

Questions

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

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter for filing returns in 2022.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Information		
Did you receive State and Local Fiscal Recovery Funds (SLFR) under a program to support those negatively impacted by the COVID-19 pandemic for helping you with your mortgage insurance and/or home purchases, such as funds to pay some or all of the down payment and closing costs associated with your purchase of a home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay emergency sick leave wages to a household employee?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay emergency family leave wages to a household employee?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,300?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>

Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter for use during 2022

Purchases, Sales and Debt Information

Did you start a new business or purchase rental property during the year?

Did you sell, exchange, or purchase any assets used in your trade or business?

Did you acquire a new or additional interest in a partnership or S corporation?

Did you sell, exchange, or purchase any real estate during the year?

Did you purchase or sell a principal residence during the year?

Did you foreclose or abandon a principal residence or real property during the year?

Did you acquire or dispose of any stock during the year?

Did you take out a home equity loan this year?

Did you refinance a principal residence or second home this year?

Did you sell an existing business, rental, or other property this year?

Did you lend money with the understanding of repayment and this year it became totally uncollectable?

Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?

Did you purchase a qualified plug-in electric drive vehicle this year?

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?

Did you receive any income from property sold prior to this year?

Did you receive any unemployment benefits during the year?

Did you receive any disability income during the year?

Did you receive any Medicaid waiver payments as difficulty of care during the year?

Did you receive tip income not reported to your employer this year?

Did any of your life insurance policies mature, or did you surrender any policies?

Did you receive any awards, prizes, hobby income, gambling or lottery winnings?

Did you receive any income considered to be nonemployee compensation?

Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?

Do you expect a large fluctuation in income, deductions, or withholding next year?

Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services)?

Retirement Information

Are you an active participant in a pension or retirement plan?

Did you receive any Social Security benefits during the year?

Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

If yes, were any withdrawals due to a Federally declared disaster?

If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2022?

Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?

Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?

- | | | |
|--|--------------------------|--------------------------|
| Did anyone in your family receive a scholarship of any kind during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were any of these withdrawals rolled over into an ABLER (Achieving a Better Life Experience) account? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any student loan interest this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you cash any Series EE or I U.S. Savings bonds issued after 1989? | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education? | <input type="checkbox"/> | <input type="checkbox"/> |

Health Care Information

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

Itemized Deduction Information

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

Miscellaneous Information

- | | | |
|---|--------------------------|--------------------------|
| Did you make gifts of more than \$16,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you utilize an area of your home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you retire or change jobs this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any individual as a household employee during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: _____
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

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

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

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

Present Mailing Address

Address _____
 Apartment number _____
 City, state postal code, zip code _____
 Foreign country name _____
 Foreign phone number _____
 In care of addressee _____

Dependent Information

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

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

Name of child who lived with you but is not your dependent _____
 Social security number of qualifying person _____

Dependent Codes

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

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

Taxpayer email address _____

Spouse email address _____

Taxpayer

Spouse

Fax telephone number _____

Mobile telephone number _____

Mobile telephone #2 number _____

Pager number _____

Other: _____

 Telephone number _____

 Extension _____

Preferred method of contact: _____

 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____

NOTES/QUESTIONS:

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

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

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

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

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

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

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

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*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 _____ or Percent (xxx.xx) _____

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~~ _____ or Percent (xxx.xx) _____

Owner's name (First Last) _____

Co-owner or beneficiary (First Last) _____

Mark if the name listed above is a beneficiary _____

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~~ _____ or Percent (xxx.xx) _____

Owner's name (First Last) _____

Co-owner or beneficiary (First Last) _____

Mark if the name listed above is a beneficiary _____

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 _____

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

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 _____

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) _____

Spouse self-selected Personal Identification Number (PIN) _____

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date (mm/dd/yyyy) _____

Location of issuance (State issued only) _____

Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date (mm/dd/yyyy) _____

Location of issuance (State issued only) _____

Document number (New York only) _____

NOTES/QUESTIONS:

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

Refunded _____

Applied to 2023 estimated tax liability _____

Do you expect a considerable change in your 2023 income? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2023? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2023 withholding? (Y, N) _____

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2023? (Y, N) _____

If yes, please explain any differences:

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

2022 Federal Estimated Tax Payments

2021 overpayment applied to 2022 estimates _____

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

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

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/22	_____	_____	_____	_____
2nd quarter payment	6/15/22	_____	_____	_____	_____
3rd quarter payment	9/15/22	_____	_____	_____	_____
4th quarter payment	1/17/23	_____	_____	_____	_____
Additional payment		_____	_____		

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

NOTES/QUESTIONS:

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

State postal code _____

Amount paid with 2021 return _____

2021 overpayment applied to '22 estimates _____

Treat calculated amounts as paid _____

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

2022 City Estimated Tax Payments

City #1

City name _____

Amount paid with 2021 return _____

2021 overpayment applied to '22 estimates _____

Treat calculated amounts as paid _____

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

Calculated Amount

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

City #2

City name _____

Amount paid with 2021 return _____

2021 overpayment applied to '22 estimates _____

Treat calculated amounts as paid _____

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

Calculated Amount

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

City #3

City name _____

Amount paid with 2021 return _____

2021 overpayment applied to '22 estimates _____

Treat calculated amounts as paid _____

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

Calculated Amount

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

City #4

City name _____

Amount paid with 2021 return _____

2021 overpayment applied to '22 estimates _____

Treat calculated amounts as paid _____

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

Calculated Amount

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

Form ID: W2 **Wages and Salaries #1** 12

Please provide all copies of Form W-2.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Employer name _____

Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____

Mark if this is your current employer _____

Federal wages and salaries **(Box 1)** _____

Federal tax withheld **(Box 2)** _____

Social security wages **(Box 3)** (If different than federal wages) _____

Social security tax withheld **(Box 4)** _____

Medicare wages **(Box 5)** (If different than federal wages) _____

Medicare tax withheld **(Box 6)** _____

SS tips **(Box 7)** _____

Allocated tips **(Box 8)** _____

Dependent care benefits **(Box 10)** _____

Box 13 -

Statutory employee _____

Retirement plan _____

Third-party sick pay _____

State postal code **(Box 15)** _____

State wages **(Box 16)** (If different than federal wages) _____

State tax withheld **(Box 17)** _____

Local wages **(Box 18)** _____

Local tax withheld **(Box 19)** _____

Name of locality **(Box 20)** _____

Control Totals

Wages and Salaries #2

Please provide all copies of Form W-2.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Employer name _____

Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____

Mark if this your current employer _____

Federal wages and salaries **(Box 1)** _____

Federal tax withheld **(Box 2)** _____

Social security wages **(Box 3)** (If different than federal wages) _____

Social security tax withheld **(Box 4)** _____

Medicare wages **(Box 5)** (If different than federal wages) _____

Medicare tax withheld **(Box 6)** _____

SS tips **(Box 7)** _____

Allocated tips **(Box 8)** _____

Dependent care benefits **(Box 10)** _____

Box 13 -

Statutory employee _____

Retirement plan _____

Third-party sick pay _____

State postal code **(Box 15)** _____

State wages **(Box 16)** (If different than federal wages) _____

State tax withheld **(Box 17)** _____

Local wages **(Box 18)** _____

Local tax withheld **(Box 19)** _____

Name of locality **(Box 20)** _____

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	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

Dividend Income

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

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

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

Consolidated Broker Statement

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

Preparer use only

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

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

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

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

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price <small>(Less expenses of sale)</small>	Cost or Other Basis
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

	2022 Information	Prior Year Information
State and local income tax refunds		

	T/S	Agreement Date	2022 Information	Prior Year Information
Alimony received				

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

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

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

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Payer name _____

State postal code _____

Mark if professional gambler _____

Reportable winnings (Box 1) _____

Date won (Box 2) _____

Type of wager (Box 3) _____

Federal withholding (Box 4) _____

Transaction (Box 5) _____

Race (Box 6) _____

Identical wager winnings (Box 7) _____

Cashier (Box 8) _____

Taxpayer identification number (Box 9) _____

Window (Box 10) _____

First ID (Box 11) _____

Second ID (Box 12) _____

Payer's state ID no. (Box 13) _____

State winnings (Box 14) _____

State withholding (Box 15) _____

Local winnings (Box 16) _____

Local withholding (Box 17) _____

Name of locality (Box 18) _____

Control Totals

Gambling Winnings #2

Please provide all copies of Form W-2G.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Payer name _____

State postal code _____

Mark if professional gambler _____

Reportable winnings (Box 1) _____

Date won (Box 2) _____

Type of wager (Box 3) _____

Federal withholding (Box 4) _____

Transaction (Box 5) _____

Race (Box 6) _____

Identical wager winnings (Box 7) _____

Cashier (Box 8) _____

Taxpayer identification number (Box 9) _____

Window (Box 10) _____

First ID (Box 11) _____

Second ID (Box 12) _____

Payer's state ID no. (Box 13) _____

State winnings (Box 14) _____

State withholding (Box 15) _____

Local winnings (Box 16) _____

Local withholding (Box 17) _____

Name of locality (Box 18) _____

Control Totals

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____
Name of payer _____
State postal code _____
Gross distributions received (Box 1) _____
Taxable amount received (Box 2a) _____
Federal withholding (Box 4) _____
Distribution code (Box 7) _____
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____
State withholding (Box 14) _____
Local withholding (Box 17) _____
Amount of rollover _____
Mark if distribution was due to a pre-retirement age disability _____

Control Totals

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____
Name of payer _____
State postal code _____
Gross distributions received (Box 1) _____
Taxable amount received (Box 2a) _____
Federal withholding (Box 4) _____
Distribution code (Box 7) _____
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____
State withholding (Box 14) _____
Local withholding (Box 17) _____
Amount of rollover _____
Mark if distribution was due to a pre-retirement age disability _____

Control Totals

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____
Name of payer _____
State postal code _____
Gross distributions received (Box 1) _____
Taxable amount received (Box 2a) _____
Federal withholding (Box 4) _____
Distribution code (Box 7) _____
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____
State withholding (Box 14) _____
Local withholding (Box 17) _____
Amount of rollover _____
Mark if distribution was due to a pre-retirement age disability _____

Control Totals

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) _____
 State postal code _____

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	_____	[]
Prescription drug (Part D) premiums	_____	
Net Benefits for 2022 (Box 3 minus Box 4) (Box 5)	_____	
Voluntary Federal Income Tax Withheld (Box 6)	_____	

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)	_____	[]
Federal Income Tax Withheld (Box 10)	_____	
Medicare Premium Total (Box 11)	_____	

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

NOTES/QUESTIONS:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	—	—
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)	—	—
Enter the total traditional IRA contributions made for use in 2022	_____	_____

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2022	_____	_____
Enter the nondeductible contribution amount made in 2023 for use in 2022	_____	_____
Traditional IRA basis	_____	_____
Value of all your traditional IRA's on December 31, 2022:		

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	—	—
Enter the total Roth IRA contributions made for use in 2022	_____	_____
Enter the amount a 2022 Roth IRA conversion should be adjusted by	_____	_____
Enter the total contribution Roth IRA basis on December 31, 2021	_____	_____
Enter the total Roth IRA contribution recharacterizations for 2022	_____	_____
Enter the Roth conversion IRA basis on December 31, 2021	_____	_____
Value of all your Roth IRA's on December 31, 2022:		

NOTES/QUESTIONS:

Preparer use only

2022 Information

Prior Year Information

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

Employer identification number _____

Business name _____

Principal business/profession _____

Business code _____

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

Address _____

City/State/Zip _____

Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____

If other: _____

Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____

If other enter explanation: _____

Enter an explanation if there was a change in determining your inventory:

Did you "materially participate" in this business? (Y, N) _____

If not, number of hours you did significantly participate _____

Mark if you began or acquired this business in 2022 _____

Did you make any payments in 2022 that require you to file Form(s) 1099? (Y, N) _____

If "Yes", did you or will you file all required Forms 1099? (Y, N) _____

Mark if this business is considered related to qualified services as a minister or religious worker _____

Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____

Medical insurance premiums paid by this activity _____

Long-term care premiums paid by this activity _____

Amount of wages received as a statutory employee _____

Business Income

2022 Information

Prior Year Information

Gross receipts and sales

Returns and allowances _____

Other income:

Cost of Goods Sold

2022 Information

Prior Year Information

Beginning inventory _____

Purchases _____

Labor:

Materials _____

Other costs:

Ending inventory _____

Control Totals

Preparer use only

Principal business or profession _____

2022 Information

Prior Year Information

Advertising _____

Car and truck expenses _____

Commissions and fees _____

Contract labor _____

Depletion _____

Depreciation _____

Employee benefit programs (Include Small Employer Health Ins Premiums credit):

Insurance (Other than health):

Interest:

Mortgage (Paid to banks, etc.)

Other:

Legal and professional services _____

Office expense _____

Pension and profit sharing:

Rent or lease:

Vehicles, machinery, and equipment _____

Other business property _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses:

Travel and meals:

Travel _____

Meals (Enter 100% subject to 50% limitation) _____

Meals (Enter 100% subject to DOT 80% limit) _____

Meals (Fully deductible) _____

Utilities _____

Wages (Less employment credit):

Other expenses:

Control Totals

Preparer use only

Principal business or profession _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____

Business Use of Home

	2022 Information	Prior Year Information
Total area of home	_____	_____
Area used exclusively for business	_____	
Information for day-care facilities only:		
Total hours used for day-care during this year	_____	
Total hours used this year, if less than 8760	_____	
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____	
Area used partly for day-care business	_____	

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:	_____	_____	_____
Real estate taxes:	_____	_____	
Excess mortgage interest	_____	_____	
Insurance	_____	_____	
Rent	_____	_____	
Repairs & maintenance	_____	_____	
Utilities	_____	_____	
Other expenses, such as: Supplies & Security system	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Excess casualty losses	_____	_____	
Carryovers:			
Operating expenses	_____	_____	
Casualty losses	_____	_____	
Depreciation	_____	_____	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses	_____	_____	
Depreciation	_____	_____	

NOTES/QUESTIONS:

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

Preparer use only

Description of business or profession _____

Vehicles

Vehicle 1 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 2 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 3 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 4 -	Date placed in service	_____
	Description	_____
	Comments	_____

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	—	—	—	—	—	—	—	—
Was another vehicle available for personal use? (Y, N)	—	—	—	—	—	—	—	—
Do you have evidence to support your deduction? (Y, N)	—	—	—	—	—	—	—	—
Is this evidence written? (Y, N)	—	—	—	—	—	—	—	—

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	_____		_____		_____		_____	
Commuting miles	_____		_____		_____		_____	
Business miles before 7/1	_____		_____		_____		_____	
Business miles after 6/30	_____		_____		_____		_____	
Parking fees	_____		_____		_____		_____	
Tolls	_____		_____		_____		_____	
Gasoline	_____		_____		_____		_____	
Oil	_____		_____		_____		_____	
Repairs	_____		_____		_____		_____	
Maintenance	_____		_____		_____		_____	
Tires	_____		_____		_____		_____	
Car washes	_____		_____		_____		_____	
Insurance	_____		_____		_____		_____	
Interest	_____		_____		_____		_____	
Registration	_____		_____		_____		_____	
Licenses	_____		_____		_____		_____	
Property taxes	_____		_____		_____		_____	
Other vehicle expenses	_____		_____		_____		_____	
Vehicle rentals	_____		_____		_____		_____	
Inclusion amt (Preparer only)	_____		_____		_____		_____	
Depreciation	_____		_____		_____		_____	

Preparer use only

2022 Information

Prior Year Information

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

Prior Year Information

Rent and Royalty Income

Rents and royalties

2022 Information

Prior Year Information

Rent and Royalty Expenses

2022 Information

Percent if not 100%

Prior Year Information

Advertising _____
 Auto _____
 Travel _____
 Cleaning and maintenance _____
 Commissions: _____

 Insurance: _____

 Legal and professional fees _____
 Management fees: _____

 Mortgage interest paid to banks, etc (Form 1098) _____

 Other mortgage interest _____
 Qualified mortgage insurance premiums _____
 Other interest: _____

 Repairs _____
 Supplies _____
 Taxes: _____

 Utilities _____
 Depreciation _____
 Depletion _____
 Other expenses: _____

Prior Year Information

Please provide all Forms 1099-K

Preparer use only

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

Schedule F Income

Sales Code**	Income description	2022 Information	Prior Year Information
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	

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

	2022 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	_____	
Beginning inventory of livestock and other items (Accrual method)	_____	
Accrual cost of livestock, produce, grains, and other products purchased	_____	
Ending Inventory of livestock and other items (Accrual method)	_____	
Total cooperative distributions you received	_____	
Taxable cooperative distributions you received	_____	

	2022 Total	2022 Taxable	Prior Year Information
Agricultural program payments	_____	_____	
_____	_____	_____	
_____	_____	_____	

	2022 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____	
Commodity credit loans reported under election:	_____	
_____	_____	
Total commodity credit loans forfeited	_____	
Taxable commodity credit loans forfeited	_____	

	2022 Total	2022 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2022	_____	_____	
_____	_____	_____	
_____	_____	_____	

Mark if electing to defer crop insurance proceeds to 2023 _____

Crop insurance proceeds deferred from 2021 _____

Control Totals

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

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

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

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

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

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

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

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

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

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	_____	
Asset identifying number or other designation	_____	
Date asset acquired	_____	
Date asset disposed	_____	
Asset jointly owned with spouse	___	
Maximum value of asset	_____	

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) _____

Foreign entity name _____

Foreign entity address _____

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 _____

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:

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

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

	2022 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	—	
Type of Account:		
Bank	—	
Securities	—	
Other	_____	
Maximum value of account	_____	
Account number or other designation	_____	
Financial institution	_____	
Address of financial institution	_____	
City, state, zip code	_____	
Foreign country code/name	_____	
For addresses in Mexico, enter state	_____	
Foreign province/county	_____	
Foreign postal code	_____	
Account jointly owned with spouse	—	
Account opened during the tax year	—	
Account closed during the tax year	—	
Information is reported for a financial account which is:	—	

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

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

Taxpayer identification number of account holder/joint owner _____

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

Last name or organization name of account holder/joint owner _____

First name and middle initial of account holder/joint owner _____

Address and apartment _____

City, state, zip code _____

Foreign country code/name _____

For addresses in Mexico, enter state _____

Foreign postal code _____

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

Filer's title with this owner (If applicable) _____

NOTES/QUESTIONS:

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
—	_____	_____	<div style="border: 1px solid black; background-color: #cccccc; padding: 5px;"> _____ _____ _____ </div>
—	_____	_____	
—	_____	_____	
—	_____	_____	

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) _____
 Education Code (1=American Opportunity Credit, 2=Lifetime Learning Credit) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

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

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

Tuition Paid and Related Information

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

	2022 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	_____	_____
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:

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			
—	_____			
—	_____			
—	_____			
—	_____			
—	_____			
—	_____			
	Medical insurance premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</small>			
—	_____			
—	_____			
—	_____			
—	_____			
—	_____			
—	_____			
	Long-term care premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</small>			
—	_____			
—	_____			
—	_____			
—	_____			
—	_____			
—	_____			
	Prescription medicines and drugs:			
—	_____			
—	_____			
—	_____			
—	_____			
—	_____			
—	_____			
	Miles driven for medical items (1/1/22 - 6/30/22, 18 cents)			
—	_____			
	Miles driven for medical items (7/1/22 - 12/31/22, 22 cents)			
—	_____			

Schedule A - Tax Expenses

T/S/J	2022 Information	Prior Year Information		
	State/local income taxes paid:			
—	_____			
—	_____			
—	_____			
—	_____			
—	_____			
	2021 state and local income taxes paid in 2022:			
—	_____			
—	_____			
—	_____			
	Real estate taxes paid:			
—	_____			
—	_____			
—	_____			
	Personal property taxes:			
—	_____			
—	_____			
—	_____			
	Other taxes, such as: foreign taxes and State disability taxes			
—	_____			
—	_____			
—	_____			
	Sales tax paid on major purchases:			
—	_____			
—	_____			
—	_____			
	Sales tax paid on actual expenses:			
—	_____			
—	_____			
—	_____			

Control Totals

T/S/J		2022 Interest Paid	2022 Points Paid	Type*	Prior Year Information
	Home mortgage interest: From Form 1098				
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	
—	_____	_____	_____	_____	

***Mortgage Types**

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

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

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

— Payer's/Borrower's name _____
 — Street Address _____
 — City/State/Zip code _____

Refinancing Points paid 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 _____

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:		
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____
 Marketplace identifier (Box 1) _____
 Marketplace-assigned policy number (Box 2) _____
 Policy issuer's name (Box 3) _____

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	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Annual total	_____	_____	_____	_____	_____

Control Totals

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____
 Marketplace identifier (Box 1) _____
 Marketplace-assigned policy number (Box 2) _____
 Policy issuer's name (Box 3) _____

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	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Annual total	_____	_____	_____	_____	_____

Control Totals

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Name of Trustee _____

State postal code _____

Indicate type of health or medical savings account:

 HSA _____

 Archer MSA _____

 MA (Medicare Advantage) MSA _____

Total HSA/MSA contributions made _____

 for 2022 (Enter all amounts contributed, including through employer cafeteria plans) _____

Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) _____

Number of months in qualified high deductible health plan in 2022 _____

Mark if you want to contribute the maximum allowable health or _____

 medical savings account contribution amount _____

Total HSA/MSA contribution to be made for 2022 _____

Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) _____

Excess contributions for 2021 taken as constructive contributions for 2022 _____

Rollover contribution (Form 5498-SA, Box 4) _____

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

Amount of annual deductible _____

Enter compensation from employer maintaining high deductible health plan _____

If self-employed, enter earned income from business _____

 under which plan was established _____

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2022? (Y, N) _____

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S)	—	
Name of Trustee _____		
State postal code _____		
Gross distributions received (Box 1)	_____	_____
Earnings on excess contributions (Box 2)	_____	_____
Distribution code (Box 3)	—	
Fair Market Value on date of death (Box 4)	_____	
Box 5 -		
HSA	—	
Archer MSA	—	
MA MSA	—	
All distributions were used to pay unreimbursed qualified medical expenses	—	—
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2022	_____	_____
Withdrawal of excess contributions by the due date of the return	_____	_____
Amount of distribution rolled over for 2022	_____	_____
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	_____	_____
If MA (Medicare Advantage) MSA, enter value of account on 12/31/21	_____	_____
For HSA accounts:		
Was the high deductible health plan coverage started in 2021 and in effect for the month of December 2021? (Y, N)	—	—
Was the high deductible health plan coverage ended before 12/31/22? (Y, N)	—	—

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 _____		
Social security number of insured _____		
Gross long-term care (LTC) benefits paid (Box 1)	_____	_____
Accelerated death benefits paid (Box 2)	_____	_____
Check one (Box 3)		
Per diem	—	
Reimbursed amount	—	
Qualified contract (Box 4)	—	
Check, if applicable (Box 5)		
Chronically ill	—	
Terminally ill	—	
Are there other individuals who received LTC payments during 2022? (Y, N)	—	—
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	—	—
Number of days during the long-term care period	_____	
Cost incurred for qualified long-term care services during the long-term care period	_____	_____

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	_____	_____
Employer-provided dependent care benefits that were forfeited in 2022	_____	_____
Total qualified expenses incurred in 2022	_____	_____
Were you or your spouse a full time student or disabled? (Yes or No)	_____	_____
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)	_____	_____

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 _____

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 _____

Control Totals

Michigan General Information

School district name _____

School district code _____

Mark if 2/3 income from seafaring _____

	Taxpayer	Spouse
Do you want \$3.00 to go to the state campaign fund? (Y, N)	___	___
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paraplegic, quadriplegic or hemiplegic	___	___
Totally and permanently disabled	___	___
Deaf	___	___
Qualified disabled veteran	___	___

Use Tax

Purchases up \$1000 per purchase subject to use tax _____

Purchases exceeding \$1000 per purchase subject to use tax _____

Contributions

Amount of charitable contribution you wish to make to:
Contributions must be a minimum of \$5, \$10 or any amount greater than \$10

American Red Cross of Michigan	_____
Animal Welfare Fund	_____
Children's Trust Fund - Preventing Child Abuse in Michigan	_____
Military Family Relief Fund	_____
United Way Fund	_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Michigan

	Taxpayer	Spouse
From	_____	_____
To	_____	_____
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		___

NOTES/QUESTIONS:

Michigan Credits - Homestead Property Tax Credit Information

Homeowner

Homestead occupied entire tax year: Taxable value _____ Special Assessments _____

Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5)

TSJ	Description	Amount
_____	_____	_____
_____	_____	_____

Address at end of tax year, if different from that entered on Organizer Form ID: 1040 (or Lite-1):

Street address _____ Taxable value _____

City _____ Number of days occupied _____

State _____ Zip code _____ Property taxes levied for the year _____

Address of homestead sold during tax year:

Street address _____ Taxable value _____

City _____ Number of days occupied _____

State _____ Zip code _____ Property taxes levied for the year _____

Rental Information

Rental #1 Address _____ City _____ Zip code _____	No. months	Monthly rent	Mobile home
Landlord #1 Name _____ Address _____ City _____ State _____ Zip Code _____			
Rental #2 Address _____ City _____ Zip code _____	No. months	Monthly rent	Mobile home
Landlord #2 Name _____ Address _____ City _____ State _____ Zip Code _____			

Household Income

Enter amounts of nontaxable income received during the tax year by any member of your household

Child support and foster parent payments _____

Worker's compensation and Veteran's benefits _____

Family Independence Agency and other public assistance payments _____

Gifts or expenses paid on your behalf _____

Other nontaxable income (inheritances, etc): _____

NOTES/QUESTIONS:

Michigan Cities General Information

Taxpayer Spouse

Mark the applicable boxes if the following conditions apply to you and/or your spouse:

Disabled

— —

Deaf

— —

NOTES/QUESTIONS: