Form ID: INDX

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) ____[1]
Mark if you were married but living apart all year ____[2]
Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) ____[3]

	Taxpayer	Spouse
Social security number	____[4]	____[5]
First name	____[6]	____[7]
Last name	____[8]	____[9]
Occupation	____[10]	____[11]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	____[12]	____[14]
Mark if dependent of another taxpayer	____[15]	____[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	____[17]	
Mark if legally blind	____[20]	____[21]
Date of birth	____[22]	____[24]
Date of death	____[26]	____[27]
Work/daytime telephone number/ext number	____[28] ____[29]	____[30] ____[31]
Home/evening telephone number	____[32]	____[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	____[34]	

Present Mailing Address

Address ____[40]
Apartment number ____[41]
City, state postal code, zip code ____[42] ____[43] ____[44]
Foreign country name ____[46]
Foreign phone number ____[49]
In care of addressee ____[51]

Dependent Information

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

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

Name of child who lived with you but is not your dependent ____[53]
Social security number of qualifying person ____[54]

Dependent Codes

***Basic**
1 = Child who lived with you
2 = Child who did not live with you due to divorce/separation
3 = Other dependent
4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)
5 = Qualifying child for Earned Income Credit only
6 = Children who lived with you, but do not qualify for Earned Income Credit
7 = Children who lived with you, but do not qualify for Child Tax Credit
8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit

****Other**
1 = Student (Age 19 - 23)
2 = Disabled dependent
3 = Dependent who is both a student and disabled

*****Months**
77 = Reported on odd year return
88 = Reported on even year return
99 = Not reported on return

Client Contact Information

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) ____[8]

Taxpayer email address ____________________[9]

Spouse email address ____________________[10]

	Taxpayer	Spouse
Fax telephone number	____[11]	____[20]
Mobile telephone number	____[12]	____[21]
Mobile telephone #2 number	____[13]	____[22]
Pager number	____[14]	____[23]
Other:	____[15]	____[24]
Telephone number	____[16]	____[25]
Extension	____[17]	____[26]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	____[18]	____[27]

NOTES/QUESTIONS:

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number , and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. __[1]

Primary account:

Financial institution routing transit number ____________[3]

Name of financial institution ____________[4]

Your account number ____________[5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[9]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[10]

Enter the maximum dollar amount, or percentage of total refund Dollar ____________[11] **or** Percent (xxx.xx) ____________[12]

Secondary account #1:

Financial institution routing transit number ____________[27]

Name of financial institution ____________[28]

Your account number ____________[29]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[30]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[31]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[32]

Enter the maximum dollar amount, or percentage of total refund Dollar ____________[13] **or** Percent (xxx.xx) ____________[14]

Secondary account #2:

Financial institution routing transit number ____________[33]

Name of financial institution ____________[34]

Your account number ____________[35]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[36]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[37]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[38]

Enter the maximum dollar amount, or percentage of total refund Dollar ____________[17] **or** Percent (xxx.xx) ____________[18]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to $5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of $50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to $5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar ____________[15] **or** Percent (xxx.xx) ____________[16]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ____________[19] **or** Percent (xxx.xx) ____________[20]

Owner's name (First Last) ____________[40] ____________[41]

Co-owner or beneficiary (First Last) ____________[42] ____________[43]

Mark if the name listed above is a beneficiary __[44]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ____________[23] **or** Percent (xxx.xx) ____________[24]

Owner's name (First Last) ____________[45] ____________[46]

Co-owner or beneficiary (First Last) ____________[47] ____________[48]

Mark if the name listed above is a beneficiary __[49]

Nonresident Alien - General Information

Please provide copies of all Forms 1042-S, SSA-1042S, 8288A, and 8805

Country where you are a citizen or national during the tax year ______ [2]

Foreign address to use for refund check, if different than mailing address entered on Screen 1040:

- Foreign address ______ [3]
- Foreign city ______ [4]
- Foreign country name ______ [6]
- Foreign province or county ______ [7]
- Foreign postal code ______ [8]

Country of permanent residence for tax purposes ______ [10]

Scholarships and fellowship grants received during tax year:

______ + ______ [15]

U.S. real property interests that were disposed at a gain during the tax year + ______ [18]

Income Not Effectively Connected with a U.S. Trade or Business

Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations:			
______	______	+ ______ [21]	+ ______
______	______	+ ______	+ ______
Dividends paid by foreign corporations:			
______	______	+ ______ [23]	+ ______
______	______	+ ______	+ ______
Interest received on mortgages:			
______	______	+ ______ [27]	+ ______
______	______	+ ______	+ ______
Interest paid by foreign corporations:			
______	______	+ ______ [29]	+ ______
______	______	+ ______	+ ______
Other Interest received:			
______	______	+ ______ [31]	+ ______
______	______	+ ______	+ ______
Industrial royalties (patents, trademarks, etc.)			
______	______	+ ______ [33]	+ ______
Motion picture or T.V. copyright royalties			
______	______	+ ______ [35]	+ ______
Other royalties (copyrights, recording, publishing, etc.)			
______	______	+ ______ [37]	+ ______
Real property income and natural resources royalties			
______	______	+ ______ [39]	+ ______
Pensions and annuities:			
______	______	+ ______ [41]	+ ______
Gambling - Residents of Canada only+:			
Winnings ______ [42] Losses ______ [44]			+ ______ [43]
Gambling - Residents of countries other than Canada:			
______	______	+ ______ [47]	+ ______
Other income:			
______	______	+ ______ [49]	+ ______
______	______	+ ______	+ ______

Capital Gains & Losses Not Effectively Connected with a U.S. Trade or Business

Description of Property [51]	Date Acquired	Date Sold	Sales Price	Cost/Basis	U.S. Fed W/H
______	______	______	+ ______	+ ______	+ ______
______	______	______	+ ______	+ ______	+ ______
______	______	______	+ ______	+ ______	+ ______
______	______	______	+ ______	+ ______	+ ______
______	______	______	+ ______	+ ______	+ ______

	Control Totals+		Form ID: NRA

Nonresident Alien - Other Information

Have you ever applied to be a green cared holder of the United States (Y, N) ____[1]
Were you ever a U.S. citizen? (Y, N) ____[2]
Were you ever a green card holder of the U.S? (Y, N) ____[3]
If you had a visa on December 31, 2022, enter your visa type ____________[5]
If you did not have a visa, enter your U.S. immigration
status on December 31, 2022 ____[6]
Date you first entered U.S. ______________[7]
If you've ever changed your visa types (nonimmigrant status) or U.S. immigration status:
Date of visa change ______________[9]
Nature of your visa change ____[10]
If you are a resident of Canada or Mexico **AND** commute to work in the U.S. at frequent intervals,
enter 1 for Canada or 2 for Mexico ____[11]

List all dates you entered and left the United States during 2022 (NA for residents of Canada or Mexico): [12]

Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left

Enter the total number of days (including vacation, nonworkdays, partial work days) you were present in the U.S. during:
2020 ______[13]
2021 ______[14]
2022 ______[15]

Latest U.S. income tax return you filed prior to 2022:
Year filed ________[16]
Type of return filed ______________[17]

Did you receive total compensation of $250,000 or more during 2022 (Y, N) ____[18]
If "Yes" did you use an alternative method to determine the source of the compensation? (Y, N) ____[20]
If you used an alternative method to determine the source of the compensation, provide details in the space below. [19]

Complete the following if claiming exemption from income tax under a U.S. income tax treaty

Country Name [21]	Tax Treaty Article	Months Claimed in 2021	Exempt Income in 2022

Were you subject to tax in a foreign country on any of the income entered in the "Exempt income 2022" column (Y, N) ____[22]
Are you claiming treaty benefits pursuant to a Competent Authority determination. If yes,
attach a copy of the determination (Y, N) ____[23]

If you paid any amounts related to your 2022 nonresident return (i.e. estimates, extension, Form
1040-C), enter the Internal Revenue Service office that received the payments ____________________[26]

Electronic Filing

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

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

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

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

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

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

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

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

NOTES/QUESTIONS:

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ____[1]
Identification number ____[3]
Issue date ____[4]
Expiration date (mm/dd/yyyy) ____[5]
Location of issuance (State issued only) ____[6]
Document number (New York only) ____[7]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ____[10]
Identification number ____[12]
Issue date ____[13]
Expiration date (mm/dd/yyyy) ____[14]
Location of issuance (State issued only) ____[15]
Document number (New York only) ____[16]

NOTES/QUESTIONS:

If you have an overpayment of 2022 taxes, do you want the excess:

Refunded ____[52]

Applied to 2023 estimated tax liability ____[53]

Do you expect a considerable change in your 2023 income? (Y, N) ____[54]

If yes, please explain any differences:

____________________[55]

____________________[56]

____________________[57]

____________________[58]

Do you expect a considerable change in your deductions for 2023? (Y, N) ____[59]

If yes, please explain any differences:

____________________[60]

____________________[61]

____________________[62]

____________________[63]

Do you expect a considerable change in the amount of your 2023 withholding? (Y, N) ____[64]

If yes, please explain any differences:

____________________[65]

____________________[66]

____________________[67]

____________________[68]

Do you expect a change in the number of dependents claimed for 2023? (Y, N) ____[69]

If yes, please explain any differences:

____________________[70]

____________________[71]

____________________[72]

____________________[73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) ____[74]

2022 Federal Estimated Tax Payments

2021 overpayment applied to 2022 estimates + ____________[1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ____[5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/22	________[6]	+ ________[7]		
2nd quarter payment	6/15/22	________[8]	+ ________[9]		
3rd quarter payment	9/15/22	________[10]	+ ________[11]		
4th quarter payment	1/17/23	________[12]	+ ________[13]		
Additional payment		________[14]	+ ________[15]		

***Method of payment indicated in prior year**
EFW = Electronic funds withdrawal **EFTPS = Electronic Federal Tax Payment System**
Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

2022 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) __[1]

State postal code ___[2]

Amount paid with 2021 return + ________[3]
2021 overpayment applied to '22 estimates + ________[4]
Treat calculated amounts as paid __[8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	________[9]	+ ________[10]	________
2nd quarter payment	________[11]	+ ________[12]	________
3rd quarter payment	________[13]	+ ________[14]	________
4th quarter payment	________[15]	+ ________[16]	________
Additional payment	________[17]	+ ________[18]	

2022 City Estimated Tax Payments

City #1

City name ________[28]
Amount paid with 2021 return + ________[31]
2021 overpayment applied to '22 estimates + ________[32]
Treat calculated amounts as paid __[36]

	Date Paid	Amount Paid
1st quarter payment	________[37]	+ ________[38]
2nd quarter payment	________[39]	+ ________[40]
3rd quarter payment	________[41]	+ ________[42]
4th quarter payment	________[43]	+ ________[44]

Calculated Amount

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

City #2

City name ________[50]
Amount paid with 2021 return + ________[53]
2021 overpayment applied to '22 estimates + ________[54]
Treat calculated amounts as paid __[58]

	Date Paid	Amount Paid
1st quarter payment	________[59]	+ ________[60]
2nd quarter payment	________[61]	+ ________[62]
3rd quarter payment	________[63]	+ ________[64]
4th quarter payment	________[65]	+ ________[66]

Calculated Amount

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

City #3

City name ________[72]
Amount paid with 2021 return + ________[75]
2021 overpayment applied to '22 estimates + ________[76]
Treat calculated amounts as paid __[80]

	Date Paid	Amount Paid
1st quarter payment	________[81]	+ ________[82]
2nd quarter payment	________[83]	+ ________[84]
3rd quarter payment	________[85]	+ ________[86]
4th quarter payment	________[87]	+ ________[88]

Calculated Amount

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

City #4

City name ________[94]
Amount paid with 2021 return + ________[97]
2021 overpayment applied to '22 estimates + ________[98]
Treat calculated amounts as paid __[102]

	Date Paid	Amount Paid
1st quarter payment	________[103]	+ ________[104]
2nd quarter payment	________[105]	+ ________[106]
3rd quarter payment	________[107]	+ ________[108]
4th quarter payment	________[109]	+ ________[110]

Calculated Amount

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

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A

Interest and Dividend Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if Foreign	1 = Attached 2 = N/A

Wages and Salaries #1

Please provide all copies of Form W-2.

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__[1]	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	__[5]	
Mark if this is your current employer	__[6]	
Federal wages and salaries **(Box 1)**	+ [10]	
Federal tax withheld **(Box 2)**	+ [12]	
Social security wages **(Box 3)** (If different than federal wages)	+ [14]	
Social security tax withheld **(Box 4)**	+ [16]	
Medicare wages **(Box 5)** (If different than federal wages)	+ [18]	
Medicare tax withheld **(Box 6)**	+ [21]	
SS tips **(Box 7)**	+ [23]	
Allocated tips **(Box 8)**	+ [25]	
Dependent care benefits **(Box 10)**	+ [27]	
Box 13 -		
Statutory employee	__[29]	
Retirement plan	__[30]	
Third-party sick pay	__[31]	
State postal code **(Box 15)**	____[32]	
State wages **(Box 16)** (If different than federal wages)	+ [34]	
State tax withheld **(Box 17)**	+ [36]	
Local wages **(Box 18)**	+ [38]	
Local tax withheld **(Box 19)**	+ [40]	
Name of locality **(Box 20)**	[43]	

	Control Totals+	

Wages and Salaries #2

Please provide all copies of Form W-2.

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__[1]	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	__[5]	
Mark if this your current employer	__[6]	
Federal wages and salaries **(Box 1)**	+ [10]	
Federal tax withheld **(Box 2)**	+ [12]	
Social security wages **(Box 3)** (If different than federal wages)	+ [14]	
Social security tax withheld **(Box 4)**	+ [16]	
Medicare wages **(Box 5)** (If different than federal wages)	+ [18]	
Medicare tax withheld **(Box 6)**	+ [21]	
SS tips **(Box 7)**	+ [23]	
Allocated tips **(Box 8)**	+ [25]	
Dependent care benefits **(Box 10)**	+ [27]	
Box 13 -		
Statutory employee	__[29]	
Retirement plan	__[30]	
Third-party sick pay	__[31]	
State postal code **(Box 15)**	____[32]	
State wages **(Box 16)** (If different than federal wages)	+ [34]	
State tax withheld **(Box 17)**	+ [36]	
Local wages **(Box 18)**	+ [38]	
Local tax withheld **(Box 19)**	+ [40]	
Name of locality **(Box 20)**	[43]	

	Control Totals+	

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

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

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

	Control Totals +		Form ID: B-1

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

	Control Totals +		Form ID: B-2

Seller Financed Mortgage Interest Income

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

	2022 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_	
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)	_	
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)	_	
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)	_	
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)	_	
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)	_	
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)	_	
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)	_	
Payer's name		
Payer's street address		
Payer's city, state, zip code		
Payer's social security number		
Interest income amount received in 2022	+ [1]	

Control Totals+

Income from REMICs

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J) __[1]
Name of activity ______________________________
Employer identification number ____________
State postal code ___

Taxpayer/Spouse/Joint (T, S, J) __[1]
Name of activity ______________________________
Employer identification number ____________
State postal code ___

NOTES/QUESTIONS:

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

Did you have any securities become worthless during 2022? (Y, N) __[9]
Did you have any debts become uncollectible during 2022? (Y, N) __[10]
Did you have any commodity sales, short sales, or straddles? (Y, N) __[11]
Did you exchange any securities or investments for something other than cash? (Y, N) __[13]
Did you receive, sell, exchange, or otherwise dispose of any financial interest in any digital assets? (Y, N) __[4]

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
				+	+
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				+	+

	Control Totals+		**Form ID: D**

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

NOTES/QUESTIONS:

Form ID: Broker

Consolidated Broker Statement

17b

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

Preparer use only

T/S/J

Broker Name

Account number

Employer identification number

Margin interest

Investment management/advisory fees

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

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

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

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

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

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

	Control Totals +		Form ID: Broker

Other Income

	2022 Information	Prior Year Information
State and local income tax refunds	+ ____ [5]	

	T/S	Agreement Date	2022 Information	Prior Year Information
Alimony received	___	____	+ ____ [3]	____
	___	____	+ ____ [3]	

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

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation**	+ ____ [9]	+ ____ [10]	____
Unemployment compensation federal withholding	+ ____ [9]	+ ____ [10]	____
Unemployment compensation state withholding	+ ____ [9]	+ ____ [10]	____
Unemployment compensation repaid	+ ____ [12]	+ ____ [13]	____
Alaska Permanent Fund dividends	+ ____ [18]	+ ____ [19]	

T/S/J	Self-Employment Income ? (Y, N)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	2022 Information	Prior Year Information
_	_	____	+ ____ [15]	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
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_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

		2022 Information		Prior Year Information
Name of payer			[3]	
Taxpayer/Spouse/Joint (T, S, J)			[5]	
State postal code			[6]	
Rents **(Box 1)**	+		[13]	
Royalties **(Box 2)**	+		[15]	
Other income **(Box 3)**	+		[17]	
Federal income tax withheld **(Box 4)**	+		[19]	
Fishing boat proceeds **(Box 5)**	+		[21]	
Medical and health care payments **(Box 6)**	+		[23]	
Payer made direct sales of $5,000 or more of consumer products **(Box 7)**			[27]	
Substitute payments in lieu of dividends or interest **(Box 8)**	+		[29]	
Crop Insurance proceeds **(Box 9)**	+		[31]	
Gross proceeds paid to an attorney **(Box 10)**	+		[36]	
Fish purchased for resale **(Box 11)**	+		[38]	
Section 409A deferrals **(Box 12)**	+		[40]	
Excess golden parachute payments **(Box 14)**	+		[42]	
Nonqualified deferred compensation **(Box 15)**	+		[44]	
State tax withheld **(Box 16)**	+		[46]	
State/Payer's state no. **(Box 17)**			[48]	
State income **(Box 18)**	+		[49]	

Control Totals+

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

		2022 Information		Prior Year Information
Name of payer			[3]	
Taxpayer/Spouse/Joint (T, S, J)			[5]	
State postal code			[6]	
Rents **(Box 1)**	+		[13]	
Royalties **(Box 2)**	+		[15]	
Other income **(Box 3)**	+		[17]	
Federal income tax withheld **(Box 4)**	+		[19]	
Fishing boat proceeds **(Box 5)**	+		[21]	
Medical and health care payments **(Box 6)**	+		[23]	
Payer made direct sales of $5,000 or more of consumer products **(Box 7)**			[27]	
Substitute payments in lieu of dividends or interest **(Box 8)**	+		[29]	
Crop Insurance proceeds **(Box 9)**	+		[31]	
Gross proceeds paid to an attorney **(Box 10)**	+		[36]	
Fish purchased for resale **(Box 11)**	+		[38]	
Section 409A deferrals **(Box 12)**	+		[40]	
Excess golden parachute payments **(Box 14)**	+		[42]	
Nonqualified deferred compensation **(Box 15)**	+		[44]	
State tax withheld **(Box 16)**	+		[46]	
State/Payer's state no. **(Box 17)**			[48]	
State income **(Box 18)**	+		[49]	

Control Totals+

NOTES/QUESTIONS:

Nonemployee Compensation #1

Please provide all Forms 1099-NEC

Preparer use only

		2022 Information		Prior Year Information
Name of payer			[3]	
Taxpayer/Spouse/Joint (T, S, J)			[5]	
State postal code			[6]	
Nonemployee compensation **(Box 1)**	+		[13]	
Payer made direct sales of $5,000 or more of consumer products **(Box 2)**			[15]	
Federal income tax withheld **(Box 4)**	+		[17]	
State tax withheld **(Box 5)**	+		[19]	
State/Payer's state no. **(Box 6)**			[21]	
State income **(Box 7)**	+		[22]	

Control Totals+

Nonemployee Compensation #2

Please provide all Forms 1099-NEC

Preparer use only

		2022 Information		Prior Year Information
Name of payer			[3]	
Taxpayer/Spouse/Joint (T, S, J)			[5]	
State postal code			[6]	
Nonemployee compensation **(Box 1)**	+		[13]	
Payer made direct sales of $5,000 or more of consumer products **(Box 2)**			[15]	
Federal income tax withheld **(Box 4)**	+		[17]	
State tax withheld **(Box 5)**	+		[19]	
State/Payer's state no. **(Box 6)**			[21]	
State income **(Box 7)**	+		[22]	

Control Totals+

NOTES/QUESTIONS:

Taxable Distributions Received from Cooperatives #1

Please provide all Forms 1099-PATR

Preparer use only

Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Patron dividends **(Box 1)**	+	[10]
Nonpatronage distributions **(Box 2)**	+	[12]
Per-unit retain allocations **(Box 3)**	+	[14]
Federal income tax withheld **(Box 4)**	+	[16]
Redeemed nonqualified notices **(Box 5)**	+	[18]
Section 199A(g) deduction **(Box 6)**	+	[23]
Qualified payments (Section 199A(b)(7) **(Box 7)**	+	[24]
Section 199A(a) qual items **(Box 8)**	+	[25]
Section 199A(a) SSTB items **(Box 9)**	+	[26]
Investment credit **(Box 10)**	+	[27]
Work opportunity credit **(Box 11)**	+	[29]
Patron's AMT adjustments	+	[31]
Other credits and deductions #1 **(Box 12)**	+	[33]
Other credits and deductions #2 **(Box 12)**	+	[35]
Specified Coop **(Box 13)**		[37]

Control Totals+

Form ID: 1099PATR

Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

Preparer use only

Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Patron dividends **(Box 1)**	+	[10]
Nonpatronage distributions **(Box 2)**	+	[12]
Per-unit retain allocations **(Box 3)**	+	[14]
Federal income tax withheld **(Box 4)**	+	[16]
Redeemed nonqualified notices **(Box 5)**	+	[18]
Section 199A(g) deduction **(Box 6)**	+	[23]
Qualified payments (Section 199A(b)(7) **(Box 7)**	+	[24]
Section 199A(a) qual items **(Box 8)**	+	[25]
Section 199A(a) SSTB items **(Box 9)**	+	[26]
Investment credit **(Box 10)**	+	[27]
Work opportunity credit **(Box 11)**	+	[29]
Patron's AMT adjustments	+	[31]
Other credits and deductions #1 **(Box 12)**	+	[33]
Other credits and deductions #2 **(Box 12)**	+	[35]
Specified Coop **(Box 13)**		[37]

Control Totals+

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

______________________________ [51]

Taxpayer/Spouse/Joint (T, S, J) __[5]

State postal code ___[6]

Name of creditor/lender ______________________________ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event **(Box 1)** __________[10]

Amount of debt discharged **(Box 2)** + __________[11]

Interest if included in box 2 **(Box 3)** + __________[12]

Personally liable for repayment of the debt (if checked) **(Box 5)** __[13]

Identifiable event code **(Box 6)** (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) __[14]

Fair market value of property **(Box 7)** + __________[15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment **(Box 1)** __________[16]

Balance of principal outstanding **(Box 2)** + __________[17]

Fair market value of property **(Box 4)** + __________[18]

Personally liable for repayment of the debt (if checked) **(Box 5)** __[19]

	Control Totals+	

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

______________________________ [51]

Taxpayer/Spouse/Joint (T, S, J) __[5]

State postal code ___[6]

Name of creditor ______________________________ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event **(Box 1)** __________[10]

Amount of debt discharged **(Box 2)** + __________[11]

Interest if included in box 2 **(Box 3)** + __________[12]

Personally liable for repayment of the debt (if checked) **(Box 5)** __[13]

Identifiable event code **(Box 6)** (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) __[14]

Fair market value of property **(Box 7)** + __________[15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment **(Box 1)** __________[16]

Balance of principal outstanding **(Box 2)** + __________[17]

Fair market value of property **(Box 4)** + __________[18]

Personally liable for repayment of the debt (if checked) **(Box 5)** __[19]

	Control Totals+	

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

		2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Payer name		[3]	
State postal code		[4]	
Mark if professional gambler		[9]	
Reportable winnings **(Box 1)**	+	[11]	
Date won **(Box 2)**		[13]	
Type of wager **(Box 3)**		[15]	
Federal withholding **(Box 4)**	+	[17]	
Transaction **(Box 5)**		[19]	
Race **(Box 6)**		[21]	
Identical wager winnings **(Box 7)**	+	[23]	
Cashier **(Box 8)**		[25]	
Taxpayer identification number **(Box 9)**		[27]	
Window **(Box 10)**		[28]	
First ID **(Box 11)**		[30]	
Second ID **(Box 12)**		[31]	
Payer's state ID no. **(Box 13)**		[32]	
State winnings **(Box 14)**	+	[33]	
State withholding **(Box 15)**	+	[35]	
Local winnings **(Box 16)**	+	[37]	
Local withholding **(Box 17)**	+	[39]	
Name of locality **(Box 18)**		[42]	

Control Totals+

Gambling Winnings #2

Please provide all copies of Form W-2G.

		2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Payer name		[3]	
State postal code		[4]	
Mark if professional gambler		[9]	
Reportable winnings **(Box 1)**	+	[11]	
Date won **(Box 2)**		[13]	
Type of wager **(Box 3)**		[15]	
Federal withholding **(Box 4)**	+	[17]	
Transaction **(Box 5)**		[19]	
Race **(Box 6)**		[21]	
Identical wager winnings **(Box 7)**	+	[23]	
Cashier **(Box 8)**		[25]	
Taxpayer identification number **(Box 9)**		[27]	
Window **(Box 10)**		[28]	
First ID **(Box 11)**		[30]	
Second ID **(Box 12)**		[31]	
Payer's state ID no. **(Box 13)**		[32]	
State winnings **(Box 14)**	+	[33]	
State withholding **(Box 15)**	+	[35]	
Local winnings **(Box 16)**	+	[37]	
Local withholding **(Box 17)**	+	[39]	
Name of locality **(Box 18)**		[42]	

Control Totals+

NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

		2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
RIC or REIT name		[3]	
State postal code		[4]	
Total undistributed long-term capital gains **(Box 1a)**	+	[9]	
Unrecaptured section 1250 gain **(Box 1b)**	+	[11]	
Section 1202 gain **(Box 1c)**	+	[13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		[15]	
Collectibles (28%) gain **(Box 1d)**	+	[17]	
Tax paid by the RIC or REIT on the box 1a gains **(Box 2)**	+	[19]	

Control Totals+

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

		2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
RIC or REIT name		[3]	
State postal code		[4]	
Total undistributed long-term capital gains **(Box 1a)**	+	[9]	
Unrecaptured section 1250 gain **(Box 1b)**	+	[11]	
Section 1202 gain **(Box 1c)**	+	[13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		[15]	
Collectibles (28%) gain **(Box 1d)**	+	[17]	
Tax paid by the RIC or REIT on the box 1a gains **(Box 2)**	+	[19]	

Control Totals+

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

		2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
RIC or REIT name		[3]	
State postal code		[4]	
Total undistributed long-term capital gains **(Box 1a)**	+	[9]	
Unrecaptured section 1250 gain **(Box 1b)**	+	[11]	
Section 1202 gain **(Box 1c)**	+	[13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		[15]	
Collectibles (28%) gain **(Box 1d)**	+	[17]	
Tax paid by the RIC or REIT on the box 1a gains **(Box 2)**	+	[19]	

Control Totals+

NOTES/QUESTIONS:

Contracts & Straddles - General Information

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) __[1]

Mark to indicate all the elections that apply:

Mixed straddle election __[2]

Mixed straddle account election (Attach explanation)

____[3]

____

Straddle-by-straddle identification election __ [4]

Net section 1256 contracts loss election __ [5]

Section 1256 Contracts Marked to Market

Identification of Account A ____[6]

Identification of Account B ____

Identification of Account C ____

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	_	_	_
State postal code	__	__	__
-Loss/Gain for entire year (Enter losses as a negative amount)	+ ______	+ ______	+ ______
Total Form 1099-B adjustment	+ ______	+ ______	+ ______
Total net 1256 contract loss carryback	+ ______	+ ______	+ ______

Gains and Losses From Straddles

Description of Property A ____[7]

Name of Contract ____

Component ____________________ Type ____________________

Description of Property B ____

Name of Contract ____

Component ____________________ Type ____________________

Description of Property C ____

Name of Contract ____

Component ____________________ Type ____________________

Description of Property D ____

Name of Contract ____

Component ____________________ Type ____________________

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	_	_	_	_
State postal code	__	__	__	__
Date entered into/acquired	______	______	______	______
Date closed out/sold	______	______	______	______
Gross sales price	+ ______	+ ______	+ ______	+ ______
Cost plus expense of sale	+ ______	+ ______	+ ______	+ ______
Unrecognized gain	+ ______	+ ______	+ ______	+ ______

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A ____[8]

Description of Property B ____

Description of Property C ____

	Property A	Property B	Property C
Date acquired	______	______	______
Fair market value on last business day	+ ______	+ ______	+ ______
Cost or other basis as adjusted	+ ______	+ ______	+ ______

Foreign Employer Compensation

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) __[3]
State ___[4]

Foreign Employer Identification (ID) number ______________________[1]
Foreign Employer Name ______________________[2]
Foreign Employer Address
Foreign street address ______________________[6]
Foreign city ______________________[7]
Foreign country code/name ___[8] ______________________[9]
Foreign province/county ______________________[10]
Foreign postal code ______________________[11]
Name "in care of" ______________________[12]

Employee address, if different from home address on Organizer Form ID: 1040
Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)
Street address ______________________[13]
City, state, zip code ______________________[14] ___[15] ______________[16]
Foreign country code/name ___[17] ______________________[18]
Foreign province/county ______________________[19]
Foreign postal code ______________________[20]

Income

	2022 Information	Prior Year Information
Foreign employer compensation	______________[22]	

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

		2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		____[3]	
State postal code		___[6]	
Gross distributions received **(Box 1)**	+	____[8]	____
Taxable amount received **(Box 2a)**	+	____[10]	____
Federal withholding **(Box 4)**	+	____[12]	____
Distribution code **(Box 7)**		__[15]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[17]	
State withholding **(Box 14)**	+	____[18]	____
Local withholding **(Box 17)**	+	____[20]	____
Amount of rollover	+	____[22]	____
Mark if distribution was due to a pre-retirement age disability		__[24]	

Control Totals+

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

		2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		____[3]	
State postal code		___[6]	
Gross distributions received **(Box 1)**	+	____[8]	____
Taxable amount received **(Box 2a)**	+	____[10]	____
Federal withholding **(Box 4)**	+	____[12]	____
Distribution code **(Box 7)**		__[15]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[17]	
State withholding **(Box 14)**	+	____[18]	____
Local withholding **(Box 17)**	+	____[20]	____
Amount of rollover	+	____[22]	____
Mark if distribution was due to a pre-retirement age disability		__[24]	

Control Totals+

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

		2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		____[3]	
State postal code		___[6]	
Gross distributions received **(Box 1)**	+	____[8]	____
Taxable amount received **(Box 2a)**	+	____[10]	____
Federal withholding **(Box 4)**	+	____[12]	____
Distribution code **(Box 7)**		__[15]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[17]	
State withholding **(Box 14)**	+	____[18]	____
Local withholding **(Box 17)**	+	____[20]	____
Amount of rollover	+	____[22]	____
Mark if distribution was due to a pre-retirement age disability		__[24]	

Control Totals+

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) __[1]
State postal code ___[3]

Social Security Benefits

		2022 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:			
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Medicare premiums	+	____________[7]	____________
Prescription drug (Part D) premiums	+	[9]	
Net Benefits for 2022 (Box 3 minus Box 4) **(Box 5)**	+	____________[12]	____________
Voluntary Federal Income Tax Withheld **(Box 6)**	+	____________[14]	

Tier 1 Railroad Benefits

		2022 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:			
Net Social Security Equivalent Benefit:			
Portion of Tier 1 Paid in 2022 **(Box 5)**	+	____________[22]	____________
Federal Income Tax Withheld **(Box 10)**	+	____________[25]	____________
Medicare Premium Total **(Box 11)**	+	____________[27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2022 or receive any prior year benefits in 2022. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9

____________________[40]
____________________[41]
____________________[42]
____________________[43]
____________________[44]

NOTES/QUESTIONS:

	Control Totals+		Form ID: SSA-1099

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__[1]	__[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__[3]	__[4]
Enter the total traditional IRA contributions made for use in 2022	+ ____[5]	+ ____[6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2022	+ ____[5]	+ ____[6]
Enter the nondeductible contribution amount made in 2023 for use in 2022	+ ____[7]	+ ____[8]
Traditional IRA basis	+ ____[17]	+ ____[18]
Value of all your traditional IRA's on December 31, 2022:		
____	+ ____[19]	+ ____[20]
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____

Roth IRA

Please provide copies of any 1998 through 2021 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__[29]	__[30]
Enter the total Roth IRA contributions made for use in 2022	+ ____[31]	+ ____[32]
Enter the amount a 2022 Roth IRA conversion should be adjusted by	+ ____[39]	+ ____[40]
Enter the total contribution Roth IRA basis on December 31, 2021	+ ____[43]	+ ____[44]
Enter the total Roth IRA contribution recharacterizations for 2022	+ ____[45]	+ ____[46]
Enter the Roth conversion IRA basis on December 31, 2021	+ ____[47]	+ ____[48]
Value of all your Roth IRA's on December 31, 2022:		
____	+ ____[49]	+ ____[50]
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____

NOTES/QUESTIONS:

Keogh, SEP, SIMPLE Contributions

Preparer use only

Business activity or profession name ____________________ [3]
Taxpayer/Spouse (T, S) __[4]
State postal code ___[5]
Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) __[6]
Plan contribution rate. Enter in xx.xx format (Limitation percentage) ________[7]
Enter the total amount of contributions made to a Keogh plan in 2022 + ____________________[8]
Enter the total amount of contributions made to a Solo 401(k) plan in 2022 + ____________________[9]
Enter the total amount of contributions made to a SEP plan in 2022 + ____________________[10]
Enter the total amount of contributions made to a SARSEP plan in 2022 + ____________________[11]
Enter the total amount of contributions made to a defined benefit plan in 2022 + ____________________[12]
Enter the total amount of contributions made to a profit-sharing plan in 2022 + ____________________[13]
Enter the total amount of contributions made to a money purchase plan in 2022 + ____________________[14]
Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2022 + ____________________[15]
Enter the total amount of contributions to a SIMPLE IRA plan in 2022 + ____________________[16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2022 + ____________________[17]
Enter the amount of catch-up contributions made to a SIMPLE Plan in 2022 + ____________________[18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2022 + ____________________[19]
Enter the amount of elective deferrals designated as Roth contributions in 2022 + ____________________[20]

NOTES/QUESTIONS:

Schedule C - General Information

Preparer use only

	2022 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__[2]	
Employer identification number	________________[3]	
Business name	________________[5]	
Principal business/profession	________________[6]	
Business code	__________[12]	__________
Business address, if different from home address on Organizer Form ID: 1040		
Address	________________[15]	
City/State/Zip	____________[16] ___[17] ____________[18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	__[19]	__
If other:	________________[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	__[22]	__
If other enter explanation:		
________________	[24]	
Enter an explanation if there was a change in determining your inventory:		
________________	[25]	
Did you "materially participate" in this business? (Y, N)	__[26]	__
If not, number of hours you did significantly participate	_____[28]	_____
Mark if you began or acquired this business in 2022	__[30]	
Did you make any payments in 2022 that require you to file Form(s) 1099? (Y, N)	__[31]	__
If "Yes", did you or will you file all required Forms 1099? (Y, N)	__[33]	__
Mark if this business is considered related to qualified services as a minister or religious worker	__[35]	__
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	__[37]	__
Medical insurance premiums paid by this activity	+ ________________[40]	________________
Long-term care premiums paid by this activity	+ ________________[44]	________________
Amount of wages received as a statutory employee	+ ________________[47]	

Business Income

	2022 Information	Prior Year Information
Gross receipts and sales		
________________	+ ________________[52]	________________
________________	+ ________________	________________
________________	+ ________________	________________
________________	+ ________________	________________
Returns and allowances	+ ________________[55]	________________
Other income:		
________________	+ ________________[57]	________________
________________	+ ________________	________________
________________	+ ________________	________________
________________	+ ________________	

Cost of Goods Sold

	2022 Information	Prior Year Information
Beginning inventory	+ ________________[59]	________________
Purchases	+ ________________[61]	________________
Labor:		
________________	+ ________________[63]	________________
________________	+ ________________	________________
Materials	+ ________________[65]	________________
Other costs:		
________________	+ ________________[67]	________________
________________	+ ________________	________________
________________	+ ________________	________________
________________	+ ________________	________________
Ending inventory	+ [69]	

	Control Totals+		Form ID: C-1

Schedule C - Expenses

Preparer use only

Principal business or profession ____________________

		2022 Information		Prior Year Information
Advertising	+		[6]	
Car and truck expenses	+		[8]	
Commissions and fees	+		[10]	
Contract labor	+		[12]	
Depletion	+		[14]	
Depreciation	+		[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):				
	+		[18]	
	+			
Insurance (Other than health):				
	+		[20]	
	+			
Interest:				
Mortgage (Paid to banks, etc.)				
	+		[22]	
	+			
	+			
Other:				
	+		[24]	
	+			
Legal and professional services	+		[26]	
Office expense	+		[29]	
Pension and profit sharing:				
	+		[31]	
	+			
Rent or lease:				
Vehicles, machinery, and equipment	+		[33]	
Other business property	+		[35]	
Repairs and maintenance	+		[37]	
Supplies	+		[39]	
Taxes and licenses:				
	+		[41]	
	+			
	+			
	+			
	+			
Travel and meals:				
Travel	+		[43]	
Meals (Enter 100% subject to 50% limitation)	+		[45]	
Meals (Enter 100% subject to DOT 80% limit)	+		[47]	
Meals (Fully deductible)	+		[49]	
Utilities	+		[51]	
Wages (Less employment credit):				
	+		[53]	
	+			
Other expenses:				
	+		[55]	
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			

	Control Totals+		Form ID: C-2

Preparer use only

Principal business or profession

Preparer use only

Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

Rent and Royalty Property - General Information

Preparer use only

	2022 Information	Prior Year Information
Description	[2]	
Taxpayer/Spouse/Joint (T, S, J) __[3] State postal code	[5]	
Physical address: Street	[6]	
City, state, zip code	[7] [8] [9]	
Foreign country	[11]	
Foreign province/county	[12]	
Foreign postal code	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)	[14]	
Description of other type (Type code #8)	[15]	
Did you make any payments in 2022 that require you to file Form(s) 1099? (Y,N)	[16]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	[20]	
Percentage of ownership if not 100%	[22]	
Business use percentage, if not 100% (Not vacation home percentage)	[24]	

Rent and Royalty Income

Rents and royalties	2022 Information	Prior Year Information
	+ [33]	

Rent and Royalty Expenses

	2022 Information	Percent if not 100%	Prior Year Information
Advertising	+ [35]	[36]	
Auto	+ [38]	[39]	
Travel	+ [41]	[42]	
Cleaning and maintenance	+ [44]	[45]	
Commissions:			
	+ [47]	[49]	
	+		
Insurance:			
	+ [50]	[52]	
	+		
Legal and professional fees	+ [54]	[55]	
Management fees:			
	+ [57]	[59]	
	+		
Mortgage interest paid to banks, etc (Form 1098)			
	+ [60]	[62]	
	+		
Other mortgage interest	+ [63]	[65]	
Qualified mortgage insurance premiums	+ [66]	[67]	
Other interest:			
	+ [69]	[71]	
	+		
Repairs	+ [72]	[73]	
Supplies	+ [75]	[76]	
Taxes:			
	+ [78]	[80]	
	+		
Utilities	+ [81]	[82]	
Depreciation	+ [84]	[85]	
Depletion	+ [87]	[88]	
Other expenses:			
	+ [90]		
	+		
	+		
	+		

Control Totals+

Preparer use only

Description

Refinancing Points

Preparer - Enter on Screen Rent

	2022 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name	[92]	
Date of refinance		
Total # Payments		
Reported on 1098 in 2022		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2022		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2022		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		

Vacation Home Information

Preparer - Enter on Screen Rent-3

	2022 Information	Prior Year Information
Number of days home was used personally	[5]	
Number of days home was rented	[7]	
Number of day home owned, if not 365	[9]	
Carryover of disallowed operating expenses into 2022	+ [21]	
Carryover of disallowed depreciation expenses into 2022	+ [22]	

Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	+ [25]	+ [26]	+ [27]
Short-term capital		+ [28]	+ [29]
Long-term capital		+ [30]	+ [31]
28% rate capital		+ [32]	+ [33]
Section 1231 loss	+ [34]	+ [35]	+ [36]
Ordinary business gain/loss	+ [37]	+ [38]	+ [39]
Section 179	+ [40]	+ [41]	+ [42]

NOTES/QUESTIONS:

Farm Income - General Information

Please provide all Forms 1099-K

Preparer use only

	2022 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__[2]	
Employer identification number	[3]	
Description	[4]	
Principal Product	[5]	
State postal code	[6]	
Accounting method (1 = Cash, 2 = Accrual)	[7]	
Agricultural activity code	[9]	
Did you "materially participate" in this business? (Y, N)	[12]	
Did you make any payments in 2022 that require you to file Form(s) 1099? (Y, N)	[14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[16]	
Mark if Schedule F net income or loss should be excluded from self-employment income	[18]	
Medical insurance premiums paid by this activity	+ [21]	
Long-term care premiums paid by this activity	+ [25]	

Schedule F Income

Sales Code**	Income description	2022 Information	Prior Year Information
		+ [35]	
		+	
		+	
		+	
		+	

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

	2022 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ [37]	
Beginning inventory of livestock and other items (Accrual method)	+ [39]	
Accrual cost of livestock, produce, grains, and other products purchased	+ [41]	
Ending Inventory of livestock and other items (Accrual method)	+ [43]	
Total cooperative distributions you received	+ [45]	
Taxable cooperative distributions you received	+ [47]	

Agricultural program payments	2022 Total	2022 Taxable	Prior Year Information
	+	+ [50]	
	+	+	
	+	+	

	2022 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ [52]	
Commodity credit loans reported under election:		
	[54]	
Total commodity credit loans forfeited	+ [56]	
Taxable commodity credit loans forfeited	+ [58]	

Total crop insurance proceeds you received in 2022	2022 Total	2022 Taxable	Prior Year Information
	+	+ [61]	
	+	+	
	+	+	
Mark if electing to defer crop insurance proceeds to 2023		[63]	
Crop insurance proceeds deferred from 2021		+ [65]	

Farm Expenses

Preparer use only

Description

		2022 Information	Prior Year Information
Car and truck expenses	+	[5]	
Chemicals	+	[7]	
Conservation expenses	+	[9]	
Carryover from prior years	+	[11]	
Custom hire (machine work)	+	[13]	
Depreciation	+	[15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+	[17]	
Feed purchased	+	[19]	
Fertilizers and lime	+	[21]	
Freight and trucking	+	[23]	
Gasoline, fuel, and oil	+	[25]	
Insurance (Other than health)			
	+	[28]	
	+		
	+		
Mortgage interest (Paid to banks, etc.)			
	+	[30]	
	+		
	+		
Other interest	+	[32]	
Labor hired (Less employment credit)	+	[34]	
Pension and profit sharing	+	[36]	
Rent - vehicles, machinery, and equipment	+	[38]	
Rent - other	+	[40]	
Repairs and maintenance	+	[42]	
Seed and plants purchased	+	[44]	
Storage and warehousing	+	[46]	
Supplies purchased	+	[48]	
Taxes:			
	+	[50]	
	+		
	+		
	+		
	+		
Utilities	+	[52]	
Veterinary, breeding, and medicine	+	[54]	
Other expenses:			
	+	[56]	
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
Preproductive period expenses	+	[58]	

	Control Totals+		Form ID: F-2

Farm Passive and Other Carryover Information

Preparer use only

Description ____________________

Preparer use only

Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

Farm Rental - General Information

Preparer use only

	2022 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__[2]	
Employer identification number	[3]	
Description	[4]	
State postal code	__[5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	__[6]	

Income Items

	2022 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
	+ [15]	
	+	
	+	
	+	
	+	
Total cooperative distributions you received	+ [17]	
Taxable cooperative distributions you received	+ [19]	

	2022 Total	2022 Taxable	Prior Year Information
Agricultural program payments:			
	+ [21]	+ [22]	
	+	+	
	+	+	

	2022 Information	Prior Year Information
Commodity credit loans reported under election:		
	+ [24]	
	+	
Total commodity credit loans forfeited	+ [26]	
Taxable commodity credit loans forfeited	+ [28]	

	2022 Total	2022 Taxable	Prior Year Information
Crop insurance proceeds you received in 2022			
	+ [30]	+ [31]	
	+	+	
	+	+	

	2022 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2023	__[33]	__
Crop insurance proceeds deferred from 2021	+ [35]	
Other income:		
	+ [38]	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Preparer use only

Description

	2022 Information		Prior Year Information
Car and truck expenses	+	[6]	
Chemicals	+	[8]	
Conservation expenses	+	[10]	
Carryover from prior years	+	[12]	
Custom hire (machine work)	+	[14]	
Depreciation	+	[16]	
Employee benefit programs	+	[18]	
Feed purchased	+	[20]	
Fertilizers and lime	+	[22]	
Freight and trucking	+	[24]	
Gasoline, fuel, and oil	+	[26]	
Insurance (Other than health):			
	+	[28]	
	+		
	+		
Mortgage interest (Paid to banks, etc.):			
	+	[30]	
	+		
	+		
Other interest	+	[33]	
Labor hired (Less employment credit)	+	[35]	
Pension and profit sharing	+	[37]	
Rent - vehicles, machinery, and equipment	+	[39]	
Rent - other	+	[41]	
Repairs and maintenance	+	[43]	
Seed and plants purchased	+	[45]	
Storage and warehousing	+	[47]	
Supplies purchased	+	[49]	
Taxes:			
	+	[51]	
	+		
	+		
	+		
	+		
Utilities	+	[53]	
Veterinary, breeding, and medicine	+	[55]	
Other expenses:			
	+	[57]	
	+		
	+		
	+		
	+		
	+		
	+		
	+		
Preproductive period expenses	+	[59]	

Preparer use only

Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [68]	+ [69]	+ [70]
Short-term capital		+ [72]	+ [73]
Long-term capital		+ [74]	+ [75]
28% rate capital		+ [76]	+ [77]
Section 1231 loss	+ [78]	+ [79]	+ [80]
Ordinary business gain/loss	+ [82]	+ [83]	+ [84]
Section 179	+ [87]	+ [88]	+ [89]

	Control Totals+		Form ID: 4835-2

Partnerships and S Corporations

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

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[6]
Name of entity ________________[13]
State postal code ___[14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[6]
Name of entity ________________[13]
State postal code ___[14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[6]
Name of entity ________________[13]
State postal code ___[14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

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

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ____[3]
Name of activity ____[4]
State postal code ___[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ____[3]
Name of activity ____[4]
State postal code ___[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ____[3]
Name of activity ____[4]
State postal code ___[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ____[3]
Name of activity ____[4]
State postal code ___[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Sale of Principal Residence

Description ______ [1]
Taxpayer/Spouse/Joint (T, S, J) __[5]
State postal code ____[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) __[7]
Date former residence was acquired ______ [9]
Date former residence was sold ______ [10]
Selling price of former residence + ______ [11]
Expenses related to the sale of your old home + ______ [12]
Original cost of home sold including capital improvements + ______ [13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) __[19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	______[21]	______[22]
Number of days each person owned property used as main home	______[23]	______[24]
Number of days between date of sale of the other home and date of sale of this home	______[25]	______[26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + ______ [28]
Total current year payments received + ______ [29]

Form 6252 - Related Party Installment Sale Information

Related party name ______ [30]
Address ______ [31]
City, State and Zip ______ [32] [33] ______ [34]
Identifying number of related party ______ [35]
Was the property sold as a marketable security? (Y, N) __[36]
Enter date of second sale if more than 2 years after the first sale ______ [37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) __[38]
Selling price of property sold by a related party + ______ [40]

NOTES/QUESTIONS:

Prior Year Installment Sale

Preparer use only

		2022 Information		Prior Year Information
Description		____	[3]	
Taxpayer/Spouse/Joint (T, S, J)		__	[7]	
State postal code		___	[8]	
Date acquired		____	[19]	
Date sold		____	[20]	
Gross sales price of property sold	+	____	[21]	____
Mortgage and other debts the buyer assumed	+	____	[23]	____
Cost or other basis	+	____	[25]	____
Commissions and other expenses of the sale	+	____	[27]	____
Gross profit percentage		____	[29]	____
Total current year principal payments received	+	____	[35]	____
Prior year principal payments received	+	____	[37]	____
Total ordinary income to recapture	+	____	[39]	____
Total ordinary income previously recaptured	+	____	[41]	

Control Totals+

Prior Year Installment Sale

Preparer use only

		2022 Information		Prior Year Information
Description		____	[3]	
Taxpayer/Spouse/Joint (T, S, J)		__	[7]	
State postal code		___	[8]	
Date acquired		____	[19]	
Date sold		____	[20]	
Gross sales price of property sold	+	____	[21]	____
Mortgage and other debts the buyer assumed	+	____	[23]	____
Cost or other basis	+	____	[25]	____
Commissions and other expenses of the sale	+	____	[27]	____
Gross profit percentage		____	[29]	____
Total current year principal payments received	+	____	[35]	____
Prior year principal payments received	+	____	[37]	____
Total ordinary income to recapture	+	____	[39]	____
Total ordinary income previously recaptured	+	____	[41]	

Control Totals+

NOTES/QUESTIONS:

Form 4797 and 6252 - General Information

Preparer use only

Description ____ [3]
Taxpayer/Spouse/Joint (T, S, J) __ [9]
State postal code ___ [10]
Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 __ [16]
Mark if disposition is due to casualty or theft __ [21]
Mark if disposition was to a related party __ [22]

Sale Information

Date acquired ____ [24]
Date sold ____ [25]
Gross sales price or insurance proceeds received + ____ [26]
Cost or other basis + ____ [27]
Commissions and other expenses of sale + ____ [28]
Depreciation allowed or allowable + ____ [29]

Form 4797, Part III - Recapture

Additional depreciation after 1975 **(Section 1250)** + ____ [31]
Applicable percentage (if not 100%) **(Section 1250)** ____ [32]
Additional depreciation after 1969 **(Section 1250)** + ____ [33]
Soil, water and land clearing expenses **(Section 1252)** + ____ [34]
Applicable percentage (if not 100%) **(Section 1252)** ____ [35]
Intangible drilling and development costs **(Section 1254)** + ____ [36]
Applicable payments excluded from income under sec. 126 **(Section 1255)** + ____ [37]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + ____ [38]
Total current year payments received + ____ [39]

Form 6252 - Related Party Installment Sale Information

Related party name ____ [40]
Address ____ [41]
City, State, and Zip ____ [42] [43] ____ [44]
Identifying number of related party ____ [45]
Was the property sold as a marketable security? (Y, N) __ [46]
Enter date of second sale ____ [47]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) __ [48]
Selling price of property sold by a related party + ____ [50]

NOTES/QUESTIONS:

	Control Totals+		Form ID: Sale

Like-Kind Exchange General Information

Preparer use only

Description of property given up	______	[4]
	______	[5]
Taxpayer/Spouse/Joint (T, S, J)	__	[6]
State postal code	___	[7]
Description of property received	______	[10]
	______	[11]

Date Information

Date the like-kind property given up was acquired	______	[16]
Date you transferred your property to the other party	______	[17]
Date the like-kind property received was identified	______	[18]
Date you received the like-kind property from the other party	______	[19]

Gain and Basis Information

Fair market value of other property given up	+ ______	[20]
Adjusted basis of other property given up	+ ______	[21]
Cash received	+ ______	[22]
Fair market value of other (not like-kind) property received	+ ______	[23]
Installment obligation received in like-kind exchange	+ ______	[24]
Fair market value of like-kind property you received	+ ______	[25]
Fair market value of non-section 1245 property you received	+ ______	[26]
Liabilities, including mortgages, assumed by you	+ ______	[27]
Cash paid	+ ______	[28]
Adjusted basis of like-kind property given up	+ ______	[29]
Adjusted basis of like-kind property from pass through entity		
Cost or other basis	+ ______	[30]
Depreciation allowed or allowable excluding Section 179	+ ______	[31]
Section 179 expense deduction passed through	+ ______	[32]
Section 179 carryover	+ ______	[33]
Liabilities, including mortgages, assumed by the other party	+ ______	[34]
Exchange expenses incurred by you	+ ______	[35]

Related Party Exchange Information

Name of related party	______	[38]
Address of related party	______	[39]
City	______	[40]
State	___	[41]
Zip code	______	[42]
Identifying number of related party	______	[43]
Relationship to you	______	[44]
During this tax year, did the related party sell or dispose of the property received? (Y, N)	__	[45]
During this tax year, did you sell or dispose of the like-kind property you received? (Y, N)	__	[46]
Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance)	__	[47]
Mark if this exchange is a prior year like-kind exchange	__	[49]

NOTES/QUESTIONS:

Statement of Specified Foreign Financial Assets

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service. Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2022 Information	Prior Year Information
Asset description	____[2]	
Asset identifying number or other designation	____[3]	
Date asset acquired	____[4]	____
Date asset disposed	____[6]	
Asset jointly owned with spouse	__[7]	
Maximum value of asset	____[9]	

Asset foreign entity information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity:(P = Partnership, C= Corporation, T = Trust, E = Estate) __[14]
Foreign entity name ____[16]
Foreign entity address ____[17]
City, state, zip code ____[18] ____[19] ____[20]
Foreign country code/name ____[21] ____[22]
Foreign province/county ____[23]
Foreign postal code ____[24]

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) __[25]
Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) __
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) __
Individual or organization name ____
Address of issuer or counterparty ____
City, state, zip code ____ ____ ____
Foreign country code/name ____ ____
Foreign province/county ____
Foreign postal code ____

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) __
Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) __
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) __
Individual or organization name ____
Address of issuer or counterparty ____
City, state, zip code ____ ____ ____
Foreign country code/name ____ ____
Foreign province/county ____
Foreign postal code ____

NOTES/QUESTIONS:

Foreign Financial Accounts

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

Taxpayer/Spouse/Joint (T, S, J) __[1]

	2022 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	__[4]	
Type of Account:		
Bank	__[5]	
Securities	__[6]	
Other	____________[7]	
Maximum value of account	____________[8]	____________
Account number or other designation	____________[10]	
Financial institution	____________[12]	
Address of financial institution	____________[13]	
City, state, zip code	____________[14] ___[15] ____________[16]	
Foreign country code/name	___[17] ____________[18]	
For addresses in Mexico, enter state	____________[20]	
Foreign province/county	____________[23]	
Foreign postal code	____________[24]	
Account jointly owned with spouse	__[25]	
Account opened during the tax year	__[47]	__
Account closed during the tax year	__[49]	
Information is reported for a financial account which is:	__[27]	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

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

Taxpayer identification number of account holder/joint owner ____________[28]

Foreign identification number of account holder/joint owner (If no Taxpayer identification number) ____________[29]

Last name or organization name of account holder/joint owner ____________[30]

First name and middle initial of account holder/joint owner ____________[31] __[32]

Address and apartment ____________[33] ____________[34]

City, state, zip code ____________[35] ___[36] ____________[37]

Foreign country code/name ___[38] ____________[39]

For addresses in Mexico, enter state ____________[41]

Foreign postal code ____________[44]

Number of joint owners (Not including taxpayer, if applicable) _____[45]

Filer's title with this owner (If applicable) ____________[46]

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S) __[1]
State postal code ___[3]
Foreign street address ______[4] City ______
State/Province ______ Country code ___
Country ______ Postal code ______
Employer's name ______[2]
U.S. address ______[5] City ______
State postal code ___ Zip code ______
Foreign street address ______[6] City ______
State/Province ______ Country code ___
Country ______ Postal code ______
Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) _[7] If other, specify type ______[8]
Country of citizenship ______[11]
If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:
City/Country ______[12] Days ______
City/Country ______ Days ______
List tax home(s) during the tax year and dates established:
Tax home ______[13] Date ______
Tax home ______ Date ______

Foreign Earned Income Allocation Information

***U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information:[16]

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
__	______	______	______	______
__	______	______	______	______
__	______	______	______	______
__	______	______	______	______
__	______	______	______	______
__	______	______	______	______

Foreign days worked before and after foreign assignment ___[17] Total days worked before and after foreign assignment ___[18]
Total number of days worked during year (defaults to 240) ___[19]

Bona Fide Residence Test

Date foreign residence began ______[21] Date foreign residence ended ______[22]
Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) _[23]
If any family members lived abroad with you during any part of tax year, list who and for what period:
Relationship ______ Period abroad ______[24]
Relationship ______ Period abroad ______
Relationship ______ Period abroad ______
Relationship ______ Period abroad ______
Mark if you submitted a statement to foreign country authorities that you are not a resident of that country _[25]
Mark if required to pay income tax to that country _[26]
List any contractual terms or other conditions relating to length of employment abroad
______[27]
______
Type of visa used to enter foreign country ______[28]
Explanation if visa limited length of stay or employment
______[29]
______
If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:
Address ______[30] City ______
State postal code ___ Zip code ______
Rented _ Occupant ______ Relationship ______
Address ______[30] City ______
State postal code ___ Zip code ______
Rented _ Occupant ______ Relationship ______

Physical Presence Test

Principal country of employment [31]

Employer's name ______________________________
Taxpayer/Spouse (T, S) _
State postal code ___

Foreign Earned Income

***Please use the Foreign Earned Income Allocation Codes located below**

		Allocation Code*		Amount	
Noncash income:					
Home (lodging)	[10]	__[11]	+		[12]
Meals	[13]	__[14]	+		[15]
Car	[16]	__[17]	+		[18]
Other properties or facilities (Please enter code here and description and amount below):		__[19]			
			+		[20]
			+		
			+		
			+		
			+		
Allowances, reimbursements or expenses paid on behalf:					
Cost of living and overseas differential		__[21]	+		[22]
Family		__[23]	+		[24]
Education		__[25]	+		[26]
Home leave		__[27]	+		[28]
Quarters		__[29]	+		[30]
Other purposes (Please enter code here and description and amount below):		__[31]			
			+		[32]
			+		
			+		
			+		
			+		
Other foreign earned income (Please enter code here and description and amount below):		__[33]			
			+		[34]
			+		
			+		
			+		
			+		
Excludable meals and lodging under section 119			+		[35]

***Foreign Earned Income Allocation Codes**
1 = 100% foreign during assignment
2 = 100% U.S. during assignment
3 = U.S. and foreign days worked during assignment
4 = U.S. and foreign days before/after assignment
5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

	Allocation Code*		Amount	
Other allocable deductions	__[36]	+		[37]

Housing Exclusion/Deduction

Qualified housing expense	+		[47]

NOTES/QUESTIONS:

Preparer use only

Description of move	______________________	[2]
Taxpayer/Spouse/Joint (T, S, J)	__	[3]
Mark if the move was due to service in the armed forces	__	[7]
Number of miles from old home to new workplace	__________	[8]
Number of miles from old home to old workplace	__________	[9]
Mark if move is outside United States or its possessions	__	[10]
Transportation and storage expenses	+ ______________	[11]
Travel and lodging (not including meals)	+ ______________	[12]
Miles driven to new home		
1/1/22-6/30/22	__________	[13]
7/1/22-12/31/22	__________	[14]
Total amount reimbursed for moving expenses	+ ______________	[15]

NOTES/QUESTIONS:

Employee Business Expenses

Preparer use only

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__[2]	
Occupation in which expenses were incurred	____[3]	
State postal code	____[5]	
If the employee expenses were from an occupation listed below, enter the applicable code	__[6]	__
1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official, 5 = Reservist	__	
Parking fees and tolls	+ ____[18]	____
Local transportation	+ ____[20]	____
Travel expenses	+ ____[23]	____
Other business expenses:		
____	+ ____[26]	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
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____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
Nonvehicle depreciation	+ ____[29]	____
Meals	+ ____[32]	____
Meals for individuals subject to DOT hours of service limitation (certain state returns)	+ ____[35]	

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

	2022 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+ ____[62]	____
Reimbursements for meals not included on Form W-2	+ ____[64]	____
Reimbursements for meals for DOT service limitation not included on Form W-2	+ ____[66]	

Control Totals+

Employee Business Expenses

Preparer use only

Taxpayer/Spouse (T, S) __[2]

Occupation in which expenses were incurred ____________________[3]

State postal code ___[4]

Vehicle Questions

	2022 Information	Prior Year Information
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	__[5]	__
Was another vehicle available for personal use? (Y, N)	__[7]	__
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	__[9]	

Vehicle Information

Vehicle 1 -	Date placed in service	______[11]
	Description	______[12]
	Comments	______
Vehicle 2 -	Date placed in service	______[59]
	Description	______[60]
	Comments	______
Vehicle 3 -	Date placed in service	______[107]
	Description	______[108]
	Comments	______
Vehicle 4 -	Date placed in service	______[155]
	Description	______[156]
	Comments	______

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	[18]		[66]		[114]		[162]	
Business miles before 7/1	[20]		[68]		[116]		[164]	
Business miles after 6/30	[22]		[70]		[118]		[166]	
Average daily round trip commuting mileage	[23]		[71]		[119]		[167]	
Total commuting mileage	[25]		[73]		[121]		[169]	
Gasoline	+ [27]		+ [75]		+ [123]		+ [171]	
Oil	+ [29]		+ [77]		+ [125]		+ [173]	
Repairs	+ [31]		+ [79]		+ [127]		+ [175]	
Maintenance	+ [33]		+ [81]		+ [129]		+ [177]	
Tires	+ [35]		+ [83]		+ [131]		+ [179]	
Car washes	+ [37]		+ [85]		+ [133]		+ [181]	
Insurance	+ [39]		+ [87]		+ [135]		+ [183]	
Interest	+ [41]		+ [89]		+ [137]		+ [185]	
Registration	+ [43]		+ [91]		+ [139]		+ [187]	
Licenses	+ [45]		+ [93]		+ [141]		+ [189]	
Property taxes (Plates, tags, etc)	+ [47]		+ [95]		+ [143]		+ [191]	
Vehicle rentals	+ [49]		+ [97]		+ [145]		+ [193]	
Inclusion amt (Preparer only)	+ [51]		+ [99]		+ [146]		+ [195]	
Other vehicle expenses	+ [53]		+ [101]		+ [149]		+ [197]	
Value of employer provided vehicle	+ [55]		+ [103]		+ [151]		+ [199]	
Depreciation	+ [57]		+ [105]		+ [153]		+ [201]	

Alimony Paid:

T/S	Date*	2022 Information	Prior Year Information
		+ [4]	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		

*** Date of divorce/separation agreement**

	2022 Information Taxpayer	2022 Information Spouse	Prior Year Information
Educator expenses:			
	+ [6]	+ [7]	
	+	+	
Other adjustments:			
	+ [9]	+ [10]	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
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	+	+	
	+	+	

NOTES/QUESTIONS:

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2022 that were issued after 1989, and you paid qualified higher education expenses in 2022 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) __
SSN of person enrolled at eligible educational institution __________
Name of person enrolled at eligible educational institution (First/Last) __________ __________
Name of eligible educational institution __________
Address of eligible educational institution __________
City, state, and zip code __________ ____ ________
Qualified higher education expenses you paid in 2022 for person listed above + __________ [1]
Enter any nontaxable educational benefits received for 2022 for person listed above + __________
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____
Financial institution name (ESA) or name of program (QTP) __________
Financial institution address (ESA) or address of program (QTP) __________
City, state and zip code __________ ____ ________

Taxpayer/Spouse/Joint (T, S, J) __
SSN of person enrolled at eligible educational institution __________
Name of person enrolled at eligible educational institution (First/Last) __________ __________
Name of eligible educational institution __________
Address of eligible educational institution __________
City, state, and zip code __________ ____ ________
Qualified higher education expenses you paid in 2022 for person listed above + __________ [1]
Enter any nontaxable educational benefits received for 2022 for person listed above + __________
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____
Financial institution name (ESA) or name of program (QTP) __________
Financial institution address (ESA) or address of program (QTP) __________
City, state and zip code __________ ____ ________

Taxpayer/Spouse/Joint (T, S, J) __
SSN of person enrolled at eligible educational institution __________
Name of person enrolled at eligible educational institution (First/Last) __________ __________
Name of eligible educational institution __________
Address of eligible educational institution __________
City, state, and zip code __________ ____ ________
Qualified higher education expenses you paid in 2022 for person listed above + __________ [1]
Enter any nontaxable educational benefits received for 2022 for person listed above + __________
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____
Financial institution name (ESA) or name of program (QTP) __________
Financial institution address (ESA) or address of program (QTP) __________
City, state and zip code __________ ____ ________

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2022 + __________ [3]

NOTES/QUESTIONS:

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2022 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E.
Form 1098-E from the lender reports interest received in 2022. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender		2022 Interest Paid		Prior Year Information
__	______	+	______	[1]	______
__	______	+	______		______
__	______	+	______		______
__	______	+	______		

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

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

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) __[8]
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit) __
Student's social security number ____________
Student's first name ____________
Student's last name ____________

Institution Information

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

Institution's federal identification number ____________[8]
Institution's name ____________
Institution's street address ____________
Institution's city, state, zip code ____________ ___ ____________

Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2022.
Enter the amount actually paid during 2022.

	2022 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) **(Box 1)**	+ ____________[8]	____________
Educational institution changed its reporting method for 2022 **(Box 3)**	__	
Adjustments made for a prior year **(Box 4)**	____________	
Scholarships or grants **(Box 5)**	____________	
Adjustments to scholarships or grants for a prior year **(Box 6)**	____________	
Box 1 or 2 includes amounts for an academic period beginning January - March 2023 **(Box 7)**	__	
At least half-time student **(Box 8)**	__	
Graduate student **(Box 9)** (1=Yes, 2=No)	__	
Insurance contract reimbursement/refund **(Box 10)**	____________	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	____________	
American Opportunity Tax Credit (AOTC) disqualifier 1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2022	__	

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S)	__[1]
Payer name	____[3]
State postal code	____[4]
Type of account (1= Private QTP, 2 = State QTP, 3 = ESA)	____[6]
Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither)	____[7]
Final distribution	____[8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number	____[11]
First name	____[12]
Last name	____[13]

	2022 Information	Prior Year Information
Amount contributed in current year	+ ____[14]	____
Basis of this account at 12/31/21	+ ____[17]	____
Value of this account at 12/31/22	+ ____[19]	____
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ ____[24]	

Payments from Qualified Education Programs

	2022 Information	Prior Year Information
Gross distribution **(Box 1)**	+ ____[30]	____
Earnings **(Box 2)**	+ ____[32]	____
Basis **(Box 3)**	+ ____[34]	____
Trustee-to-trustee rollover **(Box 4)**	____[36]	
Trustee-to-trustee rollover amount if different than Box 1	+ ____[37]	____
Box 5 -		
Private QTP	____[39]	
State QTP	____[40]	
Coverdell ESA	____[41]	
Check if the recipient is not the designated beneficiary **(Box 6)**	____[42]	
Qualified education expenses	+ ____[43]	____
Elementary and secondary education expenses	+ ____[45]	

NOTES/QUESTIONS:

	Control Totals+		**Form ID: 1099Q**

Schedule A - Medical and Dental Expenses

T/S/J			2022 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received			
__[1]		+	[2]	
__		+		
__		+		
__		+		
__		+		
__		+		
	Medical insurance premiums you paid: **Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.**			
__[4]		+	[5]	
__		+		
__		+		
__		+		
	Long-term care premiums you paid: **Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)**			
__[7]		+	[8]	
__		+		
	Prescription medicines and drugs:			
__[10]		+	[11]	
__		+		
__		+		
__[13]	Miles driven for medical items (1/1/22 - 6/30/22, 18 cents)		[14]	
__[16]	Miles driven for medical items (7/1/22 - 12/31/22, 22 cents)		[17]	

Schedule A - Tax Expenses

T/S/J			2022 Information	Prior Year Information
	State/local income taxes paid:			
__[18]		+	[19]	
__		+		
__		+		
__		+		
__		+		
	2021 state and local income taxes paid in 2022:			
__[21]		+	[22]	
__		+		
__		+		
	Real estate taxes paid:			
__[24]		+	[25]	
__		+		
__		+		
	Personal property taxes:			
__[27]		+	[28]	
__		+		
	Other taxes, such as: foreign taxes and State disability taxes			
__[30]		+	[31]	
__		+		
__		+		
	Sales tax paid on major purchases:			
__[36]		+	[37]	
__		+		
	Sales tax paid on actual expenses:			
__[39]		+	[40]	
__		+		
__		+		

	Control Totals+		

Interest Expenses

T/S/J		2022 Interest Paid [2]	2022 Points Paid	Type*	Prior Year Information
	Home mortgage interest: From Form 1098				
[1]		+	+		
		+	+		
		+	+		
		+	+		
		+	+		
		+	+		
		+	+		
		+	+		
		+	+		

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2022 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			+ [5]	
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

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

Payer's/Borrower's name [7]

Street Address

City/State/Zip code

Refinancing Points paid in 2022 -

Taxpayer/Spouse/Joint (T, S, J) [11]

Recipient/Lender name

Total points paid at time of refinance

Points deemed as paid in 2022 **(Preparer use only)** + [12]

Date of refinance

Term of new loan (in months)

Reported on Form 1098 in 2022

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

Recipient/Lender name

Total points paid at time of refinance

Points deemed as paid in 2022 **(Preparer use only)** +

Date of refinance

Term of new loan (in months)

Reported on Form 1098 in 2022

T/S/J		2022 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:		
[15]		+ [16]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

	Control Totals+		Form ID: A-2

Charitable Contributions

T/S/J		2022 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)		

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.
Individual contributions of $250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

__[2]	________	+ ________[3]	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__[5]	Volunteer miles driven	________[6]	________
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
__[8]	________	+ ________[9]	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	

Miscellaneous Deductions

T/S/J		2022 Information	Prior Year Information
	Other expenses		
__[12]	________	+ ________[13]	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	________
	Gambling losses: (Enter only if you have gambling income)		
__[15]	________	+ ________[16]	________
__	________	+ ________	________
__	________	+ ________	________
__	________	+ ________	

NOTES/QUESTIONS:

Miscellaneous Itemized Deductions (State Use Only)

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J		**2022 Information**	**Prior Year Information**
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
__[1]	______	+ ______[2]	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
	Union dues, other than amounts reported on Form W-2:		
__[4]	______	+ ______[5]	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__[7]	Tax preparation fees	+ ______[8]	______
	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
__[10]	______	+ ______[11]	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__[13]	Safe deposit box rental	+ ______[14]	______
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
__[16]	______	+ ______[17]	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______
__	______	+ ______	______

NOTES/QUESTIONS:

Home Mortgage Interest Subject To Limitations

Complete this section if either of the following applies:

- You have home acquisition/improvement debt over $750,000 for loans taken out in 2018 or later

- You have home acquisition/improvement debt over $1,000,000 for loans taken out in 2017 or earlier

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.
Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your hor

		2022 Information		Prior Year Information
Description of loan/property		______	[2]	
Taxpayer/Spouse/Joint (T, S, J)		__	[3]	
Loan origination date		______	[4]	
If refinanced debt, date of initial loan		______	[5]	
Fair market value of home	+	______	[6]	______
Number of months loan was outstanding in 2022, if not 12		___	[8]	___
Number of months home was a qualifying home (If different from number of months loan was outstanding)		___	[10]	___
Principal paid in 2022	+	______	[12]	______
Interest paid during 2022	+	______	[14]	______
Points reported on Form 1098 for 2022	+	______	[17]	______
Home mortgage interest you paid, not reported on Form 1098:				
Recipient name		______	[20]	
Recipient SSN or EIN		______	[21]	
Recipient address		______	[22]	
Recipient city, state, zip code		______ [23] ____ [24] ______	[25]	
Grandfather debt as of 12/31/21 (or first day mortgage was outstanding)	+	______	[26]	______
Grandfather debt as of 12/31/22 (or last day mortgage was outstanding)	+	______	[28]	______
Home acquisition/improvement debt as of 12/31/21 (or first day mortgage was outstanding)	+	______	[30]	______
Home acquisition/improvement debt as of 12/31/22 (or last day mortgage was outstanding)	+	______	[32]	______
Home equity debt as of 12/31/21***(or first day mortgage was outstanding)	+	______	[34]	______
Home equity debt as of 12/31/22***(or last day mortgage was outstanding)	+	______	[36]	______
*** ONLY portion of loan proceeds used to buy, build, or improve qualified residence				
Average balance in 2022 of grandfather debt	+	______	[41]	______
Average balance in 2022 of home acquisition/improvement debt	+	______	[43]	______
Average balance for 2022 all types of debt	+	______	[45]	

NOTES/QUESTIONS:

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) __[1]
Donated property description ____________________[4]
Name of donee organization ____________________[5]
Address of donee organization ____________________[6]
City ____________________[7]
State postal code ___[8]
Zip code ____________[9]
Date contributed ____________[10]
Date acquired by donor ____________[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis +____________[13]
Fair market value +____________[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ____________________[16]

	Control Totals+	

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) __[1]
Donated property description ____________________[4]
Name of donee organization ____________________[5]
Address of donee organization ____________________[6]
City ____________________[7]
State postal code ___[8]
Zip code ____________[9]
Date contributed ____________[10]
Date acquired by donor ____________[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis +____________[13]
Fair market value +____________[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ____________________[16]

	Control Totals+	

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) __[1]
Donated property description ____________________[4]
Name of donee organization ____________________[5]
Address of donee organization ____________________[6]
City ____________________[7]
State postal code ___[8]
Zip code ____________[9]
Date contributed ____________[10]
Date acquired by donor ____________[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis +____________[13]
Fair market value +____________[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ____________________[16]

	Control Totals+	

Contributions of Motor Vehicles, Boats & Airplanes

Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S) __[1]
Donee's name ____________________[4]
State postal code ___[3]
Date of contribution **(Box 1)** __________[9]
Odometer mileage **(Box 2a)** __________[10]
Year of vehicle **(Box 2b)** __________[11]
Make of vehicle **(Box 2c)** ____________________[12]
Model of vehicle **(Box 2d)** ____________________[13]
Vehicle or other identification number **(Box 3)** ____________________[14]
Donee certifies that vehicle was sold in arm's length transaction to unrelated party **(Box 4a)** __[15]
Date of sale **(Box 4b)** __________[16]
Gross proceeds from sale **(Box 4c)** + __________[17]
Donee certifies that vehicle will not be transferred for money, other property, or services
before completion of material improvement or significant intervening use **(Box 5a)** __[18]
Donee certifies that vehicle is to be transferred to a needy individual for significantly
below fair market value in furtherance of donee's charitable purpose **(Box 5b)** __[19]
Detailed description of material improvements or significant intervening use and duration of use **(Box 5c)**
____________________[20]
____
____

Did you provide goods or services in exchange for the vehicle? **(Box 6a)** Yes __[21] No __[22]
Value of goods and services provided in exchange for the vehicle **(Box 6b)** + __________[23]
Donee certifies that the goods and services consisted solely of intangible religious benefits **(Box 6c)** __[24]
Description of goods and services **(Box 6c)**
____________________[25]
____
____

Under the law, the donor may not claim a deduction of more than $500 for this vehicle if this box is checked **(Box 7)** __[26]

Other Information for Donated Property

Overall physical condition of property ____________________[31]
Date property was acquired by donor __________[32]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[33]
Donor's cost or basis + __________[34]
Fair market value on date of contribution + __________[35]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[36]
If other: ____________________[37]
Bargain sale amount received + __________[38]
Donee's address, and ZIP code ____________________[42]
____________________[43] ____[44] __________[45]
Donee's telephone number __________[46]

NOTES/QUESTIONS:

	Control Totals+		Form ID: 1098C

Casualty and Theft - Business/Income Producing Properties

Preparer use only

Occurrence description ______ [3]
Taxpayer/Spouse/Joint (T, S, J) __[4]
State postal code ___[5]
Date of casualty or theft ______[7]

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A ______[10]
Description of casualty or theft - Property B ______[23]
Description of casualty or theft - Property C ______[36]
Description of casualty or theft - Property D ______[49]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	__[13]	__[26]	__[39]	__[52]
Date acquired	______[17]	______[30]	______[43]	______[56]
Cost or other basis of property	+ ______[18]	+ ______[31]	+ ______[44]	+ ______[57]
Insurance or other reimbursement	+ ______[19]	+ ______[32]	+ ______[45]	+ ______[58]
Fair market value before casualty	+ ______[20]	+ ______[33]	+ ______[46]	+ ______[59]
Fair market value after casualty	+ ______[21]	+ ______[34]	+ ______[47]	+ ______[60]

Business/Income Use Replacement Information

Description of replacement property A ______[61]
Description of replacement property B ______[65]
Description of replacement property C ______[69]
Description of replacement property D ______[73]

	A	B	C	D
Mark if property was acquired from a related party	___[62]	___[66]	___[70]	___[74]
Date acquired	______[63]	______[67]	______[71]	______[75]
Cost of replacement property	+ ______[64]	+ ______[68]	+ ______[72]	+ ______[76]

NOTES/QUESTIONS:

Casualty and Theft - Personal Use Properties

Preparer use only

Occurrence description ____ [3]
Taxpayer/Spouse/Joint (T, S, J) __[4]
State postal code ___[5]
Date of casualty or theft ____[8]
Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government __[9]
FEMA disaster declaration number (ex. DR-4593-WA) ___[10] - ____[11]

Casualty and Theft - Personal Use Properties

	Type of property	City	State	Zip code
Property A	[19]	[20]	[21]	[22]
Property B	[36]	[37]	[38]	[39]
Property C	[53]	[54]	[55]	[56]
Property D	[70]	[71]	[72]	[73]

	A	B	C	D
Date acquired	[27]	[44]	[61]	[78]
Cost or other basis of property	+ [28]	+ [45]	+ [62]	+ [79]
Insurance or other reimbursement	+ [29]	+ [46]	+ [63]	+ [80]
Fair market value before casualty	+ [31]	+ [48]	+ [64]	+ [81]
Fair market value after casualty	+ [32]	+ [49]	+ [65]	+ [82]

Personal Use Replacement Information

Description of replacement property A ____[85]
Description of replacement property B ____[89]
Description of replacement property C ____[93]
Description of replacement property D ____[97]

	A	B	C	D
Mark if property was acquired from a related party	[86]	[90]	[94]	[98]
Date acquired	[87]	[91]	[95]	[99]
Cost of replacement property	+ [88]	+ [92]	+ [96]	+ [100]

NOTES/QUESTIONS:

Prior Year Casualty and Theft - Business/Income Producing Properties

Preparer use only

Occurrence description ____ [3]
Taxpayer/Spouse/Joint (T, S, J) __ [4]
State postal code ___ [5]
Date of casualty or theft ____ [6]

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A ____ [8]
Description of casualty or theft - Property B ____ [17]
Description of casualty or theft - Property C ____ [26]
Description of casualty or theft - Property D ____ [35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	__[9]	__[18]	__[27]	__[36]
Date acquired	____[12]	____[21]	____[30]	____[39]
Cost or other basis of property	+ ____[13]	+ ____[22]	+ ____[31]	+ ____[40]
Insurance or other reimbursement	+ ____[14]	+ ____[23]	+ ____[32]	+ ____[41]
Fair market value before casualty	+ ____[15]	+ ____[24]	+ ____[33]	+ ____[42]
Fair market value after casualty	+ ____[16]	+ ____[25]	+ ____[34]	+ ____[43]

Current Year Business/Income Use Replacement Information

Description of replacement property A ____ [44]
Description of replacement property B ____ [50]
Description of replacement property C ____ [56]
Description of replacement property D ____ [62]

	A	B	C	D
Date acquired	____[45]	____[51]	____[57]	____[63]
Prior year cost of replacement property	+ ____[46]	+ ____[52]	+ ____[58]	+ ____[64]
Cost of replacement property	+ ____[47]	+ ____[53]	+ ____[59]	+ ____[65]
Postponed gain	+ ____[48]	+ ____[54]	+ ____[60]	+ ____[66]
Adjusted basis of replacement property	+ ____[49]	+ ____[55]	+ ____[61]	+ ____[67]

NOTES/QUESTIONS:

Prior Year Casualty and Theft - Personal Use Properties

Occurrence description		[1]
Taxpayer/Spouse/Joint (T, S, J)		[2]
State postal code		[3]
Date of casualty or theft		[4]
Damage to personal residence from corrosive drywall		[5]
Amount paid to repair damage to home or household appliances	+	[6]
25% loss available from 2021	+	[7]

Prior Year Casualty and Theft - Personal Use Properties (Cont'd)

Type of property A	[15]	City A	[16]
Type of property B	[26]	City B	[27]
Type of property C	[37]	City C	[38]
Type of property D	[48]	City D	[49]

	A	B	C	D
State postal code	[17]	[28]	[39]	[50]
Zip code	[18]	[29]	[40]	[51]
Date acquired	[20]	[31]	[42]	[53]
Cost or other basis of property	+ [21]	+ [32]	+ [43]	+ [54]
Insurance or other reimbursement	+ [22]	+ [33]	+ [44]	+ [55]
Principal residence exclusion taken	+ [23]	+ [34]	+ [45]	+ [56]
Fair market value before casualty	+ [24]	+ [35]	+ [46]	+ [57]
Fair market value after casualty	+ [25]	+ [36]	+ [47]	+ [58]

Personal Use Replacement Information

Description of replacement property A	[59]
Description of replacement property B	[65]
Description of replacement property C	[71]
Description of replacement property D	[77]

	A	B	C	D
Date acquired	[60]	[66]	[72]	[78]
Prior year cost of replacement property	+ [61]	+ [67]	+ [73]	+ [79]
Cost of replacement property	+ [62]	+ [68]	+ [74]	+ [80]
Postponed gain	+ [63]	+ [69]	+ [75]	+ [81]
Adjusted basis of replacement property	+ [64]	+ [70]	+ [76]	+ [82]

NOTES/QUESTIONS:

Home Office General Information

Preparer use only

Principal business or profession	______	[3]
Taxpayer/Spouse/Joint (T, S, J)	__	[4]
State postal code	___	[5]

Business Use of Home

	2022 Information		Prior Year Information
Total area of home	______	[14]	______
Area used exclusively for business	______	[16]	______
Information for day-care facilities only:			
Total hours used for day-care during this year	___	[18]	___
Total hours used this year, if less than 8760	___	[20]	___
Special computation for certain day-care facilities:			
Area used regularly and exclusively for day-care business	______	[22]	______
Area used partly for day-care business	______	[24]	

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2022 Information				Prior Year Information
	Direct Expenses		Indirect Expenses		
Mortgage interest:	+ ______	[29]	+ ______	[31]	______
Mortgage insurance premiums	+ ______	[34]	+ ______	[35]	______
Real estate taxes:	+ ______	[37]	+ ______	[39]	______
Excess mortgage interest	+ ______	[42]	+ ______	[43]	______
Insurance	+ ______	[48]	+ ______	[50]	______
Rent	+ ______	[54]	+ ______	[55]	______
Repairs & maintenance	+ ______	[57]	+ ______	[58]	______
Utilities	+ ______	[60]	+ ______	[61]	______
Other expenses, such as: Supplies & Security system					
______	+ ______	[63]	+ ______	[64]	______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
Excess casualty losses			+ ______	[66]	
Carryovers:					
Operating expenses			+ ______	[67]	
Casualty losses			+ ______	[68]	
Depreciation			+ ______	[70]	
Business expenses not from business use of home, such as:					
Travel, Supplies, Business telephone expenses			+ ______	[71]	______
Depreciation			+ ______	[75]	______

NOTES/QUESTIONS:

	Control Totals+		Form ID: 8829

Auto Worksheet

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession ______ [3]

Vehicles

Vehicle 1 -	Date placed in service	______ [4]
	Description	______ [5]
	Comments	______
Vehicle 2 -	Date placed in service	______ [9]
	Description	______ [10]
	Comments	______
Vehicle 3 -	Date placed in service	______ [14]
	Description	______ [15]
	Comments	______
Vehicle 4 -	Date placed in service	______ [19]
	Description	______ [20]
	Comments	______

Vehicle Questions

If you used your automobile for work purposes, answer the following questions:

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
Was the vehicle available for off-duty personal use? (Y, N)	__[60]	__	__[62]	__	__[64]	__	__[66]	__
Was another vehicle available for personal use? (Y, N)	__[68]	__	__[70]	__	__[72]	__	__[74]	__
Do you have evidence to support your deduction? (Y, N)	__[76]	__	__[78]	__	__[80]	__	__[82]	__
Is this evidence written? (Y, N)	__[84]	__	__[86]	__	__[88]	__	__[90]	__

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	______[32]		______[34]		______[36]		______[38]	
Commuting miles	______[40]		______[42]		______[44]		______[46]	
Business miles before 7/1	______[48]		______[50]		______[52]		______[54]	
Business miles after 6/30	______[56]		______[57]		______[58]		______[59]	
Parking fees	+ ______[92]		+ ______[94]		+ ______[96]		+ ______[98]	
Tolls	+ ______[100]		+ ______[102]		+ ______[104]		+ ______[106]	
Gasoline	+ ______[108]		+ ______[110]		+ ______[112]		+ ______[114]	
Oil	+ ______[116]		+ ______[118]		+ ______[120]		+ ______[122]	
Repairs	+ ______[124]		+ ______[126]		+ ______[128]		+ ______[130]	
Maintenance	+ ______[132]		+ ______[134]		+ ______[136]		+ ______[138]	
Tires	+ ______[140]		+ ______[142]		+ ______[144]		+ ______[146]	
Car washes	+ ______[148]		+ ______[150]		+ ______[152]		+ ______[154]	
Insurance	+ ______[156]		+ ______[158]		+ ______[160]		+ ______[162]	
Interest	+ ______[164]		+ ______[166]		+ ______[168]		+ ______[170]	
Registration	+ ______[172]		+ ______[174]		+ ______[176]		+ ______[178]	
Licenses	+ ______[180]		+ ______[182]		+ ______[184]		+ ______[186]	
Property taxes	+ ______[188]		+ ______[190]		+ ______[192]		+ ______[194]	
Other vehicle expenses	+ ______[196]		+ ______[198]		+ ______[200]		+ ______[202]	
Vehicle rentals	+ ______[204]		+ ______[206]		+ ______[208]		+ ______[210]	
Inclusion amt **(Preparer only)**	+ ______[212]		+ ______[214]		+ ______[216]		+ ______[218]	
Depreciation	+ [220]		+ [222]		+ ______[224]		+ ______[226]	

	Control Totals+		Form ID: Auto

Health Care Coverage

		2022 Information Taxpayer		2022 Information Spouse		Prior Year Information
Self-employed health insurance premiums: (Not entered elsewhere)						
	+		[2] +		[3]	
	+		+			
Self-employed long-term care premiums: (Not entered elsewhere)						
	+		[5] +		[6]	
	+		+			

NOTES/QUESTIONS:

ACA - Health Insurance Marketplace Statement #1

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____________________[6]
Marketplace-assigned policy number **(Box 2)** ____________________[7]
Policy issuer's name **(Box 3)** ____________________[2]

Part III Household Information -

	A. 2022 Monthly Premium Amount	Prior Year Information	B. 2022 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2022 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ ______[12]	______	+ ______[25]	+ ______[38]	______
February	+ ______[13]	______	+ ______[26]	+ ______[39]	______
March	+ ______[14]	______	+ ______[27]	+ ______[40]	______
April	+ ______[15]	______	+ ______[28]	+ ______[41]	______
May	+ ______[16]	______	+ ______[29]	+ ______[42]	______
June	+ ______[17]	______	+ ______[30]	+ ______[43]	______
July	+ ______[18]	______	+ ______[31]	+ ______[44]	______
August	+ ______[19]	______	+ ______[32]	+ ______[45]	______
September	+ ______[20]	______	+ ______[33]	+ ______[46]	______
October	+ ______[21]	______	+ ______[34]	+ ______[47]	______
November	+ ______[22]	______	+ ______[35]	+ ______[48]	______
December	+ ______[23]	______	+ ______[36]	+ ______[49]	______
Annual total	+ ______[24]		+ ______[37]	+ ______[50]	

Control Totals+

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____________________[6]
Marketplace-assigned policy number **(Box 2)** ____________________[7]
Policy issuer's name **(Box 3)** ____________________[2]

Part III Household Information -

	A. 2022 Monthly Premium Amount	Prior Year Information	B. 2022 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2022 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ ______[12]	______	+ ______[25]	+ ______[38]	______
February	+ ______[13]	______	+ ______[26]	+ ______[39]	______
March	+ ______[14]	______	+ ______[27]	+ ______[40]	______
April	+ ______[15]	______	+ ______[28]	+ ______[41]	______
May	+ ______[16]	______	+ ______[29]	+ ______[42]	______
June	+ ______[17]	______	+ ______[30]	+ ______[43]	______
July	+ ______[18]	______	+ ______[31]	+ ______[44]	______
August	+ ______[19]	______	+ ______[32]	+ ______[45]	______
September	+ ______[20]	______	+ ______[33]	+ ______[46]	______
October	+ ______[21]	______	+ ______[34]	+ ______[47]	______
November	+ ______[22]	______	+ ______[35]	+ ______[48]	______
December	+ ______[23]	______	+ ______[36]	+ ______[49]	______
Annual total	+ ______[24]		+ ______[37]	+ ______[50]	

Control Totals+

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

		2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of Trustee		____________________[4]	
State postal code		___[2]	
Indicate type of health or medical savings account:			
HSA		__[6]	
Archer MSA		__[7]	
MA (Medicare Advantage) MSA		__[9]	
Total HSA/MSA contributions made for 2022 (Enter all amounts contributed, including through employer cafeteria plans)	+	____________________[10]	____________________
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)		__[12]	
Number of months in qualified high deductible health plan in 2022		___[13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount		__[14]	
Total HSA/MSA contribution to be made for 2022	+	____________________[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+	____________________[16]	____________________
Excess contributions for 2021 taken as constructive contributions for 2022	+	____________________[19]	____________________
Rollover contribution (Form 5498-SA, Box 4)	+	____________________[21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+	__________[24]	__________
Enter compensation from employer maintaining high deductible health plan	+	____________________[27]	____________________
If self-employed, enter earned income from business under which plan was established	+	____________________[31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2022? (Y, N)	__[33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

		2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of Trustee		____[4]	
State postal code		___[2]	
Gross distributions received **(Box 1)**	+	____[7]	____
Earnings on excess contributions **(Box 2)**	+	____[9]	____
Distribution code **(Box 3)**		__[11]	
Fair Market Value on date of death **(Box 4)**	+	____[12]	
Box 5 -			
HSA		__[13]	
Archer MSA		__[14]	
MA MSA		__[15]	
All distributions were used to pay unreimbursed qualified medical expenses		__[17]	_
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2022	+	____[19]	____
Withdrawal of excess contributions by the due date of the return	+	____[21]	____
Amount of distribution rolled over for 2022	+	____[23]	____
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+	____[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/21	+	____[27]	____
For HSA accounts:			
Was the high deductible health plan coverage started in 2021 and in effect for the month of December 2021? (Y, N)		__[29]	
Was the high deductible health plan coverage ended before 12/31/22? (Y, N)		__[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

		2022 Information	Prior Year Information
Name of the insured chronically ill individual		____[39]	
Social security number of insured		____[40]	
Gross long-term care (LTC) benefits paid **(Box 1)**	+	____[42]	____
Accelerated death benefits paid **(Box 2)**	+	____[44]	____
Check one **(Box 3)**			
Per diem		__[46]	
Reimbursed amount		__[47]	
Qualified contract **(Box 4)**		__[48]	
Check, if applicable **(Box 5)**			
Chronically ill		__[49]	
Terminally ill		__[50]	
Are there other individuals who received LTC payments during 2022? (Y, N)		__[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		__[53]	
Number of days during the long-term care period		___[54]	
Cost incurred for qualified long-term care services during the long-term care period	+	____[55]	

NOTES/QUESTIONS:

ABLE Account Information #1

Please provide all Forms 1099-QA and 5498-QA

		2022 Information		Prior Year Information
Taxpayer/Spouse (T, S)		___	[1]	
Payer name		___	[3]	
State postal code		___	[4]	
Recipient's Social Security Number		___	[7]	
Recipient's Name	[8]	___	[9]	
Gross distribution **(Form 1099-QA Box 1)**	+	___	[10]	___
Earnings **(Form 1099-QA Box 2)**	+	___	[12]	___
Basis **(Form 1099-QA Box 3)**	+	___	[14]	___
Program-to-program transfer **(Form 1099-QA Box 4)**		___	[16]	
Check if ABLE account terminated in 2022 **(Form 1099-QA Box 5)**		___	[17]	
Check if the recipient is not the designated beneficiary **(Form 1099-QA Box 6)**		___	[18]	
Qualified disability expenses	+	___	[19]	___
Amount of rollover	+	___	[21]	___
Amount contributed in 2022 **(Form 5498-QA Box 1)**	+	___	[23]	___
Value of account on 12/31/22 **(Form 5498-QA Box 4)**	+	___	[25]	

	Control Totals+	

ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

		2022 Information		Prior Year Information
Taxpayer/Spouse (T, S)		___	[1]	
Payer name		___	[3]	
State postal code		___	[4]	
Recipient's Social Security Number		___	[7]	
Recipient's Name	[8]	___	[9]	
Gross distribution **(Form 1099-QA Box 1)**	+	___	[10]	___
Earnings **(Form 1099-QA Box 2)**	+	___	[12]	___
Basis **(Form 1099-QA Box 3)**	+	___	[14]	___
Program-to-program transfer **(Form 1099-QA Box 4)**		___	[16]	
Check if ABLE account terminated in 2022 **(Form 1099-QA Box 5)**		___	[17]	
Check if the recipient is not the designated beneficiary **(Form 1099-QA Box 6)**		___	[18]	
Qualified disability expenses	+	___	[19]	___
Amount of rollover	+	___	[21]	___
Amount contributed in 2022 **(Form 5498-QA Box 1)**	+	___	[23]	___
Value of account on 12/31/22 **(Form 5498-QA Box 4)**	+	___	[25]	

	Control Totals+	

NOTES/QUESTIONS:

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of $20 or less in a month in 2022.

	2022 Information Taxpayer	2022 Information Spouse	Prior Year Information
Total cash and charge tips under $20 per month and not reported to employer	+ ______ [3]	+ ______ [4]	

Complete if you received cash/charge tips of $20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2022	Total tips reported in 2022
Taxpayer information [1]				
Spouse information [2]				

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

(Please refer to Reason Codes located at the bottom)**

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC or 1099-NEC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]						
Spouse information [7]						

**** Reason Codes**

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
C = I received other correspondence from the IRS that states I am an employee.
G = I filed Form SS-8 with the IRS and have not received a reply.
H = I received a Form W-2 and a Form 1099-MISC from this firm for 2022. The amount on Form 1099-MISC should have been included as wages on Form W-2.

Minister, Clergy, Religious Workers

	Taxpayer	Spouse
State postal code	___[1]	___[2]

	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, please complete the following information:			
Fair rental value of parsonage provided by church	+ ________[5]	+ ________[6]	________
Actual parsonage utilities expense	+ ________[11]	+ ________[12]	________
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance, if separate from parsonage allowance	+ ________[17]	+ ________[18]	________
Actual parsonage expense	+ ________[20]	+ ________[21]	________
Fair rental value of home	+ ________[23]	+ ________[24]	________
Actual utilities expense	+ ________[26]	+ ________[27]	________
Mark if you have claimed exemption from self-employment tax by filing Form 4361 with the IRS	_[29]	_[30]	
If you are a self-employed minister, enter any tax-deductible contributions to a 403(b) retirement plan	+ ________[33]	+ ________[34]	________
Unreimbursed Business Expenses - net reimbursed and after 50% Meals & Entertainment reduction:			
________	+ ________[36]	+ ________[37]	________
________	+ ________	+ ________	________
________	+ ________	+ ________	________
________	+ ________	+ ________	________
________	+ ________	+ ________	________
________	+ ________	+ ________	________
________	+ ________	+ ________	________
________	+ ________	+ ________	________
________	+ ________	+ ________	________
________	+ ________	+ ________	________

NOTES/QUESTIONS:

Tax for Children with Unearned Income

Enter parent's information for children under age 19 on 1/1/23 or a full-time student under age 24 with unearned income of more than $2,3

Parent's social security number (Enter the name and social security number of the parent listed first on the return) ____________________[1]
Parent's first name ____________________[2]
Parent's last name ____________________[3]
Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) __[4]

All Other Children's Information

Enter information for each child with unearned income of more than $2,300.
Preparer - Enter on Screen 8615Sib

Child #1 social security number ____________________[1]
Child #1 first name ____________________[2]
Child #1 last name ____________________[3]
Child #1 date of birth (mm/dd/yyyy) ____________________[4]

Child #2 social security number ____________________[1]
Child #2 first name ____________________[2]
Child #2 last name ____________________[3]
Child #2 date of birth (mm/dd/yyyy) ____________________[4]

Child #3 social security number ____________________[1]
Child #3 first name ____________________[2]
Child #3 last name ____________________[3]
Child #3 date of birth (mm/dd/yyyy) ____________________[4]

Child #4 social security number ____________________[1]
Child #4 first name ____________________[2]
Child #4 last name ____________________[3]
Child #4 date of birth (mm/dd/yyyy) ____________________[4]

Child #5 social security number ____________________[1]
Child #5 first name ____________________[2]
Child #5 last name ____________________[3]
Child #5 date of birth (mm/dd/yyyy) ____________________[4]

Child #6 social security number ____________________[1]
Child #6 first name ____________________[2]
Child #6 last name ____________________[3]
Child #6 date of birth (mm/dd/yyyy) ____________________[4]

Child #7 social security number ____________________[1]
Child #7 first name ____________________[2]
Child #7 last name ____________________[3]
Child #7 date of birth (mm/dd/yyyy) ____________________[4]

Child #8 social security number ____________________[1]
Child #8 first name ____________________[2]
Child #8 last name ____________________[3]
Child #8 date of birth (mm/dd/yyyy) ____________________[4]

Child #9 social security number ____________________[1]
Child #9 first name ____________________[2]
Child #9 last name ____________________[3]
Child #9 date of birth (mm/dd/yyyy) ____________________[4]

Child #10 social security number ____________________[1]
Child #10 first name ____________________[2]
Child #10 last name ____________________[3]
Child #10 date of birth (mm/dd/yyyy) ____________________[4]

Child #11 social security number ____________________[1]
Child #11 first name ____________________[2]
Child #11 last name ____________________[3]
Child #11 date of birth (mm/dd/yyyy) ____________________[4]

Child #12 social security number ____________________[1]
Child #12 first name ____________________[2]
Child #12 last name ____________________[3]
Child #12 date of birth (mm/dd/yyyy) ____________________[4]

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**
Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number ____ [1]
Child's date of birth ____ [2]
Child's name ____ [4]
Taxpayer/Spouse/Joint (T, S, J) __ [5]

Type Code (**See codes below)	Payer		Interest [6] Income	Tax Exempt Income	U.S. Obligations* $ or %	Tax Exempt* $ or %	Prior Year Information
		+					
		+					
		+					
		+					
		+					
		+					

****Interest Codes**				
Blank = Regular Interest	3 = Nominee Distribution	4 = Accrued Interest	5 = OID Adjustment	6 = ABP Adjustment

Children's Dividend Income

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

Type Code (** See codes below)			Ordinary [8] Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* $ or %	Tax Exempt* $ or %	Prior Year Information
	1	Payer										
		Amounts +										
	2	Payer										
		Amounts +										
	3	Payer										
		Amounts +										
	4	Payer										
		Amounts +										
	5	Payer										
		Amounts +										
	6	Payer										
		Amounts +										

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

		2022 Information [10]	Prior Year Information
Alaska Permanent Fund dividends:			
	____	+	
	____	+	

	Control Totals +		Form ID: 8814

Household Employment Tax

Complete if you paid cash wages of $1,000 or more to any household employee.

Taxpayer/Spouse (T, S) __[1]
Employer identification number ________________[2]

Total cash wages subject to social security taxes + ____________________[4]
Total cash wages subject to Medicare taxes + ____________________[5]
Total cash wages subject to Additional Medicare Tax withholding + ____________________[6]
Federal income tax withheld + ____________________[7]
State disability plan social security & Medicare withheld + ____________________[8]

Did you:
(A) pay any household employee cash wages of $2,400 or more in 2022? (Y, N) __[9]
(B) withhold Federal income tax for any household employee? (Y, N) __[10]
(C) pay household employees cash wages equal to or greater than $1,000 in any quarter of 2021 or 2022? (Y, N) __[11]

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.
Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax + ____________________[12]

State #1 information
State postal code where you have to pay unemployment contributions * ___[14]
State reporting number as shown on state unemployment tax return ________________________[15]
Taxable wages (as defined in state act) + ______________[16]
State experience rate period:
From ______________[17]
To ______________[18]
State experience rate (xxx.xx) __________[19]
Contributions paid to state unemployment fund * + ____________[20]
Contributions for 2022 paid after 04/18/23 + ____________________[21]

State #2 information
State postal code where you have to pay unemployment contributions ___[22]
State reporting number as shown on state unemployment tax return ________________________[23]
Taxable wages (as defined in state act) + ______________[24]
State experience rate period:
From ______________[25]
To ______________[26]
State experience rate (xxx.xx) __________[27]
Contributions paid to state unemployment fund + ____________[28]
Contributions for 2022 paid after 04/18/23 + ____________________[29]

NOTES/QUESTIONS:

First-Time Homebuyer Credit Repayment

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, you do not have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address ______________________________ [1]

City/State/Zip code ____________________ [2] ____ [3] ____________ [4]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) ____________ [5]

Purchase price of the home ____________ [6]

Date the home was sold or ceased being used as principal residence ____________ [13]

If you sold your home, enter the selling price ____________ [14]

If you sold your home, enter the expense of sale ____________ [15]

Were you and your spouse married on the purchase date? (Y, N) __ [18]

If your home was transferred to your ex-spouse due to a divorce settlement, enter his or her full name ______________________________ [19]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name ______________________________ [22]

Allocation percentage __________

NOTES/QUESTIONS:

Child and Dependent Care Expenses

Please enter all amounts paid in 2022 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2021 employer-provided dependent care benefits used during 2022 grace period	+ ____________ [3]	+ ____________ [4]
Employer-provided dependent care benefits that were forfeited in 2022	+ ____________ [5]	+ ____________ [6]
Total qualified expenses incurred in 2022		____________ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	____ [10]	____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		___ [12]

Business name of provider ____________
First and last name of provider ____________ ____________
Street address of provider ____________
City, State and Zip code ____________ ___ ____________
Social security number OR Employer identification number ____________
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _
Amount paid to care provider in 2022 + ____________ [7]
Foreign province or state of provider ____________
Foreign country and Foreign postal code of provider ____________ ____________

Business name of provider ____________
First and last name of provider ____________ ____________
Street address of provider ____________
City, State and Zip code ____________ ___ ____________
Social security number OR Employer identification number ____________
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _
Amount paid to care provider in 2022 + ____________
Foreign province or state of provider ____________
Foreign country and Foreign postal code of provider ____________ ____________

Business name of provider ____________
First and last name of provider ____________ ____________
Street address of provider ____________
City, State and Zip code ____________ ___ ____________
Social security number OR Employer identification number ____________
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _
Amount paid to care provider in 2022 + ____________
Foreign province or state of provider ____________
Foreign country and Foreign postal code of provider ____________ ____________

Business name of provider ____________
First and last name of provider ____________ ____________
Street address of provider ____________
City, State and Zip code ____________ ___ ____________
Social security number OR Employer identification number ____________
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _
Amount paid to care provider in 2022 + ____________
Foreign province or state of provider ____________
Foreign country and Foreign postal code of provider ____________ ____________

Business name of provider ____________
First and last name of provider ____________ ____________
Street address of provider ____________
City, State and Zip code ____________ ___ ____________
Social security number OR Employer identification number ____________
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _
Amount paid to care provider in 2022 + ____________
Foreign province or state of provider ____________
Foreign country and Foreign postal code of provider

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2022, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2022	+ ____________________[7]	+ ____________________[8]
Taxable disability income received in 2022	+ ____________________[9]	+ ____________________[10]

NOTES/QUESTIONS:

Residential Energy Credit

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		__[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		__[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		__[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	____________________[5]
Enter the total amount of costs for exterior windows	+	____________________[7]
Enter the total amount of costs for exterior doors	+	____________________[9]
Enter the total amount of costs for qualified metal roofs	+	____________________[11]
Enter the total amount of costs for energy-efficient building property	+	____________________[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	____________________[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	____________________[10]
Enter the total amount of costs for qualified solar electric property	+	____________________[12]
Enter the total amount of costs for qualified solar water heating property	+	____________________[14]
Enter the total amount of costs for qualified small wind energy property	+	____________________[16]
Enter the total amount of costs for qualified geothermal heat pump property	+	____________________[13]
Enter the total amount of costs for qualified fuel cell property	+	____________________[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		____________[17]

NOTES/QUESTIONS:

Foreign Tax Credit

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2022.

Preparer use only

Description ____ [3]
Taxpayer/Spouse (T, S) __ [9]
Category of income* __ [11]
Description of income ____ [12]

*Category of Income	
A = Section 951A income	**E = Section 901(j) income**
B = Foreign Branch income	**F = Certain income re-sourced by treaty**
C = Passive income	**G = Lump-sum distributions**
D = General income	

Foreign Income or Loss

Country code ___ [19]
Country name ____ [20]

	Regular	AMT, if different
Foreign gross income	+ ____ [23]	+ ____ [24]
Definitely related expenses:		
____	+ ____ [31]	+ ____ [32]
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
Foreign source losses	+ ____ [45]	+ ____ [46]

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:
Date paid or accrued ____ [47]
In foreign currency - taxes withheld on:
Dividends + ____ [48]
Rents & royalties + ____ [49]
Interest + ____ [50]
Other foreign taxes + ____ [51]
In US dollars - taxes withheld on:
Dividends + ____ [53]
Rents & Royalties + ____ [54]
Interest + ____ [55]
Other foreign taxes + ____ [56]

NOTES/QUESTIONS:

	Control Totals+		Form ID: 1116

Adoption Credit

Complete this form if you paid qualified adoption expenses in 2022. Indicate if the adoption was final in or before 2022. Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home. Please provide copies of legal documents approving the adoption.

	Child 1 [1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	___	___	___
First name	___	___	___
Last name	___	___	___
Child's date of birth	___	___	___
Mark if this child was:			
born before '05 and was disabled	___	___	___
a child with special needs	___	___	___
a foreign child	___	___	___
Child's identifying number	___	___	___
Total adoption credit received in prior years for this child	___	___	___
Total qualified adoption expenses paid in 2021 for this child	___	___	___
Employer-provided benefits received in 2021 for this child	___	___	___
Total qualified adoption expenses paid in 2022 for this child	___	___	___
Employer-provided benefits received in 2022 for this child	___	___	___
Adoption final in (1 = '22, 2 = Pre '22)	___	___	___

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	___	___	___
First name	___	___	___
Last name	___	___	___
Child's date of birth	___	___	___
Mark if this child was:			
born before '05 and was disabled	___	___	___
a child with special needs	___	___	___
a foreign child	___	___	___
Child's identifying number	___	___	___
Total adoption credit received in prior years for this child	___	___	___
Total qualified adoption expenses paid in 2021 for this child	___	___	___
Employer-provided benefits received in 2021 for this child	___	___	___
Total qualified adoption expenses paid in 2022 for this child	___	___	___
Employer-provided benefits received in 2022 for this child	___	___	___
Adoption final in (1 = '22, 2 = Pre '22)	___	___	___

If the adoption was incomplete or unsuccessful please provide information below:

____ [9]

____ [10]

____ [11]

NOTES/QUESTIONS:

Fuel Tax Credit

***Select the Type of Use codes from the chart below**

	Type of Use*	Rate		Gallons
Nontaxable use of gasoline -				
Off-highway business use		$0.183	+	______ [1]
Use on a farm		0.183	+	______ [2]
Other nontaxable use	___ [3]	0.183	+	______ [4]
Exported		0.184	+	______ [5]
Nontaxable use of aviation gasoline -				
Commercial aviation		0.15	+	______ [6]
Other nontaxable use	___ [7]	0.193	+	______ [8]
Exported		0.194	+	______ [9]
Leaking underground storage tank (LUST) tax		0.001	+	______ [10]
Nontaxable use of undyed diesel fuel -				
Explanation of evidence of dyes: ______ [11]				
Other nontaxable use	___ [12]	0.243	+	______ [13]
Use on a farm		0.243	+	______ [14]
Trains		0.243	+	______ [15]
Intercity / local bus		0.17	+	______ [16]
Exported		0.244	+	______ [17]
Nontaxable use of undyed kerosene (other than aviation) -				
Explanation of evidence of dyes: ______ [18]				
Other nontaxable use	___ [19]	0.243	+	______ [20]
Use on a farm		0.243	+	______ [21]
Intercity / local buses		0.17	+	______ [22]
Exported		0.244	+	______ [23]
Other nontaxable use taxed at $.044	___ [24]	0.043	+	______ [25]
Other nontaxable use taxed at $.219	___ [26]	0.218	+	______ [27]
Kerosene used in aviation -				
Kerosene taxed at $.244		0.200	+	______ [28]
Kerosene taxed at $.219		0.175	+	______ [29]
Other nontaxable use taxed at $.244	___ [30]	0.243	+	______ [31]
Other nontaxable use taxed at $.219/.044	___ [32]	0.218	+	______ [33]
Leaking underground storage tank (LUST) tax		0.001	+	______ [34]

*Type of Use	
1 = Farming purposes	**8 = Diesel & Kerosene fuel other than train or highway vehicle**
2 = Off highway business use	**9 = Foreign trade**
3 = Export	**10 = Certain helicopter and fixed wing air ambulance uses**
4 = Commercial fishing	**11 = Aviation fuel other than propulsion engines**
5 = Intercity/local bus	**13 = Exclusive use by a nonprofit educational organization**
6 = In a qualified local bus	**14 = Exclusive use by a state, political subdivision or DC**
7 = School bus	**15 = In an aircraft or vehicle owned by an aircraft museum**

NOTES/QUESTIONS:

Fuel Tax Credit

***Select the Type of Use codes from the chart below**

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -		
Registration Number		____________ [1]
Explanation of evidence of dyes:		
____________		[2]
State / local government	0.243	+ ____________ [3]
Intercity / local buses	0.17	+ ____________ [4]
Sales by registered ultimate vendors of undyed kerosene -		
Registration Number		____________ [5]
Explanation of evidence of dyes:		
____________		[6]
Use by state/local government	0.243	+ ____________ [7]
Sales from a blocked pump	0.243	+ ____________ [8]
Intercity / local buses	0.17	+ ____________ [9]
Sales by registered ultimate vendors of kerosene in aviation -		
Registration Number		____________ [10]
Commercial aviation taxed at $.219 (Other than foreign trade)	0.175	+ ____________ [11]
Commercial aviation taxed at $.244 (Other than foreign trade)	0.200	+ ____________ [12]
Nonexempt use in noncommercial aviation	0.025	+ ____________ [13]
Other nontaxable uses taxed at $.244 ____ [14]	0.243	+ ____________ [15]
Other nontaxable uses taxed at $.219/.044 ____ [16]	0.218	+ ____________ [17]
Leaking underground storage tank (LUST) tax	0.001	+ ____________ [18]

*Type of Use	
1 = Farming purposes	**8 = Diesel & Kerosene fuel other than train or highway vehicle**
2 = Off highway business use	**9 = Foreign trade**
3 = Export	**10 = Certain helicopter and fixed wing air ambulance uses**
4 = Commercial fishing	**11 = Aviation fuel other than propulsion engines**
5 = Intercity/local bus	**13 = Exclusive use by a nonprofit educational organization**
6 = In a qualified local bus	**14 = Exclusive use by a state, political subdivision or DC**
7 = School bus	**15 = In an aircraft or vehicle owned by an aircraft museum**

NOTES/QUESTIONS:

	Control Totals+		Form ID: 4136-2

Fuel Tax Credit

***Select the Type of Use codes from the chart below**

	Type of Use*	Rate		Gallons
Nontaxable use of alternative fuel -				
Liquefied petroleum gas (LPG)	___[1]	0.183	+	___[2]
"P Series" fuels	___[3]	0.183	+	___[4]
Compressed natural gas (CNG)	___[5]	0.183	+	___[6]
Liquefied hydrogen	___[7]	0.183	+	___[8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	___[9]	0.243	+	___[10]
Liquid hydrocarbons derived from biomass	___[11]	0.243	+	___[12]
Liquefied natural gas (LNG)	___[13]	0.243	+	___[14]
Liquefied gas derived from biomass	___[15]	0.183	+	___[16]
Alternative fuel credit and alternative fuel mixture credit -				
Registration Number				___[17]
Liquefied hydrogen		0.50	+	___[18]
Registered credit card users -				
Registration Number				___[19]
Diesel for state / local government		0.243	+	___[20]
Kerosene for state / local government		0.243	+	___[21]
Kerosene for aviation use by state / local gov't taxed at $.219/.044		0.218	+	___[22]
Nontaxable use of a diesel-water fuel emulsion -				
Other nontaxable use	___[23]	0.197	+	___[24]
Exported		0.198	+	___[25]
Diesel-water fuel emulsion blending -				
Registration Number				___[26]
Blender credit		0.046	+	___[27]
Exported dyed fuels -				
Exported dyed diesel fuel		0.001	+	___[28]
Exported dyed kerosene		0.001	+	___[29]

*Type of Use	
1 = Farming purposes	**8 = Diesel & Kerosene fuel other than train or highway vehicle**
2 = Off highway business use	**9 = Foreign trade**
3 = Export	**10 = Certain helicopter and fixed wing air ambulance uses**
4 = Commercial fishing	**11 = Aviation fuel other than propulsion engines**
5 = Intercity/local bus	**13 = Exclusive use by a nonprofit educational organization**
6 = In a qualified local bus	**14 = Exclusive use by a state, political subdivision or DC**
7 = School bus	**15 = In an aircraft or vehicle owned by an aircraft museum**

NOTES/QUESTIONS:

Carryover Information - Preparer Use Only

Qualified Business Income Deduction Carryovers	2021 to 2022 Amounts
Qualified business loss (QBID)	+ ____ [1]
Qualified REIT dividends and PTP loss	+ ____ [2]
Excess business loss deduction portion of NOL	+ ____ [3]

Instructions
Enter carryovers from prior year(s) as positive numbers.
Enter utilizations from prior year(s) as negative numbers.

Indefinite Carryovers	2021 to 2022 Amounts
Minimum tax credit	+ ____ [4]
Investment interest	+ ____ [5]
Investment interest - AMT	+ ____ [6]
Short-term capital loss	+ ____ [7]
Short-term capital loss - AMT	+ ____ [8]
Long-term capital loss	+ ____ [9]
Long-term capital loss - AMT	+ ____ [10]
Residential energy credit	+ ____ [11]
D.C. first-time homebuyer credit	+ ____ [12]
Tax credit bonds	+ ____ [13]

Section 1231 Nonrecaptured Losses

	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
2017	+ ____ [14]	+ ____ [19]
2018	+ ____ [15]	+ ____ [20]
2019	+ ____ [16]	+ ____ [21]
2020	+ ____ [17]	+ ____ [22]
2021	+ ____ [18]	+ ____ [23]

Charitable Contribution Carryover Items

Prior C/O Year	100% Contributions	60% Contributions	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions
2017			+ ____ [34]	+ ____ [39]	+ ____ [44]	+ ____ [49]
2018		+ ____ [30]	+ ____ [35]	+ ____ [40]	+ ____ [45]	+ ____ [50]
2019		+ ____ [31]	+ ____ [36]	+ ____ [41]	+ ____ [46]	+ ____ [51]
2020	+ ____ [27]	+ ____ [32]	+ ____ [37]	+ ____ [42]	+ ____ [47]	+ ____ [52]
2021	+ ____ [28]	+ ____ [33]	+ ____ [38]	+ ____ [43]	+ ____ [48]	+ ____ [53]

AMT Charitable Contribution Carryover Items

Prior C/O Year	100% AMT Contributions	60% AMT Contributions	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions
2017			+ ____ [64]	+ ____ [69]	+ ____ [74]	+ ____ [79]
2018		+ ____ [60]	+ ____ [65]	+ ____ [70]	+ ____ [75]	+ ____ [80]
2019		+ ____ [61]	+ ____ [66]	+ ____ [71]	+ ____ [76]	+ ____ [81]
2020	+ ____ [57]	+ ____ [62]	+ ____ [67]	+ ____ [72]	+ ____ [77]	+ ____ [82]
2021	+ ____ [58]	+ ____ [63]	+ ____ [68]	+ ____ [73]	+ ____ [78]	+ ____ [83]

NOTES/QUESTIONS:

Qualified Conservation Contribution Carryover Items

Enter carryovers from prior year(s) as positive numbers. Enter utilizations from prior year(s) as negative numbers.

Prior C/O Year	50% Qualified Conservation Contributions	50% AMT Qual Conservation Contributions	100% Qualified Conservation Contributions	100% AMT Qual Conservation Contributions
2007	+ ____ [1]	+ ____ [16]	+ ____ [31]	+ ____ [46]
2008	+ ____ [2]	+ ____ [17]	+ ____ [32]	+ ____ [47]
2009	+ ____ [3]	+ ____ [18]	+ ____ [33]	+ ____ [48]
2010	+ ____ [4]	+ ____ [19]	+ ____ [34]	+ ____ [49]
2011	+ ____ [5]	+ ____ [20]	+ ____ [35]	+ ____ [50]
2012	+ ____ [6]	+ ____ [21]	+ ____ [36]	+ ____ [51]
2013	+ ____ [7]	+ ____ [22]	+ ____ [37]	+ ____ [52]
2014	+ ____ [8]	+ ____ [23]	+ ____ [38]	+ ____ [53]
2015	+ ____ [9]	+ ____ [24]	+ ____ [39]	+ ____ [54]
2016	+ ____ [10]	+ ____ [25]	+ ____ [40]	+ ____ [55]
2017	+ ____ [11]	+ ____ [26]	+ ____ [41]	+ ____ [56]
2018	+ ____ [12]	+ ____ [27]	+ ____ [42]	+ ____ [57]
2019	+ ____ [13]	+ ____ [28]	+ ____ [43]	+ ____ [58]
2020	+ ____ [14]	+ ____ [29]	+ ____ [44]	+ ____ [59]
2021	+ ____ [15]	+ ____ [30]	+ ____ [45]	+ ____ [60]

NOTES/QUESTIONS:

Business Credit Carryover Information - Preparer Use Only

Description

	Description
A	______ [2]
B	______ [2]
C	______ [2]
D	______ [2]

Prior C/O Year	**A**	**B**	**C**	**D**
	______ [1]	______ [1]	______ [1]	______ [1]
2002	+ ______ [3]	+ ______ [3]	+ ______ [3]	+ ______ [3]
2003	+ ______ [4]	+ ______ [4]	+ ______ [4]	+ ______ [4]
2004	+ ______ [5]	+ ______ [5]	+ ______ [5]	+ ______ [5]
2005	+ ______ [6]	+ ______ [6]	+ ______ [6]	+ ______ [6]
2006	+ ______ [7]	+ ______ [7]	+ ______ [7]	+ ______ [7]
2007	+ ______ [8]	+ ______ [8]	+ ______ [8]	+ ______ [8]
2008	+ ______ [9]	+ ______ [9]	+ ______ [9]	+ ______ [9]
2009	+ ______ [10]	+ ______ [10]	+ ______ [10]	+ ______ [10]
2010	+ ______ [11]	+ ______ [11]	+ ______ [11]	+ ______ [11]
2011	+ ______ [12]	+ ______ [12]	+ ______ [12]	+ ______ [12]
2012	+ ______ [13]	+ ______ [13]	+ ______ [13]	+ ______ [13]
2013	+ ______ [14]	+ ______ [14]	+ ______ [14]	+ ______ [14]
2014	+ ______ [15]	+ ______ [15]	+ ______ [15]	+ ______ [15]
2015	+ ______ [16]	+ ______ [16]	+ ______ [16]	+ ______ [16]
2016	+ ______ [17]	+ ______ [17]	+ ______ [17]	+ ______ [17]
2017	+ ______ [18]	+ ______ [18]	+ ______ [18]	+ ______ [18]
2018	+ ______ [19]	+ ______ [19]	+ ______ [19]	+ ______ [19]
2019	+ ______ [20]	+ ______ [20]	+ ______ [20]	+ ______ [20]
2020	+ ______ [21]	+ ______ [21]	+ ______ [21]	+ ______ [21]
2021	+ ______ [22]	+ ______ [22]	+ ______ [22]	+ ______ [22]

NOTES/QUESTIONS:

Net Operating Loss Carryover Information - Preparer Use Only

20 Year Carryovers - Pre-TCJA

Prior C/O Year		Net Operating Loss			AMT Net Operating Loss	
2002	+	____________	[1]	+	____________	[21]
2003	+	____________	[2]	+	____________	[22]
2004	+	____________	[3]	+	____________	[23]
2005	+	____________	[4]	+	____________	[24]
2006	+	____________	[5]	+	____________	[25]
2007	+	____________	[6]	+	____________	[26]
2008	+	____________	[7]	+	____________	[27]
2009	+	____________	[8]	+	____________	[28]
2010	+	____________	[9]	+	____________	[29]
2011	+	____________	[10]	+	____________	[30]
2012	+	____________	[11]	+	____________	[31]
2013	+	____________	[12]	+	____________	[32]
2014	+	____________	[13]	+	____________	[33]
2015	+	____________	[14]	+	____________	[34]
2016	+	____________	[15]	+	____________	[35]
2017	+	____________	[16]	+	____________	[36]

Indefinite Carryovers - Starting in 2018

		Net Operating Loss			AMT Net Operating Loss	
Post-TCJA	+	____________	[20]	+	____________	[40]

NOTES/QUESTIONS: