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. <u>Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.</u>

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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.

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) ____[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]

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:

Estimated Taxes

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	

	Control Totals +		Form ID: St Pmt

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 [1] 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 +		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

Form ID: D

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
				+	+

	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:

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:

	Control Totals +		Form ID: Income

Form ID: 1099M

18a

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:

Form ID: 1099NEC

Nonemployee Compensation #1

Please provide all Forms 1099-NEC

Preparer use only

			2022 Information		Prior Year Information
Name of payer			______	[3]	[redacted]
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]	[redacted]
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:

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:

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

____ [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:

	Control Totals +		Form ID: Keogh

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-2

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-3

Schedule C - Carryovers

30

☐ **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:

	Control Totals +		Form ID: Rent-2

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]	

Control Totals +

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]	
____________	+ ____________	
____________	+ ____________	
____________	+ ____________	
____________	+ ____________	
____________	+ ____________	
____________	+ ____________	
____________	+ ____________	
____________	+ ____________	
____________	+ ____________	
____________	+ ____________	
____________	+ ____________	
____________	+ ____________	
____________	+ ____________	
____________	+ ____________	

Control Totals +

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]

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]

Estates and Trusts

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]

Form ID: Home

Sale of Principal Residence

40

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]

Reduced exclusion days: (Enter only days within 5-year period ending on sale date)

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

Control Totals +

Prior Year Installment Sale

Preparer use only

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

Control Totals +

NOTES/QUESTIONS:

Form ID: Sale

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:

	Control Totals +		Form ID: 8824

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:

Form ID: 2555

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) 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: -

	Control Totals +		Form ID: 2555-2

Armed Forces Moving Expenses

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:

	Control Totals +		Form ID: 3903

Form ID: Educate2	Student Loan Interest Paid	53

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:

	Control Totals +		Form ID: Educate2

Form ID: Educ3

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 institutio

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:

	Control Totals +		Form ID: Educ3

Form ID: A-1

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 +		Form ID: A-1

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:

	Control Totals +		Form ID: A-3

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 home

		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:

Form ID: 8283

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:

	Control Totals +		Form ID: 4684B

Form ID: 4684P

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:

	Control Totals +		Form ID: 4684P

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:

Form ID: CasPY

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 Direct Expenses		2022 Information Indirect Expenses		Prior Year Information
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

Health Care Coverage

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

NOTES/QUESTIONS:

	Control Totals +		Form ID: Coverage

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]	[illegible]
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]	[illegible]
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:

	Control Totals +		Form ID: 5498SA

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:

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.

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:

	Control Totals +		Form ID: R

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:

	Control Totals +		Form ID: 5695

Form ID: 1116

Foreign Tax Credit

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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:

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:

Depreciation - Asset List

Preparer use only

Activity name

HOW TO REPORT DISPOSALS: Use the blank line directly below the asset information to indicate any asset disposals. Enter the date of the disposal and/or sale proceeds, if applicable. Enter additional information regarding the asset disposal in the comments section, such as if the asset was sold on installment, traded for other asset(s), disposed of due to casualty, or sold to a related party. See the EXAMPLE asset below.

Asset No.	Description of Property	Date in Service	Cost or Basis
	Comments	Date Sold/Disposed	Sales Price
EXAMPLE	Machinery and equipment (EXAMPLE ASSET)	11/21/14	42,500
	Collected in 5 equal payments over 2 yrs	03/09/22	20,000

Depreciation - Asset Acquisitions

Preparer use only

Activity name

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

	Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE	2022 Model T - (EXAMPLE ASSET)	03/09/22	25,750
	Comments: 22,500 job-related miles, 25,000 total miles		
1			
	Comments:		
2			
	Comments:		
3			
	Comments:		
4			
	Comments:		
5			
	Comments:		
6			
	Comments:		
7			
	Comments:		
8			
	Comments:		
9			
	Comments:		
10			
	Comments:		
11			
	Comments:		
12			
	Comments:		
13			
	Comments:		
14			
	Comments:		
15			
	Comments:		
16			
	Comments:		
17			
	Comments:		
18			
	Comments:		
19			
	Comments:		
20			
	Comments:		
21			
	Comments:		
22			
	Comments:		
23			
	Comments:		
24			
	Comments:		
25			
	Comments:		

Form ID: CO

Colorado Use Tax

Purchases subject to state sales or use tax	____________ [1]
Special district code	___ [2]
Purchases subject to special district sales or use tax if less than the total purchase	____________ [3]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Conservation and Wildlife Restoration Cash Fund	____________ [4]
Domestic Abuse Fund	____________ [5]
Homeless Prevention Activities Fund	____________ [6]
Western Slope Military Veterans Cemetery Fund	____________ [7]
Pet Overpopulation Fund	____________ [8]
Military Family Relief Fund	____________ [9]
American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund	____________ [10]
Habitat for Humanity of Colorado Fund	____________ [11]
Special Olympics of Colorado	____________ [12]
Colorado Healthy Rivers Fund	____________ [13]
Alzheimer's Association Fund	____________ [14]
Colorado Cancer Fund	____________ [15]
Make-A-Wish Foundation of Colorado Fund	____________ [16]
Unwanted Horse Fund	____________ [17]
Feeding Colorado	____________ [19]
Colorado Nonprofit Fund	____________ [20]
Charitable organization Secretary of State registration number	____________ [21]
Name of registered organization	

____ [22]

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different):		
Resident	___ [23]	___ [24]
Nonresident	___ [25]	___ [26]
Part-year resident	___ [27]	___ [28]
Military nonresident	___ [29]	___ [30]
Part-year residency dates:		
From	____________ [31]	____________ [33]
To	____________ [32]	____________ [34]

NOTES/QUESTIONS: