT	TION 2023 Amount	2022 Am	ount
Descri	iption of prope	rty		Type of F	roperty
Street	address				
City					
State.				3 = Vacation/ She	
ZIP cc	ode				
Type of	of property (se	e table)			
		-		7 = Och Hentar	
Numb	er of days ren	ted			
Percent	age of ownership	[	1 did not notively porticinate		
Percent:	age of tenant occu	pancy	1=real estate professional		
1-nonna	assive activity		1=single member limited		
		· ·	. , , ,		
-		(-,, -			
	_			2022 Am	ount
Adveri Assoc Auto a Cleani	tisingtisingdiation dues and travel (not ing and mainte	entered elsev	where)	ing, and office supplie	S.
Advert Assoc Auto a Cleani Comm Garde Insura	tisingiation dues and travel (not ing and mainte nissions ining	entered elsev	where)	ing, and office supplie	S
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Adverting Association Autoria Commission Garde Insura Legal Licens Managara	tising	entered elsevenance	where)	ing, and office supplie	S
Adveri Assoc Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel	tising	entered elsevenance	where)	ing, and office supplie	S.
Adveri Assoc Auto a Cleani Comm Garde Insura Legal Licens Manao Miscel Mortga	tising	entered elsevenance	where)	ing, and office supplie	S.
Adverting Association Autoria	tising	entered elsevenance	where)	ing, and office supplie	S.
Advert Assoc Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other	tising	entered elsevenance	where)	ing, and office supplie	S
Adverting Association Autorial Association Autorial Commission Autorial Aut	tising	entered elsevenance	where)	ing, and office supplie	S.
Adverting Association Adverting Association Autoria Commission Garde Insura Legal Licens Manag Miscel Mortga Exces Other Painting Pest of Plumb	tising	entered elsevenance	where)  etc.)  here)	ing, and office supplie	S.
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Adverting Association Autorial Association Autorial Autor	tising	entered elsevenance	where)  etc.)  here)	ing, and office supplie	S.
Adverting Association Associat	tising	entered elsevenance	etc.)	ing, and office supplie	S
Adverting Association Associat	tising	entered elsevenance	where)	ing, and office supplie	S
Adverting Association Associat	tising	entered elsevenance	where)  etc.)  here)	ing, and office supplie	S
Adverta	tising	entered elsevenance	where)  etc.)  here)	ing, and office supplie	S
Adverta	tising	entered elsevenance	where)  etc.)  here)	ing, and office supplie	S
Advert Assoc Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Paintii Pest o Plumb Repain Suppli Taxes Taxes Teleph Utilitie Wages	tising	entered elsevenance	where)  etc.)  here)	ing, and office supplie	S
Advert Assoc Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Paintii Pest o Plumb Repain Suppli Taxes Taxes Teleph Utilitie Wages	tising	entered elsevenance	where)  etc.)  here)	ing, and office supplie	S
Advert Assoc Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Paintii Pest o Plumb Repain Suppli Taxes Taxes Teleph Utilitie Wages	tising	entered elsevenance	where)  etc.)  here)	ing, and office supplie	S

023	1040	US	Rental & Royalty Incom	e (Sch.	E) (cont.)	No.	18 <sub>p2</sub>
Pleas	e enter all expense co	pertinent 2 Jumn shou	2023 amounts. Last year's amount ald only be used for vacation home	s are proves or less	vided for your ret than 100% tenan	ference. The in t occupied rei	ndirect ntals.
GEN	NERAL IN	NFORMAT	ΓΙΟΝ				
Foreig	n postal code	9					
OIL	AND GA	S					
Cost of Perce	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)				3 Amount	2022 Amou	nt
PEF	RSONAL	USE OF I	DWELLING UNIT (INCLUDING	VACAT	ION HOME)		
Numb	er of days pe	rsonal use	al method elected)				
IND	IRECT EX	XPENSES	6				
	E:Indirect exp	enses are rela	ated to operating or maintaining the dwelling surance, and utilities.	unit.			
Association Auto a Clean Comm Garde Insura Legal Licens Manage Excess Other Painti Pest Communication Plumb Repai Suppl Taxes Taxes	ciation dues and travel (no ing and maint nissions ance and professions and professions and professions and permit gement fees llaneous	t entered else tenance	where)  etc.)  here)				
Utilitie	es						
Wage	s and salaries	8					
Other	:						
			_				

2023	1040	US	Farm Income (Schedule F	/Form 4835)	No.	19
	Please en	iter all pert	inent 2023 amounts. Last year's amo	unts are provided for y	our reference.	
GEI	NERAL IN	NFORMAT	ΓΙΟΝ			
	pal product oyer ID numbe	er				
Account 1=spo 1=fari Type 1=cro	ultural activity unting method ouse, 2=joint. m rental (Forn of rental prop p insurance p ired to file Form(s					
1=did 1=rea 1=sin	not actively p Il estate profe gle member li	participate (Fai ssional (farm i mited liability	(Schedule F only)  Im rental only)  Imperital only)			
	RM INCO	,	, , , ,			
Cash S	method: ales of livesto	ck and other r	esale itemsther resale items	2023 Amount	2022 Amou	nt
Accru Sa Ba	al method: ales of livesto eginning inve	ck, produce, e	tcck, etc			
Other To Ta	farm income: otal cooperativ axable cooper	ve distributions ative distributi	etc ons /ments (other than CRP)			
Ta Ta Ta	axable agricul otal conservat axable conser	tural program ion reserve pr vation reserve	payments (other than CRP)  ogram payments  program payments  ted under election			
To Ta To	otal commodit axable commo otal crop insui	y credit loans odity credit loa rance proceed	forfeited or repaid			
Ta	axable crop in	surance proce	eds deferred from 2022			

FAF	RM INCO	ME (cont	inued)		
Other	income:			2023 Amount	2022 Amount
	,				
		·			
FAF	RM EXPE	NSES			
	•	•	ered elsewhere)		
					_
	•				+
			, etc.)		
Other	interest (not e	entered elsew	/here)		
Labor	hired		<u> </u>		
			tributions		
			- admin. and education costs		
		-	equipment (not entered elsewhere)		
					+
	•	•			+
			ne		
			expenses (also enter below)		
-	expenses:	·			
					_

19 <sub>p2</sub>

**ORGANIZER** Partnership and S corporation Information US 20.1,20.2 1040 2023 Please add, change or delete 2023 information as appropriate. Be sure to attach all Schedule K-1s. **PARTNERSHIP INFORMATION (20.1)** Employer Identification Tax Shelter Registration Number Additional Amounts Invested in Partnership Name of Partnership No. Number **S CORPORATION INFORMATION (20.2)** 

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

ORGANIZEI		T	T		Page 31
2023	1040	US	Estate or Trust and REI	MIC Information	20.3,20.4
		Plea	se add, change or delete 2023 info Be sure to attach all Schedule K	ormation as appropriate. -1s and Schedule Qs.	
EST	ATE OR 1	TRUST IN	FORMATION (20.3)		
No.		Tax Shelter Registration Number			
REN	MIC INFOF	RMATION	(20.4)		
No.			Name of REMIC		Employer Identification Number
,					
					20.3,20.4

ORGANIZER				Page 32
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 clos	ing 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

OHGANIZEH				rage 55
2023	1040	US	Asset Acquisition List	<b>22</b> <sub>p2</sub>

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.

	<b>D</b> 131 ( <b>D</b> 1	Property Related		Preparer Use Only			Cost	Preparer Us	se Only
No.	Description of Property	Related Business or Activity	Form	No. of Form	Category	Date Placed in Service	Cost or Basis	Current Section 179	Method
								22	<b>2</b> <sub>p2</sub>

		i		i	
2023	1040	US	Vehicle Expenses	No.	<b>22</b> <sub>p3</sub>

# 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		
ALITOMODII E MIL EACE		
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.		
Tires. Insurance.		
Tires.  Insurance.  Miscellaneous.		
Tires.  Insurance.  Miscellaneous.  Auto license (other than personal property taxes).		
Tires.  Insurance.  Miscellaneous.  Auto license (other than personal property taxes)  Personal property taxes (based on car's value)		
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)		
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.		
Tires.  Insurance.  Miscellaneous.		

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	2023 Amount		2022 Am	ount
TRADITIONAL INA CONTRIBUTIONS	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				
ROTH IRA CONTRIBUTIONS	-		1	
Roth IRA contributions you made or expect to make (1=maximum) (\$6,500/\$7,500 if 50 or older)	(KEOCH)			
SEP, SIMPLE AND QUALIFIED PLANS	(KEUGH)			
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)				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
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				
Expenses from rental of personal property	,			

023	1040	US	Adjustments to Income		<u>aqe</u> <b>24</b> p
				amounts are provided for your reference.	
ADJ	USTMENT	SIOIN	COME		
Alimon			xpayer	Spouse	
	orce or sep. agr				
	cipient's first na				
	cipient's last na				
	cipient's SSN		lana .		
AII	ount 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.

Last year 5 amounts	are provided for	your reference

Medicare insurance premiums on Sheet 14.	2023 Amount	TS	2022 Amount
Prescription medicines and drugs	2023 Alliount	15	2022 AIIIOUIII
Octors, dentists and nurses			
lospitals and nursing homes			
isurance premiums not entered elsewhere (excl. LT care & amts. paid w/ pre-tax dollars)			
ong-term care premiums - taxpayer			
ong-term care premiums - taxpayer			
nsurance reimbursement (enter as a positive number)			
odging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Woododi Illioo diivoii			
Other medical and dental expenses:			
·			
TAXES PAID (State and local withholding and 2023 estimates are auto	omatia )		
	malic.)		
State income taxes - 1/23 payment on 2022 state estimate			
State income taxes - paid with 2022 state return extension			
State income taxes - paid with 2022 state return			
State income taxes - paid for prior years and/or to other state			
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			
SALES AND USE TAXES PAID			
state and local sales taxes (except autos and special items)			
lse taxes paid on 2023 purchases			
lse taxes paid with 2022 state return			
ales tax on autos not included above			
ales tax on boats, aircraft, other special items			
OTHER TAXES PAID			
THEIR TAKES I AID			
Real estate taxes - principal residence:			
Real estate taxes - held for investment :			
_			
ersonal property taxes (including auto fees in some states. Provide a copy of tax notice)			
oreign income taxes			
Other taxes:			
		1 1	

2023 1040 US Itemized Deductions (continued) 25 p2

(D 1) (D 5)			
ome mortgage int. (Box 1) and points (Box 5) reported on Form 1098:	2023 Amount	TS	2022 Amount
-			
Home mortgage interest not reported on Form 1098:			
Payee's name			
Payee's SSN or FEIN			
Payee's street address Payee's city			
Payee's state			
Payee's ZIP code			
Payee's region			
Payee's postal code			
Payee's country			
Amount paid			
oints not reported on Form 1098:			
nvestment interest (interest on margin accounts):			
assive interest			
NOTE: Points paid on loans other than to buy, build, or improve your ma			
	in home are deductible over the	ite of	the mortgage.
For these types of loans also provide the dates and lives of the loans	in home are deductible over the ans.	ite of	the mortgage.
For these types of loans also provide the dates and lives of the loans	in home are deductible over the ans.	ite of	the mortgage.
For these types of loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates also provide the dates also provide the dates also provide the loans also provide the dates also provide the loans also provide the dates also provide the dat	ans.		
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the	ans. e donor maintains a bank record,	or a	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution	e donor maintains a bank record, n date(s), and contribution amou	or a	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limitable organizations).	e donor maintains a bank record, n date(s), and contribution amou	or a	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution	e donor maintains a bank record, n date(s), and contribution amou	or a	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limitable organizations).	e donor maintains a bank record, n date(s), and contribution amou	or a	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limitable organizations).	e donor maintains a bank record, n date(s), and contribution amou	or a	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limitable organizations).	e donor maintains a bank record, n date(s), and contribution amou	or a	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limitable organizations).	e donor maintains a bank record, n date(s), and contribution amou	or a	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% lime Contributions by cash or check:	e donor maintains a bank record, n date(s), and contribution amou	or a	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution thurches, schools, hospitals, and other charitable organizations (60% lime Contributions by cash or check:  Volunteer expenses (out-of-pocket)	e donor maintains a bank record, n date(s), and contribution amou	or a	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% lime Contributions by cash or check:	e donor maintains a bank record, n date(s), and contribution amou	or a	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% lime Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles	e donor maintains a bank record, n date(s), and contribution amountation):	or a nnt(s)	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% lime Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain contributions of the loan cash or check contributions unless the from the done, showing the name of the organizations (60% lime Contributions by cash or check:	e donor maintains a bank record, n date(s), and contribution amountation):	or a nnt(s)	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% lime Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles	e donor maintains a bank record, n date(s), and contribution amountation):	or a nnt(s)	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% lime Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain contributions of the loan cash or check contributions unless the from the done, showing the name of the organizations (60% lime Contributions by cash or check:	e donor maintains a bank record, n date(s), and contribution amountation):	or a nnt(s)	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% lime Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain contributions of the loan cash or check contributions unless the from the done, showing the name of the organizations (60% lime Contributions by cash or check:	e donor maintains a bank record, n date(s), and contribution amountation):	or a nnt(s)	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% lime Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain contributions of the loan cash or check contributions unless the from the done, showing the name of the organizations (60% lime Contributions by cash or check:	e donor maintains a bank record, n date(s), and contribution amountation):	or a nnt(s)	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% lime Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain contributions of the loan cash or check contributions unless the from the done, showing the name of the organizations (60% lime Contributions by cash or check:	e donor maintains a bank record, n date(s), and contribution amountation):	or a nnt(s)	written communication
For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% lime Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain contributions of the loan cash or check contributions unless the from the done, showing the name of the organizations (60% lime Contributions by cash or check:	e donor maintains a bank record, n date(s), and contribution amountation):	or a nnt(s)	written communication

**25** <sub>p2</sub>

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 to	otal noncash	contributions ar	e over \$500.	No deduction	is allowed	for contribution	ons of clothing	and household	items
that	are not in ac	ood used con	dition or better.	In addition.	a deduction f	or any item	with minimal	monetary vali	le may be denie	ed.

6 limitation (see above):	2023 Amount	TS	2022 Amount
_			
limitation (see above):			
capital gain property (gifts of capital gain property to 50% limit orgs.):			
capital gain property (gifts of capital gain property to non-50% limit orgs.	):	· ·	
ATE MISC. DEDS. IF NON-CONFORMING TO TA	X CU13 & JUB3	ACI (SI	ubiect to 2% AGI limit)
TATE MISC. DEDS. IF NON-CONFORMING TO TA on and professional dues	X CUIS & JUBS	ACT (SI	ubject to 2% AGI limit)
on and professional dues		ACT (SI	ubject to 2% AGI limit)
on and professional dues		ACT (st	ubject to 2% AGI limit)
on and professional dues		ACT (st	ubject to 2% AGI limit)
on and professional dues		ACT (st	ubject to 2% AGI limit)
on and professional dues		ACT (SI	ubject to 2% AGI limit)
on and professional dues		ACT (SI	ubject to 2% AGI limit)
on and professional dues		ACT (SI	ubject to 2% AGI limit)
on and professional dues		ACT (SI	ubject to 2% AGI limit)
on and professional dues		ACT (SI	ubject to 2% AGI limit)
on and professional dues		ACT (SI	ubject to 2% AGI limit)
		ACT (SI	ubject to 2% AGI limit)
on and professional dues			ubject to 2% AGI limit)
er unreimbursed employee expenses (uniforms and protective clothing, fessional subscriptions, employment agency fees, and certain edu. expense estment expense:			ubject to 2% AGI limit)
er unreimbursed employee expenses (uniforms and protective clothing, ressional subscriptions, employment agency fees, and certain edu. expense estment expense:  return preparation fee e deposit box rental			ubject to 2% AGI limit)
er unreimbursed employee expenses (uniforms and protective clothing, ressional subscriptions, employment agency fees, and certain edu. expense estment expense:			ubject to 2% AGI limit)
er unreimbursed employee expenses (uniforms and protective clothing, ressional subscriptions, employment agency fees, and certain edu. expense estment expense:			ubject to 2% AGI limit)
er unreimbursed employee expenses (uniforms and protective clothing, fessional subscriptions, employment agency fees, and certain edu. expense estment expense:			ubject to 2% AGI limit)
er unreimbursed employee expenses (uniforms and protective clothing, fessional subscriptions, employment agency fees, and certain edu. expense estment expense:			ubject to 2% AGI limit)
on and professional dues			ubject to 2% AGI limit)

2023	1040	US	Itemized Deductions (continued)	25 n4
			itoiiiiEoa Boaactioiio (coiitiiiaca)	

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

OTHER MISCELLANEOUS DEDUCTIONS	2023 Amount	TS	2022 Amount
state tax, section 691(c)			
Other miscellaneous deductions:			

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.

	2023 Amo	unt	TS	2022 Amount
Fair market value of the property on the date that the last debt was secured .				
dome acquisition and grandfather debt on the date that the last debt was secured				
LOAN INFORMATION				
oan #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				
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				
Form				
1 = Schedule A (defau 2 = Business use of h 3 = Schedule E				

**Itemized Deductions (continued)** US  $25_{\ p5\ cont}$ 2023 1040

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		П	
1=taxpayer, 2=spouse, blank=joint		П	
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			
Loan #4			
Lender's name			
Form (see table)			
Number of form		$\Box$	
1=taxpayer, 2=spouse, blank=joint		$\Box$	
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			

#### Form

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

2023 1040 US Noncash Contributions (Form 8283)

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 gualified appraisal for the donated property is provided.

	Name of ch	aritable organization (donee)				
		ess	<del> </del>			
	City					
	State					
	ZIP code					
	1=spouse, 2	2=joint				
	Property de	scription (other than vehicle)				
	_	Identification number (VIN)				
No.	Vehicle	Year (yyyy)	<u> </u>			
		Make and model	<u> </u>			
		Condition and mileage				
		tribution (m/d/y)				
		ed by donor (m/y)				
		ed by donor (Table 1 or describe)	_			
		t or basis	<del> </del>			
		value	<u> </u>			
	Method use	d to determine FMV (Table 2 or des	scribe)			
	Nome of obs	witchle ergenization (dense)	Г			
	Name of charitable organization (donee)					
		Street address				
			<u> </u>			
			<u> </u>			
		=joint				
		scription (other than vehicle)				
	· · · · · · · · · · · · · · · · · · ·	Identification number (VIN)	<del> </del>			
No.	7   ,,,,,	Year (yyyy)	F-			
	□ Vehicle	Make and model				
		Condition and mileage	_			
	Date of cont	ribution (m/d/y)	<del> </del>			
		ed by donor (m/y)	_			
		d by donor (Table 1 or describe)				
	Donor's cost	or basis				
	Fair market	value				
	Method used	d to determine FMV (Table 2 or descri	be)	•		
	How Pro	pperty was Acquired	2	Method Used to Determine FMV		
	1 = Purchase	3 = Inheritance	1 =	Appraisal 3 = Catalog		
	2 = Gift	4 = Exchange		Thrift shop value 4 = Comparable sale		
				For other methods, see IRS Pub. 561.		

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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)		
otal area of home (square footage)		
otal hours facility used (for daycare facilities only)		
otal hours available (if not 8,760)		
area of home included above used exclusively for daycare business, if any (sq ft)		
6 (.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)		
NDIRECT 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.		
nsurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Jtilities.		
Excess mortgage interest		
Excess real estate taxes.		
Other indirect expenses:		
other mairect 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.	Э	
Mortgage interest		
Real estate taxes		
Casualty losses.		
nsurance.		
/liscellaneous.		
Rent		
Popaire and maintenance		
Repairs and maintenance		
Jtilities		
Jtilities		
Jtilities		
Utilities  Excess mortgage interest  Excess real estate taxes  Excess casualty losses		
Utilities Excess mortgage interest Excess real estate taxes Excess casualty losses Allowable casualty losses		
Utilities  Excess mortgage interest  Excess real estate taxes  Excess casualty losses		
Utilities Excess mortgage interest Excess real estate taxes Excess casualty losses Allowable casualty losses		
Utilities Excess mortgage interest Excess real estate taxes Excess casualty losses Allowable casualty losses		
Utilities Excess mortgage interest Excess real estate taxes Excess casualty losses Allowable casualty losses		

GENERAL INFORM Occupation, if different from F form. Jumber of form (1=first Schedespouse) =performance artist, 2=handie=minister's expenses  EMPLOYEE BUSINI Meal expenses in full. Reimbursements for meals no =Department of Transportatio ocal transportation (bus, taxifravel expenses while away fr	capped, 3=fee-basis government official  ESS EXPENSES  t on W-2, box 1 on (80% meal allowance) t train, etc.) om home overnight		
GENERAL INFORM Decupation, if different from Form. Jumber of form (1=first Schedespouse. =performance artist, 2=handiseminister's expenses.  EMPLOYEE BUSINIMAL Reimbursements for meals no =Department of Transportation (bus, taxistravel expenses while away from the sembursements not included.	ATION  orm 1040  lule C, 2=second, etc.)  capped, 3=fee-basis government official  ESS EXPENSES  t on W-2, box 1  on (80% meal allowance)  t train, etc.)  om home overnight		
ENERAL INFORM cupation, if different from F  m	ATION  orm 1040  lule C, 2=second, etc.)  capped, 3=fee-basis government official  ESS EXPENSES  t on W-2, box 1  on (80% meal allowance)  t train, etc.)  om home overnight		
m	capped, 3=fee-basis government official  ESS EXPENSES  t on W-2, box 1 on (80% meal allowance) t train, etc.) om home overnight	2023 Amount	2022 Amount
mber of form (1=first Scheologouse	t on W-2, box 1 on (80% meal allowance) on home overnight	2023 Amount	2022 Amount
mber of form (1=first Scheospouse performance artist, 2=handiminister's expenses  MPLOYEE BUSINI eal expenses in full imbursements for meals no Department of Transportation cal transportation (bus, taxi avel expenses while away frimbursements not included	t on W-2, box 1 on (80% meal allowance) on home overnight	2023 Amount	2022 Amount
minister's expenses  MPLOYEE BUSINI  eal expenses in full  immursements for meals no Department of Transportatio cal transportation (bus, taxi avel expenses while away freimbursements not included	capped, 3=fee-basis government official  ESS EXPENSES  t on W-2, box 1  on (80% meal allowance)  t train, etc.)  om home overnight	2023 Amount	2022 Amount
MPLOYEE BUSINI  peal expenses in full  pimbursements for meals no Department of Transportatio cal transportation (bus, taxi avel expenses while away freimbursements not included	t on W-2, box 1	2023 Amount	2022 Amount
eal expenses in fulleimbursements for meals no  -Department of Transportation (bus, taxi  ravel expenses while away freimbursements not included	t on W-2, box 1	2023 Amount	2022 Amount
eimbursements for meals no =Department of Transportation ocal transportation (bus, taxion ravel expenses while away freimbursements not included	t on W-2, box 1 on (80% meal allowance) , train, etc.) om home overnight		
<ul> <li>Department of Transportation</li> <li>cal transportation (bus, taxing travel expenses while away free imbursements not included</li> </ul>	on (80% meal allowance)		
ravel expenses while away fr Reimbursements not included	om home overnight		
Reimbursements not included			
ther business expenses:	on Form W-2, box 1		
-			

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23	1040	2106) (cont.)	No.	<b>30</b> <sub>p</sub>		
	Please en	ter all pert	inent 2023 amounts. Last year's am	ounts are provided for	your reference.	
VEH	IICLE INF	ORMATI	ON	2023 Amount	2022 Amount	
1=veh	nicle used prin	narily by more				
1=veh	nicle is availab	le for off-duty	personal use			
1=no	other vehicle	is available fo	r personal use			
1=no	evidence to si	upport your de	eduction			
1=no	written eviden	ice to support	your deduction			
VEH	IICLE 1					
Descr	iption of vehic	le				
Date	placed in serv	ice (m/d/y)				
Total	mileage (for t	he tax year)				
Busin	ess mileage					
Comn	nuting mileage	e (for the tax y	/ear)			
Avera	ge daily round	d-trip commute	э			
			se if changed from 100% personal use			
Parkir	ng fees and to	lls (business p	portion only)			
Actua	l expenses:					
	•	oil	Г			
	•					
			onal property taxes)			
	•	•	ed on car's value)			
		-	ule C, E & F)			
			ts			
			ositive)			
			rehicle on Form W-2 (2106)			
	IICLE 2	y 6. p. 61. a 6 a 1				
٧LI	IICLL Z		_			
Descr	iption of vehic	ile			1	
	• ,	• ,				
			/ear)			
	-	-	9			
			se if changed from 100% personal use			
Parkir	ng fees and to	ills (business p	portion only)			
Actua	l expenses:					
		oil				
Ti	res					
In	surance					
М	iscellaneous.					
A	uto license (ot	ther than pers	onal property taxes)			
P	ersonal prope	rty taxes (base	ed on car's value)			
In	terest (car loa	n) (for Sched	ule C, E and F)			
V	ehicle rent or	lease paymen	ts			
In	clusion amou	nt (enter as po	ositive)			
V	alue of employ	yer-provided v	rehicle on Form W-2 (2106)			

23	1040	US	Foreign Income Exclu	sion (Form 2555)	No.	31.1
	1070		1 Oldigii illooliic Exclu			<u> </u>
			Please enter all pertinent 2	2023 information		
ΩEN			-	.ozo miormation.		
	NERAL IN					
•			fferent from Form 1040:			
_						
Ci	ty					
	-					
_						
Emplo	•					
3=	self, 4=foreig	n affiliate of l	ntity, 2=U.S. company, J.S. company, 5=other			
Er	mployer type,	if other				
T	-fl		lead in anglian consults annihable).	Tours and an artist and afficiation		
Type	or exclusion re	ечокеа ії гечо	ked in earlier year (if applicable):	Tax year revocation was effective		
Count	m, of oiti-anab	i.a		Г		
	-	•				
City a	nd country of se living condi	separate fore itions (if appli	ign residence if maintained due to cable):	Number of days during tax year at separate foreign address (if applicable)		
Tax ho	omes(s) durin	a tax vear:		Dates tax home(s) were established (m/d/y)		
		<b>9 7</b>		(		

	1040	US	Foreign Income	Exclusion	(2555)	No.	31.1
			Please enter all pe	rtinent 2023 in	formation.		
	VEL INFO						
	: Please enter el Type (table)		2023 as well as travel for 2024 country (if not United States)	known to date.  Date arriv	red Date left	Days in U.S.	. on business
						Days III Glo	
BON	NΔ FIDE F	RESIDEN	CE TEST AND PHYS	SICAL PRES	FNCF TEST		
			dence (m/d/y)		LINGE TEGT		
-	•		ce (m/d/y)				
Living	quarters in for	reign country:	1=purchased home, 2=rented quarters furnished by employer	house			
	of family living ab			Relationship	Perioc	I I family lived abroa	ad
			L		l .		
		•	of bona fide residence			_	
-			country of bona fide residence . th of employment abroad				
			country under				
•	tion why visa limit	and return and amount of	yment in country (if applicable)				
Addres			,				
while I	ss of home in living abroad (	U.S. maintair	ned		ZIP Coo		S. home rente applicable)
while I	ss of home in living abroad (	U.S. maintair	ned		ZIP Coo		
while I	ss of home in living abroad (	U.S. maintair	ned		ZIP Coc		
while I	living abroad (	U.S. maintair if applicable)	ned		ZIP Coo	le (if	applicable)
while	living abroad (	U.S. maintair if applicable)	ned :			le (if	applicable)
while I	living abroad (	U.S. maintair if applicable)	ned :			le (if	applicable)
	living abroad (	U.S. maintain if applicable) of occupants	in U.S. home (if applicable)	Re		le (if	applicable)
	living abroad (	U.S. maintain if applicable) of occupants	ned :	Re		le (if	applicable)
Princip	Names	U.S. maintair if applicable) of occupants employment.	in U.S. home (if applicable)	Re		le (if	applicable)
Princip	Names  Pal country of CREIGN HO	U.S. maintair if applicable) of occupants employment	in U.S. home (if applicable)	Re		le (if	applicable)
Princip  FOF  Qualifi	Names	of occupants  employment.	in U.S. home (if applicable)	Re	elationship of occupants in L	J.S. home (if applied	cable)
Princip  FOF  Qualifi	Names  Pal country of the second of the seco	of occupants  employment.	in U.S. home (if applicable)	Re	Plationship of occupants in L	J.S. home (if applied	cable)
Princip  FOF  Qualifi	Names  Pal country of the second of the seco	of occupants  employment.	in U.S. home (if applicable)	Re	Plationship of occupants in L	J.S. home (if applied	cable)
Princip  FOF  Qualifi	Names  Pal country of the second of the seco	of occupants  employment.	in U.S. home (if applicable)	Re	Plationship of occupants in L	J.S. home (if applied	cable)
Princip  FOF  Qualifi	Names  Pal country of the second of the seco	of occupants  employment.	in U.S. home (if applicable)	Re	Plationship of occupants in L	J.S. home (if applied	cable)
Princip FOF Qualifi	Names  Pal country of Green HO  REIGN HO  Green Housing ex	of occupants  employment.	in U.S. home (if applicable)  EXPENSES  1 = Travel t	Travel Type	Plationship of occupants in L	J.S. home (if applied	cable)
Princip FOF Qualifi	Names  Pal country of Green HO  REIGN HO  Green Housing ex	of occupants  employment.	in U.S. home (if applicable)  EXPENSES   1 = Travel t 2 = Travel t	Re	Plationship of occupants in L	J.S. home (if applied	cable)

31.1 p2

	4040	110	Faurium Imagence F 11	: /F OFFE\	No C	04
)23	1040	US	Foreign Income Exclusion	sion (Form 2555)	No.	31.
	Please e Enter	nter all pe amounts	rtinent 2023 amounts and attach in U.S. dollars only. Last year's a	all W-2 forms, or other wa mounts are provided for y	ge statements. our reference.	
FOR	EIGN WA	GES, SA	LARIES, TIPS	2023 Amount	2022 Amoi	unt
Name o	or number					
1=spou	ıse					
1=retire	ement plan (Bo	x 13)				
Name o	of employer (Bo	ox c)				
Wages,	tips, other cor	mpensation (	Box 1)			
Federal	l income tax wi	ithheld (Box 2	2)			
Social	security tax wit	hheld (Box 4	.)			
	<b>,</b>	(20% .	/			
Medica	•	•				
	re tax withheld	(Box 6)	′			
State in Local in	re tax withheld ncome tax with ncome tax with	(Box 6) held (Box 17) held (Box 19)	·····	D OTHER EARNED IN	COME	
FOR Nonca Home ( Meals. Car	re tax withheld ncome tax with ncome tax with  EIGN ALL ash Income (lodging)	(Box 6) held (Box 17) held (Box 19)	)	D OTHER EARNED IN	COME	
FOR Nonca Home ( Meals. Car	re tax withheld ncome tax with ncome tax with  EIGN ALL ash Income (lodging)	(Box 6) held (Box 17) held (Box 19)	EES, REIMBURSEMENTS AN	D OTHER EARNED IN	COME	
FOR Nonc: Home ( Meals. Car	re tax withheld ncome tax with ncome tax with  EIGN ALL ash Income (lodging)	(Box 6) held (Box 17) held (Box 19)	EES, REIMBURSEMENTS AN	D OTHER EARNED IN	COME	
FOR Nonca Home ( Meals. Car	re tax withheld ncome tax with ncome tax with  EIGN ALL ash Income (lodging)	(Box 6) held (Box 17) held (Box 19)	EES, REIMBURSEMENTS AN	D OTHER EARNED IN	COME	
FOR Nonca Home ( Meals. Car	re tax withheld ncome tax with ncome tax with  EIGN ALL ash Income (lodging)	(Box 6) held (Box 17) held (Box 19)	EES, REIMBURSEMENTS AN	D OTHER EARNED IN	COME	
FOR Nonce Home ( Meals. Car Other p	re tax withheld ncome tax with ncome tax with  EIGN ALL ash Income (lodging)	(Box 6) held (Box 17) held (Box 19)  OWANC  cilities:	EES, REIMBURSEMENTS AN	D OTHER EARNED IN	COME	
FOR Nonce Home ( Meals. Car Other p	re tax withheld ncome tax with ncome tax with  EIGN ALL ash Income (lodging)	(Box 6) held (Box 17) held (Box 19)  OWANC  cilities:	EES, REIMBURSEMENTS AN	D OTHER EARNED IN	COME	
FOR Nonce Home ( Meals. Car Other p	re tax withheld ncome tax with ncome tax with  EIGN ALL ash Income (lodging) properties or face  rances and living and ove	(Box 6) held (Box 17) held (Box 19)  OWANC  cilities:  Reimburserseas different	ements	D OTHER EARNED IN	COME	
FOR Nonce Home ( Meals. Car Other p	re tax withheld ncome tax with ncome tax with  EIGN ALL ash Income (lodging) properties or factorial vances and living and ove	(Box 6) held (Box 17) held (Box 19)  OWANC  cilities:  Reimburse rseas differen	ements	D OTHER EARNED IN	COME	
FOR Nonce Home ( Meals. Car Other p  Allow Cost of Family. Educati	re tax withheld income tax with income tax wit	(Box 6) held (Box 17) held (Box 19)  OWANC  cilities:  Reimburse rseas differer	ements	D OTHER EARNED IN	COME	
FOR Nonce Home ( Meals. Car Other p  Allow Cost of Family. Educati Home I	re tax withheld ncome tax with ncome tax with ncome tax with EIGN ALL ash Income (lodging)	(Box 6) held (Box 17) held (Box 19)  OWANC  cilities:  Reimburse rseas differer	ements	D OTHER EARNED IN	COME	

Other Foreign Earned Income

<b>2023 Days</b>	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 Am	ount
	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				

ease enter all pertinent 2023 information. Last year's amounts are provided for your reference. You must he paid for the care of one or more dependents enabling you to work or attend school to qualify for this cree.  DEPENDENT CARE EXPENSES (33.1)  Dependent care expenses incurred but not paid in 2023  Employer-provided benefits forfeited in 2023  PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT  First name. Last name. Title or suffix Date of birth (mid/y) Social security number Outsified dependent care expenses incurred and paid in 2023  1- over age 12 & disabled at the time care was provided 1-spouse, 2-joint  PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)  No. Dispenses, 2-joint  N	23	1040	US	Child and De	pendent Care	Expenses (	Form 2441)	33.1,33
DEPENDENT CARE EXPENSES (33.1)  Dependent care expenses incurred but not paid in 2023  Employer-provided benefits forfeited in 2023  PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT    First name	ease e paid	enter all po for the ca	ertinent 202 are of one o	3 information. Last r more dependents	year's amounts ar enabling you to w	e provided for yo	our reference. You nool to qualify for t	must have his credit.
Dependent care expenses incurred but not paid in 2023  Employer-provided benefits forfeited in 2023  PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT  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  1 = spouse, 2=joint.  PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)  No. PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)  No. PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)  No. Persign postal code Foreign country Identification number (SSN or EIN). Amount paid to care provider in 2023  2022 amt:					2023 A	mount	2022 Amou	unt
PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT    First name	DEP	PENDEN	T CARE E	XPENSES (33.1)	Taxpayer	Spouse	Taxpayer	Spouse
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 1	-		-	•				
Title or suffix Date of birth (m/d/y). Social security number.  Qualified dependent care expenses incurred and paid in 2023 1= over age 12 & disabled at the time care was provided 1=spouse, 2=joint.  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 1= over age 12 & disabled at the time care was provided 1=spouse, 2=joint  PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)  No. Size address City. Street address City. Street address City. Street address City. 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:	PER			·		NDENT CARE	CREDIT	
No. Date of birth (m/d/y).  Social security number.  Qualified dependent care expenses incurred and paid in 2023  1= over age 12 & disabled at the time care was provided 1=spouse, 2=joint.  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 1= over age 12 & disabled at the time care was provided 1=spouse, 2=joint  PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)  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  Lough Title (2022 amt:  2022 amt:		La	ast name					
No. 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.  Pirst 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)  Name of provider. Street address. City. State. ZIP code. Foreign region Foreign postal code Foreign postal code Foreign postal code Foreign postal code Foreign country Identification number (SSN or EIN). Amount paid to care provider in 2023 2022 amt:		Ti	tle or suffix					
Qualified dependent care expenses incurred and paid in 2023			`	• /				
1= over age 12 & disabled at the time care was provided 1=spouse, 2=joint.    First name	No.	So	ocial security n	umber				
1= over age 12 & disabled at the time care was provided 1=spouse, 2=joint.    First name		Q	ualified depend	lent care expenses			2022 amt.	
Tirst name   Last name   Title or suffix							2022 amt:	
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 1= over age 12 & disabled at the time care was provided 1= spouse, 2= joint  PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)  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:			•	•				
Last name Title or suffix Date of birth (m/d/y) Social security number  Qualified dependent care expenses incurred and paid in 2023 1= over age 12 & disabled at the time care was provided 1=spouse, 2=joint  PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)  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:  2022 amt: 2022 amt:		I						
Date of birth (m/d/y) Social security number  Qualified dependent care expenses incurred and paid in 2023  1= over age 12 & disabled at the time care was provided 1=spouse, 2=joint  PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)  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:		La	st name					
No. Social security number  Qualified dependent care expenses incurred and paid in 2023  1= over age 12 & disabled at the time care was provided 1=spouse, 2=joint  PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)  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:								
Qualified dependent care expenses incurred and paid in 2023  1= over age 12 & disabled at the time care was provided 1=spouse, 2=joint  PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)  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:	No [		•	• /				
incurred and paid in 2023  1= over age 12 & disabled at the time care was provided  1=spouse, 2=joint  PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)  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:			ocial security no	imber				
1= over age 12 & disabled at the time care was provided   1=spouse, 2=joint							2022 amt:	
PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)  Name of provider			•				2022 (111(1	
PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)    Name of provider			ū	•				
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  State.  2IP code.  Foreign region.  Foreign postal code  Foreign country.  Identification number (SSN or EIN).  Amount paid to care provider in 2023  2022 amt:	PER	RSONS (	R ORGA	NIZATIONS PRO	VIDING CARE (	33.2)		
No. City		N	ame of provide	r				
No. State		St	reet address					
No. ZIP code Foreign region Foreign postal code Foreign country Identification number (SSN or EIN) Amount paid to care provider in 2023  ZIP code Foreign region  2022 amt:		Ci	ty					
Foreign region		St	ate					
Foreign postal code  Foreign country  Identification number (SSN or EIN)  Amount paid to care provider in 2023 2022 amt:	N - F							
Foreign country	No.							
Identification number (SSN or EIN)  Amount paid to care provider in 2023  2022 amt:								
Amount paid to care provider in 2023 2022 amt:								
				,			2022 amt:	
( · · · · · · · · · · · · · · · · · · ·							LULL AIIIL.	
				***************************************	• •			

33.1,33.2

2023	1040	US	Qualified Adoption Expenses (Form 8839)	37

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

<b>ELIGIBLE</b>	<b>CHILDRI</b>	EN		
			2023 Amount	2022 Amount
	Identification	number		
	Date of birth	(m/d/y)		
	1=born before	e 2006 and was disabled		
	1=special ne	eds child		
No.		ild		
		was not final in 2023		
		2022 for adoption not finalized by end of 2023		
	Qualified Adoption	Prior years for adoption of foreign child finalized in 2023		
	Expenses	'		
	Paid in	2022 and 2023 for adoption finalized in 2023		
	ļ	2023 for adoption finalized before 2023		
	1=spouse, 2	=joint		
		1		
	Last name			
	Identification	number		
	Date of birth	(m/d/y)		
	1=born before	e 2006 and was disabled		
	1=special nee	eds child		
No.	1=foreign chi	ld		
		vas not final in 2023		
	·	2022 for adoption not finalized by end of 2023		
	Qualified Adoption	Prior years for adoption of foreign child finalized in 2023		
	Expenses	· · · · · · · · · · · · <del>            </del>		
	Paid in	<b>├</b>		
	1	<u> </u>		
	1=spouse, 2=	-joint		
	Te			
	Identification	number		
	Date of birth	(m/d/y)		
	1=born before	e 2006 and was disabled		
	1=special nee	eds child		
No.	1=foreign chi	ld		
	1=adoption w	vas not final in 2023		
	0 1:0 1	2022 for adoption not finalized by end of 2023		
	Qualified Adoption	Prior years for adoption of foreign child finalized in 2023		
	Expenses	2022 and 2023 for adoption finalized in 2023		
	Paid in	2023 for adoption finalized before 2023		
	1 000::22 0	<u> </u>		
	r=spouse, 2=	=joint		

					, , , , , , , , , , , , , , , , , , , ,
2023	1040	US	Education Credits	No.	38

Please complete the information below if you paid qualified education expenses in 2023 for you,

1=taxpayer, 2=spouse.		
First name		
_ast name		
Social security number		
Number of prior years AOC claimed		
l=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		
= student completed first four years of post-secondary education before 2023 =student was convicted, before the end of 2023, of a felony for possession or distribution f a controlled substance		
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		
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		
QUALIFIED EDUCATION EXPENSES	2023 Amount	2022 Amount
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 1040 US Household Employment Taxes (Schedule H)

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:

mployer identification number		
=spouse, 2=joint		
ocial 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		
ederal 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		

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Parent's Election to Report Child's Inc. US 1040 No. 2023 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..... Date of birth (m/d/y)..... 1=nontaxable to federal..... 1=nontaxable to state..... **INTEREST INCOME (Form 1099-INT)** Banks, credit unions, etc. (Box 1): 2023 Amount 2022 Amount 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)..... Nontaxable distributions (Box 3) ..... Tax-exempt interest: Total municipal bonds..... In-state municipal bonds..... Nominee distributions: Ordinary dividends..... Qualified dividends..... Capital gain distributions..... 

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		

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TO THE ETT					rage 57
2023	1040	US	Report of Foreign Bank & Fin. Accts.	No.	82.1 p2

Please enter all	pertinent 2023 amounts.	Last	vear's amounts are	provided for v	vour reference.
i icase criter an	per tillerit 2020 allioarits.	Lusi	your 5 unitounits are p	pioviaca ioi i	your reference.

INFORMATION ON FINANCIAL ACCOUNTS	2023 Amount	2022 Amount
1=spouse		
Type of account: 1=bank account, 2=securities account, or specify		
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) $\dots$		
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.		

2023	1040	LIS	Foreign Reporting (8938)	No.	82.2 p2
2023	1040	US	i dieigii neportilig (0330)		<b>02.2</b> p2

## 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		
Country of Criticy		
1		
Type of	Entity	
1 = Partr		
2 = Corp 3 = Trust		
3 = 110st 4 = Estat		

NIZER 23	1040	US	Foreign Reporting (8938) (continued)	No.	Page <b>82.2</b> p
	Please en	ter all per	tinent 2023 amounts. Last year's amounts are provided fo	r your reference.	
отн	ER FOREIG	N ASSETS	S (Part II) (continued)		
	r or counterpart		, ( , ( , )		
	•				
			(see table 2)		
			person, 2=foreign person		
	· ·				
	•				
Р	ostal code				
С	ountry				
Issuer	r or counterpart	y (#2):			
N	ame				
1:	=issuer, 2=cour	terparty			
Ty	ype of issuer or	counterparty	(see table 2)		
ls	suer or counter	party: 1=US	person, 2=foreign person		
С	ity				
S	tate/province				
Р	ostal code				
С	ountry				
Issuer	r or counterpart	y (#3):			
N	ame				
1:	=issuer, 2=cour	nterparty			
Ty	ype of issuer or	counterparty	(see table 2)		
Is	suer or counter	party: 1=US	person, 2=foreign person		
М	lailing address				
С	ity				
S	tate/province				
Р	ostal code				
C	ountry				
Issuer	r or counterpart	y (#4):			
N	ame				
1:	=issuer, 2=cour	iterparty			
Ty	ype of issuer or	counterparty	(see table 2)		
ls	suer or counter	party: 1=US	person, 2=foreign person		
M	lailing address				
С	ity				
S	tate/province				
Р	ostal code				
C	ountry				
			2		
			Type of Issuer or		
			Counterparty		
			1 = Individual 2 = Partnership		
			3 = Corporation 4 = Trust		

2023 1040 US Topical Index

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Series: Topical Index

**ORGANIZER** Page 62 **Tax Organizer** 2023 1040 US **Tax Return Appointment** The Hobbs Group, PA 1704 Laurel Street Date: Columbia SC 29201 Time: Telephone number: (803)799-0555 Location: Fax number: (803)799-4212 E-mail address: 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 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..... In care of..... Street address..... Apartment number. Address 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...

23	1040	US	Tax (	Organizer			
WAG	a ( GES, SALA	governmer	it form fo	all pertinent 2 or an item, ch	2023 information	tion. If you have attached and do not enter a 2023	d amount.
	oyer name:	NIES AND	IIFS			2023 Amount	2022 Amount
	byer name.					2023 Amount	2022 Amount
Η .							
Η .						Attach Forms W-2	
Η.							
H							
INTE	REST INC	OME					
	name:	OIVIL					
П							
$\Box$							
$\prod_{i=1}^{n}$						Attach Forms 1099-IN7	Γ
DIVII	DEND INCO	OME					
Payer	name:						
П							
П							
П						Attach Forms 1099-DI\	/
	SIONS, IRA	A AND GAM	IBLING	INCOME			
		A AND GAN	1BLING	INCOME		Attach Forms 1099-R & W-2G	
		A AND GAM	IBLING	INCOME			
Payer .	name:			INCOME			
Payer	name:  Winnings not	reported on W	<i>l</i> -2G				
Payer	winnings not	reported on W	l-2G				
Payer	winnings not Total gambling	reported on Wg losses	7-2G DRMS -	INCOME			
Payer	Winnings not Total gambling  ER GOVEF Form 1099-B	reported on W g losses RNMENT FO - Sales of stoo	/-2G <b>DRMS -</b> ck (also inc	INCOME clude transaction	history)		
Payer	Winnings not Total gambling  ER GOVEF Form 1099-B Form 1099-MI	reported on W g losses RNMENT FO - Sales of stool SC - Miscellan	DRMS - ck (also inco	INCOME clude transaction me	history)	1099-R & W-2G	forms 1099
Payer	Winnings not Total gambling  ER GOVEF Form 1099-B Form 1099-MI Form 1099-K	reported on W g losses RNMENT FO - Sales of stoo ISC - Miscellar - Merchant ca	DRMS - ck (also inconeous inco	INCOME Clude transaction me	history)	1099-R & W-2G	forms 1099
Payer	Winnings not Total gambling  ER GOVEF Form 1099-B Form 1099-MI Form 1099-K	reported on W g losses RNMENT FO - Sales of stoo ISC - Miscellar - Merchant ca	DRMS - ck (also inconeous inco	INCOME clude transaction me	history)	1099-R & W-2G Attach F	forms 1099
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OTH Taxpa	Winnings not Total gambling  ER GOVEF Form 1099-B Form 1099-K Form 1099-S Form 1099-G ayer:	reported on W g losses  RNMENT FC - Sales of stoo SC - Miscellar - Merchant ca - Sales of rea - State tax ref	DRMS - Ck (also inconeous incoord and third estate (all nunds	INCOME clude transaction me	history)	1099-R & W-2G Attach F	forms 1099
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OTH Taxpa	Winnings not Total gambling  ER GOVEF Form 1099-B Form 1099-K Form 1099-S Form 1099-G ayer: Form SSA-109 Form 1099-Q Form 1099-Q Form 1099-Q Form 1099-Q	reported on Wg losses  RNMENT F( - Sales of storics - Miscellar - Merchant ca - Sales of rea - State tax ref 99 - Social se - Unemployme (529 Plan)	DRMS - ck (also incomeous	INCOME clude transaction me	history)	Attach Forms 1099	Forms 1099
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OTH Spous	Winnings not Total gambling  ER GOVEF Form 1099-B Form 1099-K Form 1099-G ayer: Form SSA-109 Form 1099-Q Form 1099-Q Form 1099-Q Form 1099-Q Form SSA-109 Form SSA-109 Form SSA-109 Form SSA-109	reported on W g losses  RNMENT FC - Sales of stoo ISC - Miscellar - Merchant ca - Sales of rea - State tax ref 99 - Social se - Unemployme (529 Plan) (5498-QA (ABI) 99 - Social se	DRMS - Cock (also income and third estate (also income and third estate (also income and the compensation of the compensation	INCOME  Slude transaction  me	history)	Attach Forms 1099  Attach Forms 1099	forms 1099
OTH Spous	Winnings not Total gambling  ER GOVEF Form 1099-B Form 1099-K Form 1099-G ayer: Form SSA-109 Form 1099-Q Form 1099-Q Form 1099-Q Form 1099-Q Form 1099-Q Form 1099-G Form 1099-G Form 1099-G Form 1099-G Form 1099-G	reported on W g losses  RNMENT FC - Sales of stoo SC - Miscellar - Merchant ca - Sales of rea - State tax ref 99 - Social se - Unemployme (529 Plan) (5498-QA (ABI) 99 - Social se - Unemployme	DRMS - Ck (also income and third lestate (also income and third lestate (also income and competed and compete	INCOME clude transaction me	history) payments g statements) .	Attach Forms 1099	Forms 1099
OTH Taxpa Spous	Winnings not Total gambling  ER GOVEF Form 1099-B Form 1099-M Form 1099-G ayer: Form SSA-109 Form 1099-Q	reported on W g losses  RNMENT F( - Sales of stor SC - Miscellar - Merchant ca - State tax ref 99 - Social se - Unemployme (529 Plan) (5498-QA (ABI) 99 - Social se - Unemployme (529 Plan)	DRMS - ck (also inconeous incoord and third lestate (all unds	INCOME  Slude transaction  me	history)	Attach Forms 1099  Attach Forms 1099	Forms 1099

**ORGANIZER Tax Organizer** US 2023 1040 MISCELLANEOUS INCOME Taxpayer: Alimony received Spouse: Alimony received Other: RETIREMENT PLAN CONTRIBUTIONS 2023 Amount 2022 Amount 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) ..... Self-employed, SEP, SIMPLE, & qualified plan contributions (1= maximum) . . . . . OTHER GOVERNMENT FORMS - DEDUCTIONS Attach Forms 1098 Form 1098-T - Tuition and related expenses ..... AFFORDABLE CARE ACT **Attach Forms 1095** Form 1095-A - Health Insurance Marketplace Statement ..... **ADJUSTMENTS TO INCOME** Taxpayer: Self-employed health insurance premiums ..... Educator expenses..... Other adjustments to income: Alimony paid - Recipient name & SSN..... Spouse: Educator expenses ..... Other adjustments to income: **MEDICAL AND DENTAL EXPENSES** Prescription medicines and drugs..... Doctors, dentists and nurses..... Insurance premiums..... Insurance reimbursement..... Number of medical miles..... Other: **TAXES PAID** 

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

23	1040	US	Tax Organizer		
TAX	ES PAID (c	ontinued)		2023 Amount	2022 Amount
State	income taxes -	paid with 202	22 state extension		
State	income taxes -	paid with 202	2 state return		
State	income taxes -	paid for prior	years and/or to other states		
City/lo	ocal income tax	es - 1/23 payr	ment on 2022 city/local estimate		
•			th 2022 city/local extension		
-		-	th 2022 city/local return		
		-	ept autos and special items)		
			98		
	•	-	urn		
	'		above		
			ft, and other special items		
	-		dence		
		•			
			for investment		
				Attach Tax Notice	
		•	uding automobile fees in some states)	Attach Tax Notice	
	EREST PAIL				
Home	mortgage inte	erest and poir	nts paid:		
Н-				Attach Forms 1098	
Ш_					
Home n	mortgage interest r	ot on Form 1098	(include name, SSN, & address of payee):		
_					
_					
Points	s not reported	on Form 109	8:		
_					
	iment interest	(Interest on I	nargin accounts):		
	ve interest				
NOTE			or cash or check contributions unless the do the name of the organization, contribution d		
Value	toor ovnonce	(out of pook	et)		
	•	` '	,		
			NAIC		
	ICASH CON				
NOTE	a deduction	is allowed to for any item v	or contributions of clothing and household ite with minimal monetary value may be denied	ems that are not in good used coi	ndition or better, in addition,
MISC	CELLANEO	US DEDIT	CTIONS		
	•				
	•				
	•				
Unreir	mbursed emplo	oyee expense	es:		
Other	:				
Other:					
Other					

2023	1040	US	<b>Client Information</b>			1
	The Hobbs Group, PA 1704 Laurel Street Columbia SC 29201 Telephone number: (803)799-0555			Tax Return	Appointment	
				Date:		
				Time:		
	Fax nun E-mail a	nber:	(803)799-4212	Location:		
	of y	our 2023 ta	er will assist you in gathering i x return. Please add, change,	nformation necessary fo or delete information as	or the preparation appropriate.	
CLIEN	NT INFOR	MATION				
Filing		,				
Status		• .	and lived with spouse			
			fying surviving spouse (2021 or 2022)		Filing	Status
		and initial			1 = Single	
					2 = Married fil	ing joint
		rity number			3 = Married fil 4 = Head of h	
Taxpayer						rviving spouse (QSS
	· ·	h (m/d/y)				
		ith (m/d/y)				
Spouse	First name and initial					
	Last name.					
	Title/suffix.					
		rity number				
		h (m/d/y)				
	I Date of dea	th (m/d/y)			1	

Address

Foreign Address

1=blind..... In care of..... Street address..... Apartment number.....

City..... State..... ZIP code..... Region.....

Postal code..... Country.....

2023	1040	US/SC	Client Information (continued)	1 p2
			Please add, change or delete information for 2023.	
CLIE	NT INFO	RMATION		
	Home pho	ne		
	Work phon	ıe		Daytime Phone
Taxpayer	Work exter	nsion		_
Contact	Daytime pl	hone (table)		1 = Work 2 = Home
Information	Mobile pho	one		3 = Mobile
	Fax number	ər		
	E-mail add	dress		
	Home pho	ne		
	Work phon	ıe		
Spouse	Work exter	nsion		
Contact oformation	Daytime pl	hone (table)		
normation	Mobile pho	one		
	Fax number	ər		
	E-mail add	dress		
	Driver's lic	ense no		
<del>-</del>	Driver's lic	ense state		
Taxpayer thentication	Issue date	(m/d/y)		
		date (m/d/y)		
		ection PIN		
		ense no		
	Driver's lic	ense state		
Spouse thentication	1	(m/d/y)		
membanor	-	date (m/d/y)		
		ection PIN		
State Info.		de number		
	1		··	

2023 1040 US Dependents

2

#### Please add, change or delete information for 2023.

## **DEPENDENTS**

First name			
Last name			Type of Dependent
Title/suffix			1 Obild living w/however
Date of birth (m/d/y)			1 = Child living w/taxpayer 2 = Child not living w/taxpayer
Date of death			3 = Dependent other than child
Date of adoption			4 = Head of household or qualifying surviving
Social security number			spouse (QSS) only.
Relationship			not a dependent  5 = Earned income credit only,
Months lived at home			not a dependent
Type of dependent (see table)			
Earned income credit (see table)			Earned Income Credit
Claimed by: 1=taxpayer, 2=spouse			
IRS theft protection PIN			1 = When applicable (default)
	Dependent	Dependent	2 = Student age 19 to 23 3 = Disabled
First name	·	·	4 = Force
Last name.			5 = Suppress
Title/suffix			
Date of birth (m/d/y)			
Date of death			NOTE: If you claim the earned
Date of adoption			income credit, please provide proof that your child is a res-
Social security number			ident of the U.S. This proof is
			typically in the form of:
Months lived at home			School records or statement
Months lived at nome			<ol><li>Landlord or property man-</li></ol>
<b></b>			
Type of dependent (see table)			agement statement 3. Health care provider
Type of dependent (see table)			agement statement 3. Health care provider statement
Type of dependent (see table)			agement statement 3. Health care provider statement 4. Medical records 5. Child care provider records
Type of dependent (see table)	Dependent	Dependent	agement statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement
Type of dependent (see table)	Dependent	Dependent	agement statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement
Type of dependent (see table)  Earned income credit (see table)  Claimed by: 1=taxpayer, 2=spouse  IRS theft protection PIN  First name	Dependent	Dependent	agement 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
Type of dependent (see table)  Earned income credit (see table)  Claimed by: 1=taxpayer, 2=spouse  IRS theft protection PIN  First name  Last name	Dependent	Dependent	agement statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement
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	Dependent	Dependent	agement 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
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)	Dependent	Dependent	agement 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
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.	Dependent	Dependent	agement 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
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	Dependent	Dependent	agement 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  NOTE: If your child is disabled, please provide one of the fol-
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 adoption  Social security number	Dependent	Dependent	agement 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  NOTE: If your child is disabled, please provide one of the fol- lowing forms of proof of disa-
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	Dependent	Dependent	agement 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  NOTE: If your child is disabled, please provide one of the fol- lowing forms of proof of disa- bility:
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	Dependent	Dependent	agement 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  NOTE: If your child is disabled, please provide one of the fol- lowing forms of proof of disa-
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)	Dependent	Dependent	agement 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  NOTE: If your child is disabled, please provide one of the following forms of proof of disability:  1. Doctor statement 2. Other health care provider statement
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	Dependent	Dependent	agement 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  NOTE: If your child is disabled, please provide one of the following forms of proof of disability:  1. Doctor statement 2. Other health care provider statement 3. Social services agency or
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)	Dependent	Dependent	agement 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  NOTE: If your child is disabled, please provide one of the following forms of proof of disability:  1. Doctor statement 2. Other health care provider statement

**ORGANIZER** Page 69 **Miscellaneous Questions** US 2023 1040 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. PERSONAL INFORMATION YES NO 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?

Page 70 **ORGANIZER** 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. RETIREMENT PLANS YES NO Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you transfer or rollover any amount from one retirement plan to another retirement plan? **EDUCATION** Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? ITEMIZED DEDUCTIONS Did you incur a loss because of damaged or stolen property? Did you work out of town for part of the year? Did you use your car on the job (other than to and from work)? **ESTIMATED TAXES** Did you apply an overpayment of 2022 taxes to your 2023 estimated tax (instead of being refunded)? If you have an overpayment of 2023 taxes, do you want the excess applied to your 2024 estimated tax (instead of being Do you expect your 2024 taxable income and withholdings to be different from 2023? **MISCELLANEOUS** Do you want to allocate \$3 to the Presidential Election Campaign Fund? Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? May the IRS discuss your tax return with your preparer? 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?

Page 71 **ORGANIZER Miscellaneous Questions (continued)** US 2023 1040 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. MISCELLANEOUS (continued) YES NO Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? Was your home rented out or used for business? 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? Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? 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? Did you engage the services of any household employees? Were you notified or audited by either the Internal Revenue Service or the State taxing agency? Did you or your spouse make any gifts to an individual that total more than \$17,000, or any gifts to a trust? Did your bank account information change within the last twelve months? 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	Did your r	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?			
		Were there any changes in dependents?			
		Did you and your dependents have health care coverage for the full-year?			
		Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.			
		Did you receive unreported tip income of \$20 or more in any month?			
		Did you receive any disability income?			
		Did you buy or sell any stocks, bonds or other investment property?			
		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 re	eceive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?		
		Did you tr	ransfer or rollover any amount from one retirement plan to another?		
		Did you co	onvert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?		
		Did you, y vocationa	your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or I school?		
		Did you in	ncur a loss because of damaged or stolen property?		
		Did you u	se your car on the job (other than to and from work)?		
		May the II	RS discuss your tax return with your preparer?		
		Was your	home rented out or used for business?		
		Were you	notified or audited by either the IRS or the State taxing agency?		
		At any tim	ne during the tax year, did you: receive or sell, exchange, gift, or otherwise dispose of digital asset?		

				3, 6
Please enter all pertinent 20 DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)	023 information.			
• •				
1=direct deposit of federal tax refund into bank account				
1=electronic payment of balance due		_		
1=state direct deposit				
1=state electronic payment of balance due				
BANK INFORMATION  Name of Bank  Percent to Deposit (xx.xx)  Routing Num	ber Account Nu	mber	Type of Account (Table 1)	Type of Invest. (Table 2)
				-
			I	1
2023 ESTIMATED TAX / 1040-ES (6)			2023	
Federal Amount Paid	Date Paid	TS	Voucher Am	ount
Overpayment applied from 2022				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated				
Additional Estimated Tax Payments		+		
·		_		
Paid with extension				
Former spouse SSN if joint estimates				
- come operate con a jame connacce				
State Amount Paid	Date Paid	TS	2023 Voucher Am	ount
Overpayment applied from 2022				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
		$\perp$		
Additional Estimated Tax Payments		-		
- Aymonio				
Paid with extension				
raid with extension				
1 Type of Account 2				
Type of Account	Type of Investment			
1 = Savings 1 = Checking or sav 2 = Checking 2 = Taxpayer's IRA	(next year limits) 7 = Other	savings acco	` '	
3 = Spouse's IRA (r 4 = Health savings		's IRA (curren IRA (current		
5 = Archer MSA				

2023	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
			Please enter all pertinent 2023 information.	
APPI	LICATION	I OF 2023	OVERPAYMENT (7.1)	
	ave an overpa olease explain	۸.	3 taxes, do you want the excess refunded? or applied to 2024 estimate?	
2024	ESTIMA	TED TAX	INFORMATION	
Do you	expect your 2	024 taxable in	come to be different from 2023? Yes	No
			ng to be different from 2023? Yes	No
	explain any d	merences:		
				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)

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

## PENSIONS, IRA DISTRIBUTIONS (13.1)

ı			Distri	butio	n coo	le # 2	2	0	Tarrable	Tax W	ithheld	Value of	
	No.	Name of Payer	Distribution code # 1  1=IRA/SEP/SIMPLE  1=spouse		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Federal (Box 4)	State (Box 14)	Value of all IRAs at 12/31/23	2022 Distribution			
I													
I													
ı													

#### **GAMBLING WINNINGS (W-2G) (13.2)**

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

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

(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)**

	Name of Payer	1 toynovor		Interest Income		Tax-Exem	pt Interest	Early	
No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	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	Withdrawal Penalty (Box 2)	2022 Interest
$\overline{}$			•						

## **DIVIDEND INCOME (12)**

		1_taypayor		Di	vidend Incor	ne		Tax-Exem	pt Interest	Foreign	
No.	Name of Payer	2=spouse	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.)	Foreign Tax Paid (Box 7)	2022 Dividends
	1		1		ı		1	I	1		

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 Amo	unt	2022 Amount			
	Taxpayer	Spouse	Taxpayer	Spouse		
Social security benefits (SSA-1099, box 5)						
Medicare premiums paid (SSA-1099)						
=treat Medicare premiums paid as SE health ins.						
ier 1 RR retirement benefits (RRB-1099, box 5)						
=lump-sum election for SS benefits						
Alimony received						
Faxable scholarships and fellowships						
lury duty pay						
Household employee income not on W-2						
Excess minister's allowance						
Alaska permanent fund dividends						
ncome from rental of personal property						
Activity not engaged in for profit income						
Olympic & Paralympic medals & USOC prize money						
Prizes and awards						
<u> </u>						
Stock Options						
Strike or lockout benefits (other than bona fide gifts)						
Non-tuition fellowship and stipend payments entered above to nclude as taxable compensation for IRA purposes						
Nages earned while incarcerated not on W-2						
her income (1099-MISC, box 3, 8)						
	<u>'</u>		,			
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						
	L					
TAX WITHHELD (not entered elsewhere)						
Federal income tax withheld						
State income tax withheld						
	-					
Local income tax withheld		l l				

				1490 / 0
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)

	OTMENT COM ENGATION (FOR 1039-0)	2023 1099-G Amount	
	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)		
No.	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)		
	, , , , , , , , , , , , , , , , , , , ,		
	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)		
NI.	.		
NO.	RTAA payments (Box 5)		
No.	RTAA payments (Box 5)		
NO.	Taxable grants:		
NO.	Taxable grants:  Federal taxable amount (Box 6)		
No.	Taxable grants:  Federal taxable amount (Box 6)		
NO.	Taxable grants:  Federal taxable amount (Box 6)  State taxable amount, if different  Farm amounts:		
NO.	Taxable grants:  Federal taxable amount (Box 6)  State taxable amount, if different  Farm amounts:  Agriculture payments (Box 7)		
NO.	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		
NO.	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)		
NO.	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		
NO.	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)		

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 AN	D QTP'S (Form 1099-Q)	2023 Amount	2022 Amount
	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)		
No.	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		
	Name of account		
	Name of payer		
	1=spouse.		
	Qualified expenses:		
No.	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		
	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)		
No.	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)		
	Boole in this FCA as of 10/01/00		
	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.

ADLL DIO	RIBUTIONS / CONTRIBUTIONS	2023 Amount	2022 Amount
	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
No.	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		
	Lamings on excess contributions		
	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
No.	Earnings (2)		
	Basis (3)		
NO.	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		
	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
No.	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		

GENERAL  Principal busines Principal busines Principal busines Business name, Business address City, if different f State, if different g State, if differ	INFORM ss/profession ss code if different fr ss, if different from Form 10 t from Form erent from Form de dide dide nod: 1=cash, d: 1=cost, 2= entory metho nt C filed for th m(s) 1099, did y self-employn rially participa	ertinent 2023 amounts.  IATION  Description of the producing facting income producing facting in	1099: 1= yes, 2= no	as are provided for	your reference.
GENERAL  Principal busines Principal busines Business name, Business address City, if different f State, if different g ZIP code, if different ZIP code, if different Toreign region Foreign postal coor Foreign country . Employer identification Cother accounting  Accounting meth Inventory method 1=change of invent 1=spouse, 2=join 1=first Schedule If required to file Forn 1=not subject to 1=did not "mater 1=personal servin 1=investment 1=minister's Sch 1=single member 1=trader in finance INCOME  Gross receipts on Returns and allow Other income:  COST OF C Inventory at begin Purchases Cost of items for Cost of labor Materials and support of the survey and survey and survey and support of the survey and survey and survey and survey and survey and	INFORM ss/profession ss code if different fr ss, if different from Form 10 t from Form erent from Form de dide dide nod: 1=cash, d: 1=cost, 2= entory metho nt C filed for th m(s) 1099, did y self-employn rially participa	ATION  Dom Form 1040	1099: 1= yes, 2= no	is are provided for	your reference.
Principal busines Principal busines Principal busines Business name, Business address City, if different of State, if different ZIP code, if different Foreign region Foreign postal coo Foreign country . Employer identificonter accounting Accounting method Inventory method I=change of inventance of inventa	ss/profession ss code if different fr ss, if different from Form 10 t from Form 5 erent from Form de ication numb g method nod: 1=cash, d: 1=cost, 2= entory metho nt C filed for th m(s) 1099, did y self-employn rially participa	pom Form 1040	1099: 1= yes, 2= no		
Principal busines Business name, Business address City, if different f State, if different g State, if differe	ss code if different from set, if different from Form 10 trom Form 10 trom Form form form from 1 = cash, d: 1 = cash, d: 1 = cash, d: 1 = cost, 2 = entory methont	pom Form 1040	1099: 1= yes, 2= no		
Business name, Business address City, if different f State, if different z IP code, if different ZIP code, if different Foreign region Foreign postal coor Foreign country . Employer identific Other accounting Accounting meth Inventory method 1=change of invent 1=spouse, 2=join 1=first Schedule If required to file Forn 1=not subject to 1=did not "mater 1=personal servin 1=investment 1=minister's Sch 1=single member 1=trader in finance INCOME Gross receipts on Returns and allow Other income:  COST OF C Inventory at begin Purchases Cost of items for Cost of labor Materials and sup	if different from sets, if different from Form 10 trom	pm Form 1040	1099: 1= yes, 2= no		
Business address City, if different f State, if different f State, if different ZIP code, if different ZIP code, if different Foreign region Foreign postal coor Foreign country Employer identifich Other accounting Accounting method 1=change of invent 1=change of invent 1=spouse, 2=join 1=first Schedule If required to file Forn 1=not subject to 1=did not "mater 1=personal servin 1=investment 1=minister's Sch 1=single member 1=trader in finance INCOME Gross receipts on Returns and allow Other income:  COST OF C Inventory at begin Purchases Cost of items for Cost of labor Materials and supplied to the supplied	is, if different from Form 10 t from Form erent from For de	from Form 1040	1099: 1= yes, 2= no		
City, if different f State, if different f State, if different ZIP code, if different ZIP code, if different Foreign region Foreign postal coo Foreign country . Employer identification Other accounting Accounting meth Inventory method 1=change of inventage of i	from Form 10 t from Form rent from Form de	2=accrual elower cost/market, 3=other disbusiness ou or will you file all required Form(s) nent tax ate"	1099: 1= yes, 2= no		
State, if different ZIP code, ZIP code, ZIP code, if and zIP code, if different Z	t from Form for the rent from Form for the re	2=accrual elower cost/market, 3=other d is business ou or will you file all required Form(s) nent tax ate"	1099: 1= yes, 2= no		
ZIP code, if differ Foreign region Foreign postal coor Foreign country . Employer identification of the recounting meth Inventory method 1=change of inventage of inventag	rent from Formal control contr	2=accrual elower cost/market, 3=other d is business ou or will you file all required Form(s) nent tax	1099: 1= yes, 2= no		
Foreign postal coor Foreign postal coor Foreign country Employer identific Other accounting  Accounting meth Inventory method 1=change of invent 1=spouse, 2=join 1=first Schedule If required to file Forn 1=not subject to 1=did not "mater 1=personal service 1=investment 1=minister's Sch 1=single member 1=trader in finance INCOME  Gross receipts on Returns and allow Other income:  COST OF C Inventory at begin Purchases Cost of items for Cost of labor Materials and support identification Materials and support identification	de	2=accrual elower cost/market, 3=other d is business ou or will you file all required Form(s) nent tax	1099: 1= yes, 2= no		
Foreign country Employer identifi Other accounting Accounting meth Inventory method 1=change of inve 1=spouse, 2=join 1=first Schedule If required to file Fore 1=not subject to 1=did not "mater 1=personal service 1=investment 1=minister's Sch 1=single member 1=trader in finance INCOME Gross receipts on Returns and allow Other income:  COST OF C Inventory at begin Purchases Cost of items for Cost of labor Materials and sup	ication numb g method  nod: 1=cash, d: 1=cost, 2= entory metho nt C filed for th rm(s) 1099, did y self-employn rially participa	2=accrual	1099: 1= yes, 2= no		
Employer identification Other accounting meth Inventory method 1=change of inventory method 1=spouse, 2=join 1=first Schedule If required to file Ford 1=not subject to 1=did not "mater 1=personal servide 1=investment	ication numb g method  nod: 1=cash, d: 1=cost, 2= entory metho nt C filed for th rm(s) 1099, did y self-employr rially participa	2=accrual	1099: 1= yes, 2= no		
Accounting meth Inventory method 1=change of inventory method 1=spouse, 2=join 1=first Schedule If required to file Formation 1=not subject to 1=did not "mater 1=personal servination 1=investment	g method  nod: 1=cash, d: 1=cost, 2= entory metho nt C filed for th rm(s) 1099, did y self-employr rially participa	2=accrual	1099: 1= yes, 2= no		
Accounting meth Inventory method 1=change of inventory 1=spouse, 2=join 1=first Schedule If required to file Forn 1=not subject to 1=did not "mater 1=personal servin 1=investment 1=minister's Sch 1=single member 1=trader in finance INCOME Gross receipts or Returns and allow Other income:  COST OF C Inventory at begin Purchases Cost of items for Cost of labor Materials and supports  Materials and supports  Technique 1=change of inventory 1=chang	nod: 1=cash, d: 1=cost, 2= entory metho nt	2=accrual	1099: 1= yes, 2= no		
Inventory method 1=change of inventory inventory in the service of	d: 1=cost, 2= entory metho nt	elower cost/market, 3=other d	1099: 1= yes, 2= no		
Inventory method 1=change of inventory method 1=spouse, 2=join 1=first Schedule If required to file Forn 1=not subject to 1=did not "mater 1=personal service 1=investment 1=minister's Sch 1=single member 1=trader in finance INCOME Gross receipts on Returns and allow Other income:  COST OF C Inventory at beging Purchases Cost of items for Cost of labor Materials and supports  Materials and supports  1=first Schedule 1=first Schedul	d: 1=cost, 2= entory metho nt	elower cost/market, 3=other d	1099: 1= yes, 2= no		
1=change of invertible 1=spouse, 2=join 1=first Schedule If required to file Ford 1=not subject to 1=did not "mater 1=personal service 1=investment 1=minister's Schedule 1=trader in finance INCOME  Gross receipts on Returns and allow Other income:  COST OF Convertible 1=trader in finance Income:  COST OF Convertible 1=trader	entory methont	d	1099: 1= yes, 2= no		
1=first Schedule If required to file Forn 1=not subject to 1=did not "mater 1=personal servin 1=investment 1=minister's Sch 1=single member 1=trader in finance INCOME Gross receipts of Returns and allow Other income:  COST OF C Inventory at begin Purchases Cost of items for Cost of labor Materials and support to the subject of the subjec	C filed for the m(s) 1099, did y self-employn rially participa	is business ou or will you file all required Form(s) nent tax ate"	1099: 1= yes, 2= no		
If required to file Form 1=not subject to 1=did not "mater 1=personal servin 1=investment 1=minister's Sch 1=single member 1=trader in finance INCOME Gross receipts of Returns and allow Other income:  COST OF C Inventory at begin Purchases Cost of items for Cost of labor Materials and support to the subject of the subject	m(s) 1099, did y self-employn rially participa	ou or will you file all required Form(s) nent tax	1099: 1= yes, 2= no		
1=not subject to 1=did not "mater 1=personal servii 1=investment 1=minister's Sch 1=single membel 1=trader in finance INCOME Gross receipts or Returns and allow Other income:  COST OF C Inventory at begi Purchases Cost of items for Cost of labor Materials and su	self-employn	nent taxte"			
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1=personal servin 1=investment 1=minister's Sch 1=single member 1=trader in finance INCOME Gross receipts on Returns and allow Other income:  COST OF C Inventory at begin Purchases Cost of items for Cost of labor Materials and suppose the servine ser					
1=minister's Sch 1=single member 1=trader in finance INCOME Gross receipts or Returns and allow Other income:  COST OF C Inventory at beging Purchases Cost of items for Cost of labor Materials and support of the single purchase and support of the si		naterial income producing lac-			
1=single member 1=trader in finance INCOME Gross receipts or Returns and allow Other income:  COST OF Conventory at beging Purchases					
1=trader in finance INCOME Gross receipts or Returns and allow Other income:  COST OF C Inventory at beging Purchases Cost of items for Cost of labor Materials and support in the second s					
Gross receipts or Returns and allow Other income:  COST OF Conventory at beging Purchases		lity company			_
COST OF C Inventory at beging Purchases Cost of items for Cost of labor Materials and sulfate of Returns and allow of Returns and allow of Returns of Retu	ial instrumen	s or commodities			
COST OF C Inventory at begi Purchases Cost of items for Cost of labor Materials and sulport				2023 Amount	2022 Amount
COST OF C Inventory at begi Purchases Cost of items for Cost of labor Materials and su	r sales (Form	1099-NEC)			
COST OF Converted to the converted to th	wances				
Inventory at beging Purchases					
Inventory at beging Purchases					
Inventory at beging Purchases					
Inventory at beging Purchases					
Purchases Cost of items for Cost of labor Materials and su	GOODS	SOLD			
Cost of items for Cost of labor Materials and su	inning of the	year			
Cost of labor Materials and su					
Materials and sup	•	9			
Other costs:	Philog				
Inventory at and					
inventory at end	of the very				

2023	1040	US	Business Income (Schedule (	C) (cont.	)   1	No.	16 g	2

Please enter all pertinent 2023 amounts.	Last year's amounts	are provided for y	our reference
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2023	1040	US	Capital Gains & Losses	(Schedule D)	)
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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)
	1	1		ı	I	ı			17

**17** 

					-
2023	1040	US	Installment Sales (Form 6252)	17 n2	

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

HIUH TEA	AR INSTALLMENT SALE	2023 Amount	2022 Amount
	Description of property		
	Date acquired (m/d/y)		
No.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y)		
No.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y)		
No.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y)		
No.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y)		
No.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y)		
No.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y)		
No.	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
LULU	1070		Duic of Hottic & Moving Expenses	

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.

escription of property (Box 3)	
ate acquired (m/d/y)	
ate sold (m/d/y) (Box 1)	
ales price (Box 2)	
-sale of home	
owned and used property as main home for at least 2 of 5 years before sale	
-first-time homebuyer credit was previously taken on this home	
=business use in year of sale	
umber of days after December 31, 2008 that home was not used as principal residence	
djusted Basis	
riginal cost	
nprovements:	
·	
djusted basis	
expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)	
otal expenses of sale	
educed Exclusion  ease complete the following information if due to a change in health, place of employment, or unforeseen bid not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances ays used as main home - taxpayer ays used as main home - spouse.  ays property owned - taxpayer	
educed Exclusion  ease complete the following information if due to a change in health, place of employment, or unforeseen on the sale of another home after May 6 excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances ays used as main home - taxpayer ays used as main home - spouse ays property owned - taxpayer ays property owned - spouse.	
deduced Exclusion  lease complete the following information if due to a change in health, place of employment, or unforeseen to Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances ays used as main home - taxpayer ays used as main home - spouse ays property owned - taxpayer ays property owned - spouse.  **NOVING EXPENSES (27)* (If you are a member of the Armed Forces and moved due to a permit	
Reduced Exclusion  lease complete the following information if due to a change in health, place of employment, or unforeseen of Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances ays used as main home - taxpayer ays used as main home - spouse.  ays property owned - taxpayer ays property owned - spouse.  ### ANOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permisspouse, 2=joint.	
educed Exclusion  ease complete the following information if due to a change in health, place of employment, or unforeseen of the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances as used as main home - taxpayer as used as main home - spouse as property owned - taxpayer as property owned - spouse.  **IOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permissions, 2=joint. **Espouse, 2=joint.** **Espouse of Station**	
educed Exclusion  ease complete the following information if due to a change in health, place of employment, or unforeseen bid not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances are used as main home - taxpayer are used as main home - spouse are property owned - taxpayer are property owned - taxpayer are property owned - spouse.  **IOVING EXPENSES (27)* (If you are a member of the Armed Forces and moved due to a permanent forces move due to permanent change of station iteles from old home to new work place.	
Reduced Exclusion  lease complete the following information if due to a change in health, place of employment, or unforeseen point of not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances ays used as main home - taxpayer ays used as main home - spouse ays property owned - taxpayer ays property owned - taxpayer ays property owned - spouse  MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permission of the permission of t	anent change in station)
deduced Exclusion  lease complete the following information if due to a change in health, place of employment, or unforeseen in Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances as used as main home - taxpayer.  as used as main home - spouse as property owned - taxpayer as property owned - spouse.  **ROVING EXPENSES (27)* (If you are a member of the Armed Forces and moved due to a permission of the permissio	anent change in station)
deduced Exclusion  lease complete the following information if due to a change in health, place of employment, or unforeseen in Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances as an ani home - taxpayer as used as main home - spouse as property owned - taxpayer as property owned - spouse  **ROVING EXPENSES (27)** (If you are a member of the Armed Forces and moved due to a permission of the forces move due to permanent change of station itles from old home to new work place appears for transportation and storage of household goods and personal effects adding and travel (excluding meals):	anent change in station)
Reduced Exclusion  lease complete the following information if due to a change in health, place of employment, or unforeseen place of policy place of employment, or unforeseen place of the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances as ays used as main home - taxpayer asys used as main home - spouse asys property owned - taxpayer asys property owned - spouse  MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permission of the permission of the permission of the permission of the forces of the permission of the permission of the forces of the permission of the permi	anent change in station)
Reduced Exclusion  lease complete the following information if due to a change in health, place of employment, or unforeseen of Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances ays used as main home - taxpayer ays used as main home - spouse ays property owned - taxpayer ays property owned - spouse  MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permespouse, 2=joint earmed forces move due to permanent change of station liles from old home to new work place axpenses for transportation and storage of household goods and personal effects bodging and travel (excluding meals):  Lodging and travel (excluding automobile) Parking fees and tolls.	anent change in station)
Reduced Exclusion  lease complete the following information if due to a change in health, place of employment, or unforeseen in Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6 excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances as an ani home - taxpayer as used as main home - spouse as property owned - taxpayer as property owned - spouse  **ROVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permission of the permission of the description of the permission of the forces and moved due to a permission of the forces move due to permanent change of station itselfs from old home to new work place appears for transportation and storage of household goods and personal effects another to description of the permission o	anent change in station)

	1040		, , , , , , , , , , , , , , , , , , , ,		
	Please ent	ter all perti	nent 2023 amounts. Last year's amounts are provided for	your reference	•
GEN	NERAL IN	FORMAT	TION 2023 Amount	2022 Amou	ınt
Description of property		rty		Type of Pro	norty
Street	address				-
City				1 = Single Family F	
State.				3 = Vacation/ Short	
ZIP co	ode			4 = Commercial 5 = Land	
Туре	of property (se	e table)		6 = Royalties 7 = Self-Rental	
Other	type of proper	ty		/ = Sell-helital	
Numb	er of days rent	ted			
Percent	age of ownership	г			
if not 10 Percent	20% (.xxxx) age of tenant occu	pancy	1=did not actively participate		
		F	1=real estate professional		
	ouse, 2=joint	F	1=rental other than real estate		
1-nonn	alified joint ven assive activity,	F	1=investment		
2=passi	ve royalty		liability company		
If requ	uired to file For	rm(s) 1099, di	d you or will you file all required Form(s) 1099: 1=yes, 2=no		
INC	OME		2023 Amount	2022 Amou	ınt
Rents	or royalties re	ceived			
NOTE Adver Assoc Auto a	E: Direct exper tising iation dues and travel (not	entered elsew	ed only to the rental activity. These include rental agency fees, advertising,	and office supplies.	
NOTE Adver Assoc Auto a Clean	E: Direct exper tising siation dues and travel (not ing and mainte	entered elsew	vhere)	and office supplies.	
Adver Assoc Auto a Clean	E: Direct exper tising ilation dues and travel (not ing and mainte nissions	entered elsew	vhere)	and office supplies.	
Advert Associ Auto a Clean Comm Garde	E: Direct experitising	entered elsew	vhere)	and office supplies.	
Adver Assoc Auto a Clean Comm Garde Insura	E: Direct exper tising	entered elsew	vhere)	and office supplies.	
Adver Assoc Auto a Cleani Comm Garde Insura Legal	E: Direct expertising	entered elsewenance	vhere)	and office supplies.	
Adver Associ Auto a Cleani Comm Garde Insura Legal Licens	E: Direct experitising	entered elsewenance	vhere)	and office supplies.	
Advert Assoct Auto a Cleani Comm Garde Insura Legal Licens Manag	E: Direct experitising	entered elsewenance	vhere)	and office supplies.	
Advertassocial Auto a Cleani Commingarde Insura Legal Licens Manag	E: Direct experitising	entered elsewenance	vhere)	and office supplies.	
Adver Associ Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga	E: Direct experitising	entered elsewenance	vhere)	and office supplies.	
Adver Associated and a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other	E: Direct experitising	entered elsewenance	vhere)	and office supplies.	
Adver Associ Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Painti	E: Direct experitising	entered elsewenance	vhere)	and office supplies.	
Adver Assoc Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Paintii	E: Direct experitising	entered elsewenance	vhere)  etc.)	and office supplies.	
Adver Associated Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Painti Pest o	E: Direct experitising	entered elsewenance	vhere)	and office supplies.	
Adver Associated Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Painti Pest of Plumb Repai	E: Direct experitising	entered elsewenance	vhere)	and office supplies.	
Adver Associated Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Painti Pest of Plumb Repail	E: Direct experitising	entered elsewenance	vhere)  etc.)  nere)	and office supplies.	
Adver Associated Auto a Cleani Comm Garde Insura Legal Licens Manage Mortga Exces Other Painti Pest of Plumb Repail Suppl Taxes	E: Direct experitising	entered elsewenance	vhere)  etc.)  nere)	and office supplies.	
Adver Associated Adverse Associated Adverse Associated	E: Direct experitising	entered elsewerance	vhere)  etc.)  eere)	and office supplies.	
Adver Associated Auto a Cleania Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Paintia Pest of Plumb Repair Suppl Taxes Taxes	E: Direct experitising	entered elsewerance	vhere)  etc.)  eere)	and office supplies.	
Adver Associated Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Painti Pest of Plumb Repai Suppl Taxes Taxes Teleph Utilitie	E: Direct expertising	entered elsewenance	vhere)  etc.)  ere)  ere)	and office supplies.	
Adver Associated Adver Associated Adver Associated Auto a Cleani Comm Garde Insura Legal Licens Manage Mortga Excess Other Painti Pest of Plumb Repair Suppl Taxes Taxes Teleph Utilitie Wages	E: Direct experitising	entered elsewenance	vhere)  etc.)  eere)	and office supplies.	
Adver Associated Auto a Cleaning Comment of	E: Direct experitising	entered elsewenance	vhere)  etc.)  ere)  ere)	and office supplies.	
Adver Associated Adver Associated Adver Associated Auto a Cleani Comm Garde Insura Legal Licens Manage Mortga Excess Other Painti Pest of Plumb Repair Suppl Taxes Taxes Teleph Utilitie Wages	E: Direct experitising	entered elsewenance	vhere)  etc.)  ere)  ere)	and office supplies.	
Adver Associated Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Exces Other Painti Pest o Plumb Repai Suppl Taxes Taxes Telepl Utilitie Wages	E: Direct experitising	entered elsewenance	vhere)  etc.)  ere)  ere)	and office supplies.	

23	1040	US	Rental & Royalty Incom-	e (Sch.	E) (cont.)	No.	18 <sub>p2</sub>	
Pleas	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.							
GEN	NERAL IN	IFORMAT	TION					
Foreig	n postal code	)						
OIL	AND GA	S		200	2 Amount	2022 Amer		
Cost d Percei State	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)				3 Amount	2022 Amou	nt	
PER	RSONAL	USE OF [	OWELLING UNIT (INCLUDING	VACAT	ION HOME)			
Numb	er of days pe	rsonal use	al method elected)		,			
IND	IRECT EX	XPENSES	<b>3</b>					
NOTE	:Indirect exp These inclu	enses are rela de repairs, ins	ted to operating or maintaining the dwelling urance, and utilities.	unit.				
Assoc Auto a Cleani Comm Garde Insura Legal Licens Manac Miscel Mortga Exces Other Paintin Pest c Plumb Repain Suppli Taxes Taxes Teleph	iation dues and travel (no ing and maint nissions ning and profession ses and permi gement fees. Illaneous age interest (not ing and decora control bing and elect rs real estate other (not en	t entered elsevienance	etc.) nere)					
Other:								
-								

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.							
GEI	NERAL IN	IFORMA	TION					
	pal product oyer ID numbe							
Account 1=sport 1=far 1=crount 1=did	unting method buse, 2=joint. m rental (Forn of rental proport p insurance p ired to file Form(s not "materiall	: 1=cash, 2=a 	tal only): 1=land, 2=self-rental, 3=other on will you file all required Form(s) 1099: 1= yes, 2= no (Schedule F only)	-				
1=rea 1=sin	l estate profes gle member li	ssional (farm mited liability	rm rental only)	_				
	RM INCOI		x) (Faim Fental Only)					
Cash S C	method: ales of livesto ost or basis of	ck and other r	esale items	2022 Amour	nt			
Accru S B C	al method: ales of livesto eginning inver ost of livestoc	ck, produce, entory of livesto k, etc. purcha	sed					
Other To To	farm income: otal cooperativ axable cooper otal agricultura	ve distribution ative distributi al program pa	ons					
Ti Ti C	otal conservat axable conser ommodity cred	ion reserve pr vation reserve dit loans repor	payments (other than CRP)  ogram payments  program payments  ted under election					
T: T: T:	axable commo otal crop insur axable crop in	odity credit loa ance proceed surance proce	forfeited or repaid					
			eds deferred from 2022	<u> </u>				

23	1040	US	Farm Income (Sch. F/Form	4835) (cont.)	No.	19
FΔF	Please en	-	tinent 2023 amounts. Last year's amou	nts are provided for y	our reference.	
	income:	/IL (0011)	aca)	2023 Amount	2022 Amount	
<b>C</b> 1 <b>C</b> .				2020 Amount	ZOZZ AMOGIIC	
•						
			-			
FAF	RM EXPE	NSES				
Car ar	nd truck exper	ises (not ent	ered elsewhere)			
Chem	icals					
Conse	ervation expen	ses				
	,	,				
_	-					
			s, etc.)			
			vhere)			
Pensi	on and profit s	haring - con	tributions			
Pensi	on and profit s	haring plans	s - admin. and education costs			
		-	equipment (not entered elsewhere)			
			)			
			ine			
			expenses (also enter below)			
Other	expenses:					
,						
•						

19 <sub>p2</sub>

**ORGANIZER** Partnership and S corporation Information US 20.1,20.2 1040 2023 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

ORGANIZER					Page 91
2023	1040	US	Estate or Trust and REI	MIC Information	20.3,20.4
FST	ATE OR T		se add, change or delete 2023 info Be sure to attach all Schedule K FORMATION (20.3)	ormation as appropriate. -1s and Schedule Qs.	
LOTA	AIL OIL I	11031 111	1 OTTIVIA 11014 (20.3)	Faralassa	Tau Chaltar
No.	Name of Estate or Trust			Employer Identification Number	Tax Shelter Registration Number
REM	IC INFOR	RMATION	(20.4)		
No.			Name of REMIC		Employer Identification Number
·					<b> </b>
					20.3,20.4

T T				
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
	<u> </u>					

**Asset Acquisition List** US 1040 **22** <sub>p2</sub> 2023

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.

		Dolotod	Preparer Use Only		Date Placed	Cost	Preparer Use Only		
No.	Description of Property	Related Business or Activity	Form	No. of Form	Category	Date Placed in Service	or Basis	Current Section 179	Method
								22	2 <sub>p2</sub>

GANIZER						Page
023	1040	US	Vehicle Expenses		No.	<b>22</b> <sub>p3</sub>
	Please en	ter all pert	inent 2023 amounts. Last year's amo	unts are provided fo	or your reference.	
GE	NERAL IN	IFORMA <sup>.</sup>	TION	2023 Amount	2022 Amount	
Desc	ription of vehic	ele		2023 Amount	2022 Amount	
	•		eduction			
			your deduction			
			personal use			
			or personal use			
			e than 5% owner			
Numb	oer of months	of business u	se if changed from 100% personal use			
Busir Comr	ness mileage muting mileage	e (for the tax	year)			
	TUAL EXI	·				
Parki	ng fees and to	lls (business	portion only)			
Gaso	line, lube, oil.		·			
Insur	ance					
Misce	ellaneous					
Auto	license (other	than persona	I property taxes)			
			on car's value)			
Intere	est (car loan) (	for Schedule	C, E & F)			

Vehicle rent or lease payments..... Value of employer-provided vehicle on Form W-2 (2106) .....

<u> Page 9</u>5

1040 US Adjustments to Income

2	4	

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

TRADITIONAL IDA CONTRIBUTIONE	2023 Amount		2022 Amo	ount
TRADITIONAL IRA CONTRIBUTIONS	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				
ROTH IRA CONTRIBUTIONS				
Roth IRA contributions you made or expect to make (1=maximum) (\$6,500/\$7,500 if 50 or older)	(KEOCH)			
SEP, SIMPLE AND QUALIFIED PLANS	(KEUGH)			
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)				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
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				
Long-term care premiums				
Attorney fees and court costs paid in connection with an IRS award for information on tax law violations				
Reforestation amortization and expenses				
Expenses from rental of personal property				

JNGANIZEN				Page 90
2023	1040	US	Adjustments to Income	<b>24</b> 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

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.	2023 Amount	TS	2022 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/ pre-tax dollars)			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses.			
Medical miles driven			
modical miles arren			
Other medical and dental expenses:			
'			
-			
TAVEC DAID			
TAXES PAID (State and local withholding and 2023 estimates are at	utomatic.)		
State income taxes - 1/23 payment on 2022 state estimate			
State income taxes - paid with 2022 state return extension			
State income taxes - paid with 2022 state return			
State income taxes - paid for prior years and/or to other state			
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			
SALES AND USE TAXES PAID			
State and local sales taxes (except autos and special items)			
Use taxes paid on 2023 purchases			
Use taxes paid with 2022 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			
Cales tax on boats, and all, other special flems			
OTHER TAXES PAID			
Real estate taxes - principal residence:			
Treal estate taxes - principal residence.			
Deal setate terres their few investments.			
Real estate taxes - held for investment :			
,			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)			
Foreign income taxes			
Other taxes:			

2023 1040 US Itemized Deductions (continued) 25 p2

Home mortgage interest not reported on Form 1098:  Payee's SSN or FEIN	2023 Amount	TS	2022 Amount
Payee's name			
Payee's name		1	i .
Payee's name			
Payee's name			
Pavee's SSN or FEIN			
Payee's street address			
Payee's city			-
Payee's state			-
Payee's ZIP code			
Payee's region			
Payee's postal code			
Payee's country			
Amount paid			
oints not reported on Form 1098:			-
·			
assive interest.			
NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loans CASH CONTRIBUTIONS	home are deductible over the s.	e life of	the mortgage.
NOTE: No deduction is allowed for cash or check contributions unless the d from the donee, showing the name of the organization, contribution	lonor maintains a bank recor date(s), and contribution am	d, or a ount(s).	written communication
hurches, schools, hospitals, and other charitable organizations (60% limital Contributions by cash or check:	tion):		
Volunteer expenses (out-of-pocket)			
Number of charitable miles			
eterans' organizations, fraternal societies, nonprofit cemeteries, and certain Contributions by cash or check:	n private nonoperating found	lations	(30% limitation):
		+	
		-	
			<u> </u>
		l	

**25** <sub>p2</sub>

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 to	otal noncash	contributions ar	e over \$500.	No deduction	is allowed	for contribution	ons of clothing	and household	items
that	are not in ac	ood used con	dition or better.	In addition.	a deduction f	or any item	with minimal	monetary vali	le may be denie	ed.

6 limitation (see above):	2023 Amount	TS	2022 Amount
_			
limitation (see above):			
capital gain property (gifts of capital gain property to 50% limit orgs.):			
capital gain property (gifts of capital gain property to non-50% limit orgs.	):	· ·	
ATE MISC. DEDS. IF NON-CONFORMING TO TA	X CU13 & JUB3	ACI (SI	ubiect to 2% AGI limit)
TATE MISC. DEDS. IF NON-CONFORMING TO TA on and professional dues	X CUIS & JUBS	ACT (SI	ubject to 2% AGI limit)
on and professional dues		ACT (SI	ubject to 2% AGI limit)
on and professional dues		ACT (st	ubject to 2% AGI limit)
on and professional dues		ACT (st	ubject to 2% AGI limit)
on and professional dues		ACT (st	ubject to 2% AGI limit)
on and professional dues		ACT (SI	ubject to 2% AGI limit)
on and professional dues		ACT (SI	ubject to 2% AGI limit)
on and professional dues		ACT (SI	ubject to 2% AGI limit)
on and professional dues		ACT (SI	ubject to 2% AGI limit)
on and professional dues		ACT (SI	ubject to 2% AGI limit)
on and professional dues		ACT (SI	ubject to 2% AGI limit)
		ACT (SI	ubject to 2% AGI limit)
on and professional dues			ubject to 2% AGI limit)
er unreimbursed employee expenses (uniforms and protective clothing, fessional subscriptions, employment agency fees, and certain edu. expense estment expense:			ubject to 2% AGI limit)
er unreimbursed employee expenses (uniforms and protective clothing, ressional subscriptions, employment agency fees, and certain edu. expense estment expense:  return preparation fee e deposit box rental			ubject to 2% AGI limit)
er unreimbursed employee expenses (uniforms and protective clothing, ressional subscriptions, employment agency fees, and certain edu. expense estment expense:			ubject to 2% AGI limit)
er unreimbursed employee expenses (uniforms and protective clothing, ressional subscriptions, employment agency fees, and certain edu. expense estment expense:			ubject to 2% AGI limit)
er unreimbursed employee expenses (uniforms and protective clothing, fessional subscriptions, employment agency fees, and certain edu. expense estment expense:			ubject to 2% AGI limit)
er unreimbursed employee expenses (uniforms and protective clothing, fessional subscriptions, employment agency fees, and certain edu. expense estment expense:			ubject to 2% AGI limit)
on and professional dues			ubject to 2% AGI limit)

2023	1040	US	Itemized Deductions (continued)	25 n4
------	------	----	---------------------------------	-------

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

OTHER MISCELLANEOUS DEDUCTIONS	2023 Amount	тѕ	2022 Amount
state tax, section 691(c)			
ther miscellaneous deductions:			
	_		
	_		

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.

_	2023 Amount	TS	2022 Amount
Fair market value of the property on the date that the last debt was secured .			
lome acquisition and grandfather debt on the date that the last debt was secured			
LOAN INFORMATION			
oan #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			
oan #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			
		<u> </u>	
Form  1 = Schedule A (defau 2 = Business use of h 3 = Schedule E			

**Itemized Deductions (continued)** US  $25_{\text{ p5 cont}}$ 2023 1040

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			
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	<u> </u>		

#### Form

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

2023 1040 US Noncash Contributions (Form 8283)

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.

No. Vel  City State ZIP c 1=spc Prope  Date Date How a Dono Fair r Metho  Name Street City State ZIP cc 1=spc Prope  No. Vel  Date Date Date Date And Date Date Date Date Date Date Date	e of charitable organization (donee)  et address  code	escribe)		
No. City State ZIP c 1=spc Prope  Date Date How a Dono Fair r Metho  Name Street City State ZIP cc 1=spc Prope  No. Vel Date a Date	code. couse, 2=joint. erty description (other than vehicle)  Identification number (VIN) Year (yyyy). Make and model. Condition and mileage. of contribution (m/d/y). acquired by donor (m/y). acquired by donor (Table 1 or describe). r's cost or basis. market value. od used to determine FMV (Table 2 or describe) and the describe of charitable organization (donee) and the description (other than vehicle).  Identification number (VIN)	escribe)		
No. Vel  Date Date How a Dono Fair r Metho  Name Street City State ZIP or 1=spor Prope  No. Vel  Date 1 Date 2 Date 3 Date 3 Date 3 Date 4 Date 3 Date 3 Date 3 Date 4 Date 4 Date 5 Date 5 Date 5 Date 6 Date 5 Date 6	code. couse, 2=joint. certy description (other than vehicle)  lidentification number (VIN) Year (yyyy) Make and model. Condition and mileage.  of contribution (m/d/y) acquired by donor (m/y) acquired by donor (Table 1 or describe) or's cost or basis. market value. od used to determine FMV (Table 2 or describe) of charitable organization (donee) that address.  ode. couse, 2=joint certy description (other than vehicle) Identification number (VIN)	escribe)		
No. Street City State ZIP con 1=spc Proper No. Vel	dode  ouse, 2=joint  erty description (other than vehicle)  ldentification number (VIN)  Year (yyyy)  Make and model  Condition and mileage  of contribution (m/d/y)  acquired by donor (m/y)  acquired by donor (Table 1 or describe)  r's cost or basis  market value  od used to determine FMV (Table 2 or describe)  e of charitable organization (donee)  t address  ode  ouse, 2=joint  erty description (other than vehicle)  Identification number (VIN)	escribe)		
No. State ZIP contains the street of the state of the	dode  ouse, 2=joint  erty description (other than vehicle)  ldentification number (VIN)  Year (yyyy)  Make and model  Condition and mileage  of contribution (m/d/y)  acquired by donor (m/y)  acquired by donor (Table 1 or describe)  r's cost or basis  market value  od used to determine FMV (Table 2 or describe)  e of charitable organization (donee)  t address  ode  ouse, 2=joint  erty description (other than vehicle)  Identification number (VIN)	escribe)		
No. Vel  Date Date How a Dono Fair r Metho  Street City State ZIP co 1=spc Prope  No. Vel  Date e Prope	ouse, 2=joint.  erty description (other than vehicle)  ldentification number (VIN)  Year (yyyy).  Make and model.  Condition and mileage.  of contribution (m/d/y).  acquired by donor (m/y).  acquired by donor (Table 1 or describe).  or's cost or basis.  market value.  od used to determine FMV (Table 2 or describe) and the description (done).  t address.  ode.  ouse, 2=joint.  erty description (other than vehicle)  Identification number (VIN)	escribe)		
No. Proper Vel	ldentification number (VIN)  Year (yyyy)	escribe)		
No. Date Date How a Dono Fair r Metho  Name Stree City State ZIP or 1=spo Prope No. Vel Date a Date	Identification number (VIN) Year (yyyy)	escribe)		
Date Date How a Dono Fair r Metho  Name Stree City State ZIP or 1=spo Prope  No. Vel Date a Date	hicle  Year (yyyy)  Make and model  Condition and mileage  of contribution (m/d/y)  acquired by donor (m/y)  acquired by donor (Table 1 or describe)  or's cost or basis  market value  od used to determine FMV (Table 2 or de  of charitable organization (donee)  t address  ode  ouse, 2=joint  erty description (other than vehicle)  Identification number (VIN)	escribe)		
Date Date How a Dono Fair r Metho  Name Stree City State ZIP or 1=spo Prope  No. Vel Date a Date	Make and model. Condition and mileage. of contribution (m/d/y) acquired by donor (m/y) acquired by donor (Table 1 or describe) . r's cost or basis. market value. od used to determine FMV (Table 2 or de e of charitable organization (donee) t address.  ode. ouse, 2=joint erty description (other than vehicle) Identification number (VIN)	escribe)		
Name Stree City State ZIP co 1=spc Prope Vel Date o	Condition and mileage	escribe)		
Name Stree City State ZIP co 1=spc Prope Vel Date o	of contribution (m/d/y)	escribe)		
Name Stree City State ZIP co 1=spc Prope Vel Date o	acquired by donor (m/y). acquired by donor (Table 1 or describe). r's cost or basis. market value. od used to determine FMV (Table 2 or de e of charitable organization (donee) t address.  ode. ouse, 2=joint erty description (other than vehicle) Identification number (VIN)	escribe)		
Name Street City State ZIP or 1=spo Prope	acquired by donor (Table 1 or describe) .  r's cost or basis	escribe)		
Name Street City State ZIP or 1=spor Prope	r's cost or basis market value od used to determine FMV (Table 2 or de e of charitable organization (donee) t address  ode ouse, 2=joint erty description (other than vehicle) Identification number (VIN)	escribe)		
Name Street City State ZIP or 1=spo Prope	market value.  od used to determine FMV (Table 2 or de e of charitable organization (donee) t address  ode  ouse, 2=joint erty description (other than vehicle) Identification number (VIN)	escribe)		
Name Street City State ZIP co 1=spo Prope Vel Date of	od used to determine FMV (Table 2 or de e of charitable organization (donee) t address  ode  ouse, 2=joint  erty description (other than vehicle)  Identification number (VIN)	escribe)		
Name Street City State ZIP co 1=spc Prope Vel Date of	of charitable organization (donee) t address  ode  ouse, 2=joint erty description (other than vehicle)  Identification number (VIN)			
Street City State ZIP ct 1=spc Prope Vel Date ct	ode  ouse, 2=joint  erty description (other than vehicle)  Identification number (VIN)			
Donoi Fair n	hicle  Year (yyyy)  Make and model  Condition and mileage  of contribution (m/d/y)  acquired by donor (m/y)  acquired by donor (Table 1 or describe)  r's cost or basis  market value  od used to determine FMV (Table 2 or describe)			
1		2		
- Ho	ow Property was Acquired	_	Method Used to Dete	-
1 = Puro 2 = Gift	1 - Evolundo	1 = App 2 = Thr		3 = Catalog 4 = Comparable sales
		F	For other methods, see	IRS Pub. 561.

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2023   1040   US   Business Use of Home (Form 8829)   No
--

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 inclupainting or repairs made to specific areas or rooms used for business.	de	
Markana (atawa)		
Mortgage interest		
Real estate taxes.		
Real estate taxes		
Real estate taxes		
Real estate taxes  Casualty losses  Insurance		
Real estate taxes Casualty losses Insurance Miscellaneous		
Real estate taxes Casualty losses Insurance Miscellaneous Rent		
Real estate taxes Casualty losses Insurance Miscellaneous Rent Repairs and maintenance		
Real estate taxes Casualty losses Insurance Miscellaneous Rent Repairs and maintenance Utilities		
Real estate taxes Casualty losses Insurance Miscellaneous Rent Repairs and maintenance Utilities Excess mortgage interest		
Real estate taxes  Casualty losses  Insurance  Miscellaneous  Rent  Repairs and maintenance  Utilities  Excess mortgage interest  Excess real estate taxes  Excess casualty losses		
Real estate taxes  Casualty losses  Insurance  Miscellaneous  Rent  Repairs and maintenance  Utilities  Excess mortgage interest  Excess real estate taxes		
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		
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		
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		

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.  ENERAL INFORMATION  cupation, if different from Form 1040.  Imm.  Imber of form (1=first Schedule C, 2=second, etc.)  Spouse.  Derformance artist, 2=handicapped, 3=fee-basis government official  Iminister's expenses  MPLOYEE BUSINESS EXPENSES  al expenses in full.  Imbursements for meals not on W-2, box 1  Department of Transportation (80% meal allowance)  Dat transportation (bus, taxi, train, etc.)  Inter business expenses:		US	Employee/Vehicle Bus. Exp. (Form 2106)	No.
cupation, if different from Form 1040.  cm.  mber of form (1=first Schedule C, 2=second, etc.) spouse.  cerformance artist, 2=handicapped, 3=fee-basis government official minister's expenses  MPLOYEE BUSINESS EXPENSES  al expenses in full. imbursements for meals not on W-2, box 1  Department of Transportation (80% meal allowance) cal transportation (bus, taxi, train, etc.) imbursements not included on Form W-2, box 1	Please er	nter all pert	inent 2023 amounts. Last year's amounts are provided for y	our reference.
mber of form (1=first Schedule C, 2=second, etc.) spouse. Derformance artist, 2=handicapped, 3=fee-basis government official minister's expenses  MPLOYEE BUSINESS EXPENSES al expenses in full imbursements for meals not on W-2, box 1 Department of Transportation (80% meal allowance) cal transportation (bus, taxi, train, etc.) avel expenses while away from home overnight imbursements not included on Form W-2, box 1	ENERAL II	NFORMA <sup>-</sup>	TION	
mber of form (1=first Schedule C, 2=second, etc.) spouse.  performance artist, 2=handicapped, 3=fee-basis government official minister's expenses  MPLOYEE BUSINESS EXPENSES  al expenses in full imbursements for meals not on W-2, box 1  Department of Transportation (80% meal allowance) cal transportation (bus, taxi, train, etc.) avel expenses while away from home overnight imbursements not included on Form W-2, box 1	cupation, if diffe	rent from Forn	n 1040	
al expenses in full.  imbursements for meals not on W-2, box 1  Department of Transportation (80% meal allowance)  cal transportation (bus, taxi, train, etc.)  avel expenses while away from home overnight imbursements not included on Form W-2, box 1	lumber of form (1= =spouse =performance arti	=first Schedule	e C, 2=second, etc.)	
al expenses in full. imbursements for meals not on W-2, box 1  Department of Transportation (80% meal allowance) cal transportation (bus, taxi, train, etc.) ivel expenses while away from home overnight imbursements not included on Form W-2, box 1	MPLOYEE	BUSINES	SS EXPENSES	2022 <b>∆</b> moun
	ocal transportation ravel expenses when deimbursements n	n (bus, taxi, tr hile away from ot included on	ain, etc.)	

30

23	1040	US	Vehicle Expenses (Form	2106) (cont.)	No.	30 p2
	Please en	ter all pert	inent 2023 amounts. Last year's am	ounts are provided for y	our reference.	
VEH	IICLE INF	ORMATI	ON	2023 Amount	2022 Amount	
1=veh	icle used prim	arily by more	than 5% owner			
		-	personal use			
			r personal use		_	
			eduction		_	
		ce to support	your deduction			
VEH	IICLE 1					
Descr	iption of vehic	le				
Date p	olaced in servi	ce (m/d/y)				
		-				
	•					
			/ear)		_	
		•	9			
			se if changed from 100% personal use			
raikii	ig iees and to	iis (busiliess į	portion only)			
Actua	l expenses:					
		oil				
Re	epairs					
Ti	res					
In	surance					
М	iscellaneous.					
Αι	uto license (ot	her than pers	onal property taxes)			
Pe	ersonal propei	ty taxes (base	ed on car's value)			
In	terest (car loa	n) (for Sched	ule C, E & F)			
Ve	ehicle rent or	ease paymen	ts			
			ositive)			
		er-provided v	ehicle on Form W-2 (2106)			
VEH	IICLE 2		_			
	•					
Date p	olaced in servi	ce (m/d/y)				
Total	mileage (for th	ne tax year)				
			rear)		_	
			9			
			se if changed from 100% personal use			
Parkir	ng fees and to	lls (business p	portion only)			
Actua	l expenses:					
G	asoline, lube,	oil				
Re	epairs					
Ti	res					
In	surance					
		-	onal property taxes)			
			ed on car's value)			
			ule C, E and F)		1	
			ts			
			ositive)		<del>                                     </del>	
Va	alue of employ	er-provided v	ehicle on Form W-2 (2106)			

23	1040	US	Foreign Income Exclu	sion (Form 2555)	No.	31.1
051			Please enter all pertinent 2	2023 information.		
		IFORMAT				
			fferent from Form 1040:			
_						
	_					
_						
Emplo	•					
U.S	S. city					
Fo	reign country					
En	nployer type:	1=foreign er	ntity, 2=U.S. company, J.S. company, 5=other			
			J.S. company, 5=other			
	ipioyer type,			<u> </u>		
Туре о	f exclusion re	evoked if revo	ked in earlier year (if applicable):	Tax year revocation was effective		
Countr	y of citizensh	ip				
Citv ar	nd country of	separate fore	ign residence if maintained due to	Number of days during tax year at separate		
advers	e living condi	tions (if appli	cable):	foreign address (if applicable)		
Tax ho	mes(s) durin	g tax year:		Dates tax home(s) were established (m/d/y)		

23	1040	US	Foreign	Income E	xclusion	า (2555	5)	No.	31.1
				enter all perti	inent 2023 ir	nformatio	on.		
	VEL INFO		ON 2023 as well as ti	ravel for 2024 ki	nown to date				
	el Type (table)		f country (if not U		Date arri	ived	Date left	Days in U.S	on business
<b>D</b>	IA FIDE F	SECIDEN	IOE TEOT A	ND DUVOL	OAL BREG	SENOE	TEOT		
_		_	dence (m/d/y)	_		DENCE	IESI		
			nce (m/d/y)						
Living	quarters in for	reign country	: 1=purchased hor quarters furnished	me, 2=rented ho	ouse				
	of family living ab				elationship		Period	l family lived abroa	ıd
Explana Addre	-	ed stay or emplo	country under  pyment in country (if al  ned  :				ZIP Code	1=U.S 9 (if	S. home rented applicable)
	Names	of occupants	in U.S. home (if	applicable)	F	Relationship	of occupants in U.	S. home (if applic	cable)
Princi	pal country of	employment							
FOF	REIGN HO	USING E	EXPENSES			2023 An	nount	2022 Amou	nt
	ied housing ex on of housing	•				Qualifying	days in location (m	ultiple locations of	nlv)
Locati	on or nodoling	схрепосо.				Qualifying	dayo iii location (ii	iditiple locations c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				Tra					

31.1 p2

)23	1040	US	Foreign Income Exclusion	n (Form 2555)	No.	31.
	Please e Enter	nter all per	tinent 2023 amounts and attach all W in U.S. dollars only. Last year's amou	/-2 forms, or other wa nts are provided for y	ge statements.	
FOR	EIGN WA	GES, SA	LARIES, TIPS	2023 Amount	2022 Amount	
				LOLO AMOUNT	ZOZZ AMOUNT	
•						
			20v 1)			
-	•		3ox 1)			
	-					
		` ,				
Local ir	ncome tax with	held (Box 19)				
EOD	EICN ALI		ES DEIMPLIDSEMENTS AND O	THED EADNED IN	COME	
	ash Income		ES, REIMBURSEMENTS AND O	THEN EARNED IN	COIVIE	
	properties or fa					
_	ances and					
	-		tial			
	ourposes:					
Moale	and lodging pro	wided for the	convenience of the			
Employ	er (excludable	under section	convenience of the 119)			
Other	· Foreign Ea	arned Inco	me			
2023	Days Work	ed Allocati	on Information			
Total n	umber of days	worked (if no	t 240)			
			foreign assignmentter foreign assignment			
. o. o.gi	. Lajo workou	coloro ana ai	Local design assignment			

31.2

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 Am	nount	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					

ise e paid	nter all p	pertinent 2 pare of one	2023 inform e or more o	ation. Last ye lependents e	ear's amounts are nabling you to wo	provided for you k or attend scho	ir reference. Yo ool to qualify for	u must har this cred
DEP	ENDE	NT CARE	EXPENS	SES (33.1)	2023 Am Taxpayer	ount Spouse	2022 Am Taxpayer	ount Spouse
		-	urred but not porfeited in 2023	paid in 2023 .				
PER	SONS	AND EX	PENSES	QUALIFYIN	G FOR DEPENI	DENT CARE C	REDIT	
		Last name						
No.		Date of birth	(m/d/y)					
				xpenses me care was provided			2022 amt:	
		-						
No.		Last name Title or suffix Date of birth (	m/d/y)					
		1= over age 12 &	disabled at the ti	penses  me care was provided			2022 amt:	
PER				ONS PROV	IDING CARE (33	3.2)		
	;	Street addres	ss					
No.		ZIP code Foreign region	١					
		Foreign counti dentification	ry	or EIN)			2022 amt:	

33.1,33.2

2022 1040 US Qualified Adoption Expenses (Form 8830) 37					
	2023	1040	LIS	Qualified Adoption Expenses (Form 8839)	37

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

ELIGIBLE	CHILDRI	EN	2023 Amount	2022 Amount
	First name			
	Last name			
	Identification	number		
		(m/d/y)		
	1=born before	e 2006 and was disabled		
	1=special ne	eds child		
No.		ild		
	1=adoption v	vas not final in 2023		
	Qualified	2022 for adoption not finalized by end of 2023		
	Adoption	Prior years for adoption of foreign child finalized in 2023		
	Expenses Paid in	2022 and 2023 for adoption finalized in 2023		
	I ald III	2023 for adoption finalized before 2023		
	1=spouse, 2:	=joint		
	First name			
	Last name			
	Identification	number		
	Date of birth	(m/d/y)		
	1=born before	e 2006 and was disabled		
	1=special nee	eds child		
No.	1=foreign chi	ld		
	1=adoption w	as not final in 2023		
	Qualified	2022 for adoption not finalized by end of 2023		
	Adoption Expenses Paid in	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		
	1			
		number		
		(m/d/y)		
		e 2006 and was disabled		
No C	1	eds child		
No.		ld		
	1=adoption w	ras not final in 2023		
	Qualified	2022 for adoption not finalized by end of 2023		
	Adoption Expenses	Prior years for adoption of foreign child finalized in 2023		
	Paid in	2022 and 2023 for adoption finalized in 2023		
		2023 for adoption finalized before 2023		
	1=spouse, 2=	joint		

ORGANIZER					Page 1		
2023	1040	US	Education Credits	No.	38		
Please complete the information below if you paid qualified education expenses in 2023 for you,							

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  = student was convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance		
EDUCATIONAL INSTITUTION ATTENDED (#1)		
Name		
Street address		
City		
State		
ZIP code		
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		
EDUCATIONAL INSTITUTION ATTENDED (#2)		
Name		
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		
QUALIFIED EDUCATION EXPENSES	2023 Amount	2022 Amount
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 1040 US Household Employment Taxes (Schedule H)

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		
=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		
Tederal 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		1

42

23	1040	US	Parent's Election to Repo	rt Child's Inc.	No.	44
	Plea	se enter a	all pertinent 2023 amounts & attach al Last year's amounts are provided for	1 1099-INT and 1099-E	OIV forms.	
CHII	LD'S INFO	)ΒΜΔΤΙ	-	or your releaselice.		
	name name					
	security numb					
	of birth (m/d/y)					
	taxable to fede					
1=non	ntaxable to stat	e				
INTE	EREST IN	COME (I	Form 1099-INT)			
	s, credit unions	_	-	2023 Amount	2022 Amount	
	•		,			
•						
U.S. b	onds, T-bills,	etc. (nontaxa	able to state) (Box 3):			
-						
Tay o	xempt interest:					
	•					
	•					
	tments:					
•		ıtion				
			IT in error)			
	•					
Foreig			_		l	
1=	interest in or a	authority ove	r foreign account			
Na	ame of foreign	country				
1=	grantor/transf	eror or receiv	ved distribution from foreign trust			
Post 8	3/7/86 private a	ctivity bond	interest (included above) (6251)			
DIVI	IDEND IN	COME (F	Form 1099-DIV)			
Total o	ordinary divide	nds (Box 1a)	· :			
		(,				
-						
Qualif	ied dividends (	Box 1b)				
Total	capital gain dis	tributions (B	sox 2a):			
-						
-						
	•	_	(Box 2b)			
	xempt interest		_			
	•					
	•					
	nee distribution					
	-					
			s included above			
	а р <del>е</del> ппапепі П	ina aividenas	s included above		1	

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		

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JNGANIZEN					Page II
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Please enter all	pertinent 2023 amounts.	Last v	vear's amounts are	provided for	vour reference.
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INFORMATION ON FINANCIAL ACCOUNTS	2023 Amount	2022 Amount
1=spouse		
Type of account: 1=bank account, 2=securities account, or specify		
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.		

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

	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):		

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

Foreign currency exchange rate (xxxx.xxxx) Source of exchange rate .....

Postal code of entity ..... Country of entity .....

Type of account. 1-acpoon, 2-cactedian	
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	

## **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	

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## Type of Entity

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

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**ORGANIZER** 

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OTHER FOREIGN ASSETS (Part II) (continued)	
suer 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	
suer 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	
suer 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	
suer or counterparty (#4):	
Name	
1=issuer, 2=counterparty	
Type of inquer or counterparty (see table 2)	
Issuer or counterparty: 1=US person, 2=foreign person	
Mailing address	
City	
State/province	
Postal code	
Country	
2	
Type of Issuer or	
Counterparty	
1 = Individual 2 = Partnership	
3 = Corporation 4 = Trust	
5 = Estate	