

Client Organizer Topical Index

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

Topic	Page	Topic	Page
ABLE account distributions	73	Fuel tax credit	85, 86, 87
Adoption expenses	84	Gambling winnings	10, 18, 20
Affordable Care Act Health Coverage	69, 70	Gambling losses	59
Alaska Permanent Fund dividends	18, 77	Health savings account (HSA)	71, 72
Alimony paid	51	Household employee taxes	78
Alimony received	18	Identity authentication	7
Annuity payments received	10, 24	Installment sales	41, 42
Automobile information -		Interest income, including foreign	11, 13, 17b
Business or profession	68	Interest paid	58
Employee business expense	50	Investment expenses	57
Farm, Farm Rental	68	Investment interest expenses	58
Rent and royalty	68	IRA, Roth IRA contributions	26
Bank account information	3	IRA distributions	10, 24
Broker Statement - Consolidated	17b	Like-kind exchange of property	43
Business income and expenses	28, 29, 30	Long-term care services and contracts (LTC)	72
Business use of home	67	Medical and dental expenses	57
Cancellation of debt	19	Medical savings account (MSA)	71, 72
Casualty and theft losses, business	63, 65	Minister earnings and expenses	28, 49, 75
Casualty and theft losses, personal	64, 66	Miscellaneous income	18, 18a, 18b, 18c
Child and dependent care expenses	81	Miscellaneous adjustments	51
Children's interest and dividend	76, 77	Miscellaneous itemized deductions	59, 59a
Charitable contributions	59, 61, 62	Mortgage interest expense	58, 60
Contracts and straddles	22	Moving expenses - Active Military	48
Dependent care benefits received	12	Nonresident Alien	4, 5
Dependent information	1	Partnership income	10, 38
Depreciable asset acquisitions and dispositions -		Payments from Qualified Education Programs (1099-Q)	10, 55
Business or profession	92, 93	Pension distributions	10, 24
Employee business expense	92, 93	Railroad retirement benefits	25
Farm, Farm Rental	92, 93	Real estate taxes, personal property and other taxes paid	57
Rent and royalty	92, 93	REMIC's	16
Direct deposit information	3	Rent and royalty, vacation home, income and expenses	31, 32
Disability income	24, 83	Residential energy credit	82
Dividend income, including foreign	11, 14, 17b	S corporation income	10, 21, 38
Early withdrawal penalty	13	Sale of business property	41, 42
Education Credits and tuition and fees deduction	54	Sale of personal residence	40
Education Savings Account & Qualified Tuition Programs	55	Sale of stock, securities, and other capital assets	17, 17a, 17b
Electronic filing	6	Self-employed health insurance premiums	28, 33, 69
Email address	2	Self-employed Keogh, SEP and SIMPLE plan contributions	27
Employee business expenses	49	Seller-financed mortgage interest received	15
Estate income	10, 39	Social security benefits received	25
Farm income and expenses	33, 34, 35	State and local income tax refunds	18
Farm rental income and expenses		State & local estimate payments and withholding	9, 12, 20, 24
Federal estimate payments	8	Statutory employee	12, 28
Federal student aid application information (FAFSA)	56	Student loan interest paid	53
Federal withholding	12, 20, 24, 25	Trust income	39
First-time homebuyer credit repayment	79	Unemployment compensation	18
Foreign bank accounts & financial assets	44, 45	Unreported tip or unreported wage income	74
Foreign earned income & housing deduction	46, 47	U.S. savings bonds educational exclusion	52
Foreign employer compensation	23	Wages and salaries	10, 12
Foreign taxes paid	83		

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

Personal Information

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

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

Present Mailing Address

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

Dependent Information

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

First Name ^[52]	Last Name	Date of Birth	Social Security No.	Relationship	Months ^{**} in home	Dep Codes [*]	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

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:

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]

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:

Taxpayer -

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

Spouse -

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

NOTES/QUESTIONS:

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

Refunded _____ [52]
 Applied to 2023 estimated tax liability _____ [53]

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

If yes, please explain any differences: _____ [55]
 _____ [56]
 _____ [57]
 _____ [58]

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

If yes, please explain any differences: _____ [60]
 _____ [61]
 _____ [62]
 _____ [63]

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

If yes, please explain any differences: _____ [65]
 _____ [66]
 _____ [67]
 _____ [68]

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

If yes, please explain any differences: _____ [70]
 _____ [71]
 _____ [72]
 _____ [73]

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

2022 Federal Estimated Tax Payments

2021 overpayment applied to 2022 estimates + _____ [1]

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

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

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

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

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J)
State postal code

____[1]
____[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 #2	
City name _____[28]		City name _____[50]	
Amount paid with 2021 return + _____[31]		Amount paid with 2021 return + _____[53]	
2021 overpayment applied to '22 estimates- _____[32]		2021 overpayment applied to '22 estimates- _____[54]	
Treat calculated amounts as paid _____[36]		Treat calculated amounts as paid _____[58]	

Date Paid		Amount Paid	Date Paid		Amount Paid
1st quarter payment _____[37]		+ _____[38]	1st quarter payment _____[59]		+ _____[60]
2nd quarter payment _____[39]		+ _____[40]	2nd quarter payment _____[61]		+ _____[62]
3rd quarter payment _____[41]		+ _____[42]	3rd quarter payment _____[63]		+ _____[64]
4th quarter payment _____[43]		+ _____[44]	4th quarter payment _____[65]		+ _____[66]

Calculated Amount

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

Calculated Amount

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

City #3		City #4	
City name _____[72]		City name _____[94]	
Amount paid with 2021 return + _____[75]		Amount paid with 2021 return + _____[97]	
2021 overpayment applied to '22 estimates- _____[76]		2021 overpayment applied to '22 estimates- _____[98]	
Treat calculated amounts as paid _____[80]		Treat calculated amounts as paid _____[102]	

Date Paid		Amount Paid	Date Paid		Amount Paid
1st quarter payment _____[81]		+ _____[82]	1st quarter payment _____[103]		+ _____[104]
2nd quarter payment _____[83]		+ _____[84]	2nd quarter payment _____[105]		+ _____[106]
3rd quarter payment _____[85]		+ _____[86]	3rd quarter payment _____[107]		+ _____[108]
4th quarter payment _____[87]		+ _____[88]	4th quarter payment _____[109]		+ _____[110]

Calculated Amount

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

Calculated Amount

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

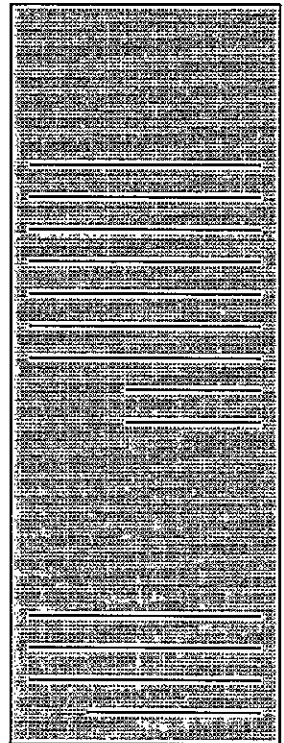
Wages and Salaries #1

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 +	
--	-------------------------	--

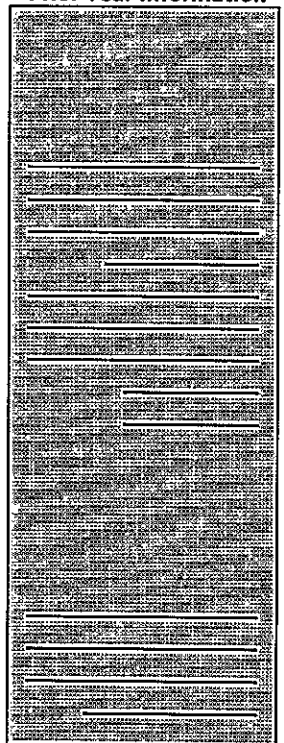
Wages and Salaries #2

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

Dividend Income

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

	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)		2022 Information		Prior Year Information
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [15]		
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	
—	—		_____	+	_____	

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

Table with 2 columns: Description (Name of payer, Rents, Royalties, etc.) and 2022 Information (Amounts in boxes [3] through [49]).

Prior Year Information table with multiple rows for previous years.

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Table with 2 columns: Description (Name of payer, Rents, Royalties, etc.) and 2022 Information (Amounts in boxes [3] through [49]).

Prior Year Information table with multiple rows for previous years.

Control Totals +

NOTES/QUESTIONS:

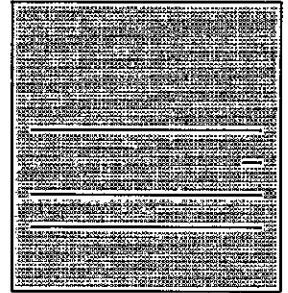
Nonemployee Compensation #1

Please provide all Forms 1099-NEC

Preparer use only

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

Prior Year Information



Control Totals +

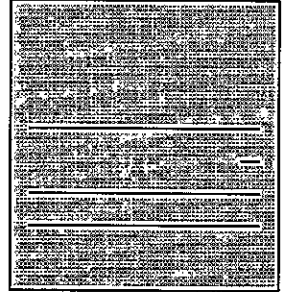
Nonemployee Compensation #2

Please provide all Forms 1099-NEC

Preparer use only

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

Prior Year Information



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:

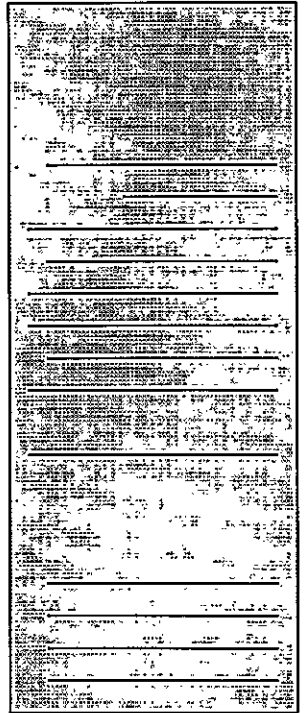
Gambling Winnings #1

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 +

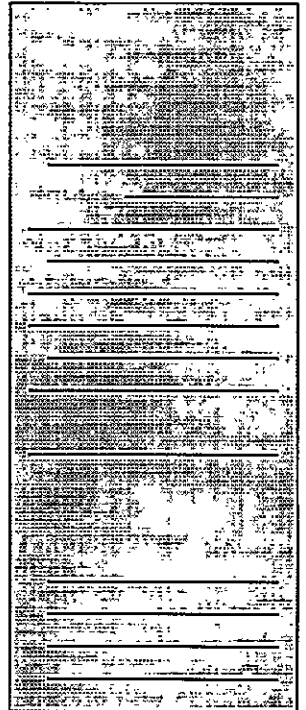
Gambling Winnings #2

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 (r, 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 (r, 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 (r, 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:

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

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

Social Security Benefits

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]

2022 Information

Prior Year Information



Tier 1 Railroad Benefits

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]

2022 Information

Prior Year Information



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 11.

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

NOTES/QUESTIONS:

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:

--	--

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:

Preparer use only

2022 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]

Prior Year Information

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

Gross receipts and sales _____ + _____ [52]
 _____ + _____
 _____ + _____
 _____ + _____
 Returns and allowances _____ + _____ [55]
 Other income: _____ + _____ [57]
 _____ + _____
 _____ + _____
 _____ + _____

Prior Year Information

Cost of Goods Sold

2022 Information

Beginning inventory + _____ [59]
 Purchases + _____ [61]
 Labor: _____ + _____ [63]
 _____ + _____
 Materials + _____ [65]
 Other costs: _____ + _____ [67]
 _____ + _____
 _____ + _____
 _____ + _____
 Ending inventory + _____ [69]

Prior Year Information

Control Totals +

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 +

Preparer use only
Principal business or profession _____

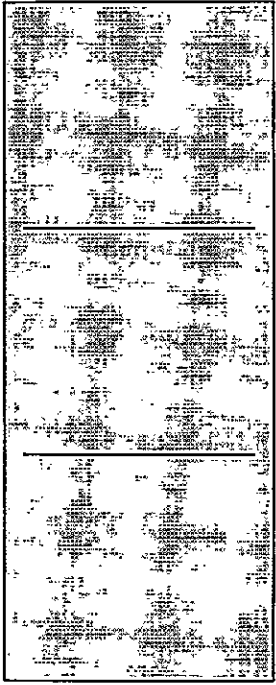
Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]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

NOTES/QUESTIONS:

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]	+ [28]	+ [29]
Long-term capital	+ [30]	+ [30]	+ [31]
28% rate capital	+ [32]	+ [32]	+ [33]
Section 1231 loss	+ [34]	+ [35]	+ [36]
Ordinary business gain/loss	+ [37]	+ [38]	+ [39]
Section 179	+ [40]	+ [41]	+ [42]

NOTES/QUESTIONS:

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]	

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

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

Control Totals +

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:

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]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)		
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

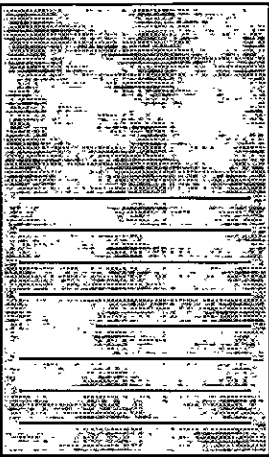
Mortgage and other debts the buyer assumed	_____	+ _____	[28]
Total current year payments received	_____	+ _____	[29]

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:


Preparer use only

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

Control Totals +

Prior Year Installment Sale

Preparer use only

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

Control Totals +

NOTES/QUESTIONS:

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:

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:

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: FrnAcct.

	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) [25]

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) [25]

Individual or organization name [25]

Address of issuer or counterparty [25]

City, state, zip code [25]

Foreign country code/name [25]

Foreign province/county [25]

Foreign postal code [25]

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) [25]

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) [25]

Individual or organization name [25]

Address of issuer or counterparty [25]

City, state, zip code [25]

Foreign country code/name [25]

Foreign province/county [25]

Foreign postal code [25]

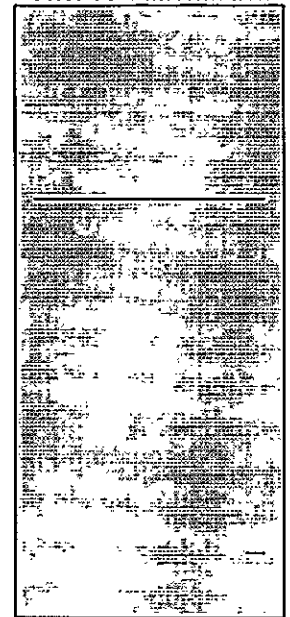
NOTES/QUESTIONS:

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

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

__ [1]

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



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

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

Taxpayer identification number of account holder/joint owner	__ [28]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	__ [29]
Last name or organization name of account holder/joint owner	__ [30]
First name and middle initial of account holder/joint owner	__ [31] __ [32]
Address and apartment	__ [33] __ [34]
City, state, zip code	__ [35] __ [36] __ [37]
Foreign country code/name	__ [38] __ [39]
For addresses in Mexico, enter state	__ [41]
Foreign postal code	__ [44]
Number of joint owners (Not including taxpayer, if applicable)	__ [45]
Filer's title with this owner (If applicable)	__ [46]

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S) [1] _____ State postal code [3] _____
 Foreign street address [4] _____ City _____
 State/Province _____ Country code _____
 Country _____ Postal code _____
 Employer's name _____ [2]
 U.S. address [5] _____ City _____
 State postal code _____ Zip code _____
 Foreign street address [6] _____ City _____
 State/Province _____ Country code _____
 Country _____ Postal code _____
 Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) 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 (r, s) _____
 State postal code _____

Foreign Earned Income

*Please use the Foreign Earned Income Allocation Codes located below

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

***Foreign Earned Income Allocation Codes**

1 = 100% foreign during assignment
 2 = 100% U.S. during assignment
 3 = U.S. and foreign days worked during assignment
 4 = U.S. and foreign days before/after assignment
 5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

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

Housing Exclusion/Deduction

Qualified housing expense _____	+	[47]
---------------------------------	---	------

NOTES/QUESTIONS: -

Preparer use only

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

NOTES/QUESTIONS:

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	[1]	Prior Year Information
—	_____	+	_____	[1]	
—	_____	+	_____	[1]	
—	_____	+	_____	[1]	
—	_____	+	_____	[1]	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

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

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (r, 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 _____

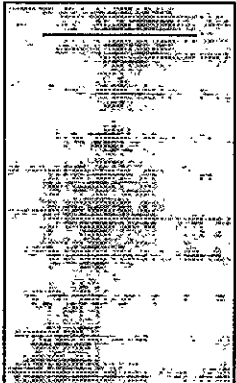
Institution Information

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

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

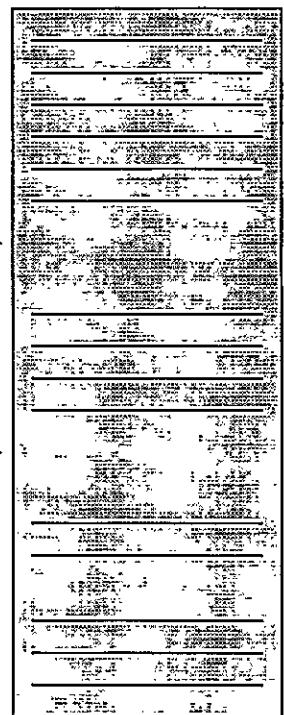
Tuition Paid and Related Information

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	_____	
<small>1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2022</small>		

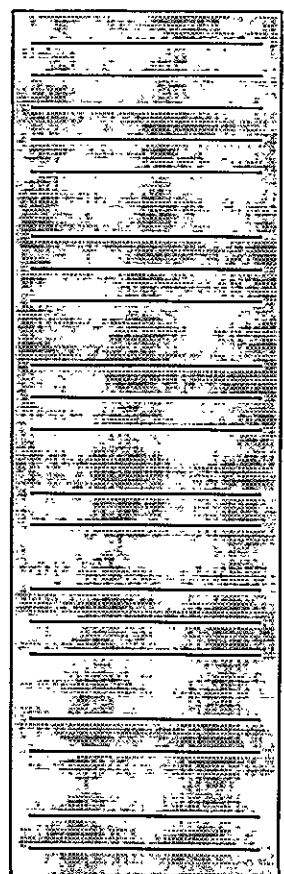
NOTES/QUESTIONS:

T/S/J	2022 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received	
[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]	
	+ _____	
	+ _____	



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]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

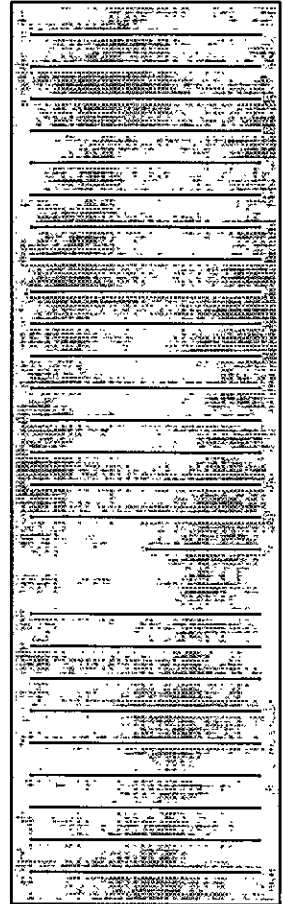
T/S/J 2022 Information Prior Year Information

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.

Table with 3 columns: T/S/J, Description, 2022 Information, and Prior Year Information. Rows 1-12 for cash/check contributions.



[5] Volunteer miles driven [6]
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

Table with 3 columns: T/S/J, Description, 2022 Information, and Prior Year Information. Rows 13-24 for volunteer miles and noncash items.

Miscellaneous Deductions

T/S/J 2022 Information Prior Year Information

Other expenses

Table with 3 columns: T/S/J, Description, 2022 Information, and Prior Year Information. Rows 25-30 for other expenses.

Gambling losses: (Enter only if you have gambling income)

Table with 3 columns: T/S/J, Description, 2022 Information, and Prior Year Information. Rows 31-33 for gambling losses.

NOTES/QUESTIONS:

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

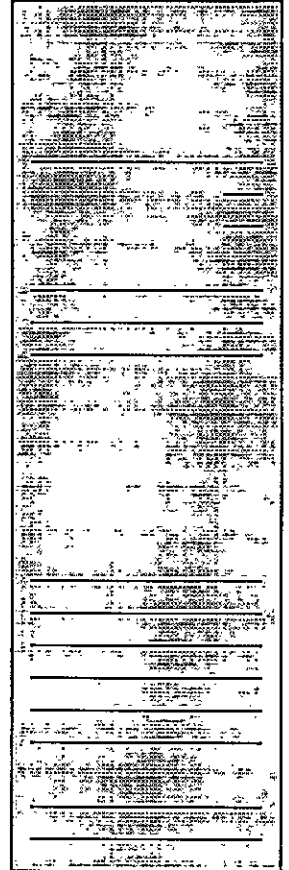
Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

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 (r, 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 _____		[10]
<i>(If different from number of months loan was outstanding)</i>		
Principal paid in 2022 _____	+	[12]
Interest paid during 2022 _____	+	[14]
Points reported on Form 1098 for 2022 _____	+	[17]
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____		[20]
Recipient SSN or EIN _____		[21]
Recipient address _____		[22]
Recipient city, state, zip code _____ [23] _____ [24] _____		[25]
Grandfather debt as of 12/31/21 (or first day mortgage was outstanding) _____	+	[26]
Grandfather debt as of 12/31/22 (or last day mortgage was outstanding) _____	+	[28]
Home acquisition/improvement debt as of 12/31/21 (or first day mortgage was outstanding) _____		[30]
Home acquisition/improvement debt as of 12/31/22 (or last day mortgage was outstanding) _____		[32]
Home equity debt as of 12/31/21*** (or first day mortgage was outstanding) _____	+	[34]
Home equity debt as of 12/31/22*** (or last day mortgage was outstanding) _____	+	[36]
*** ONLY portion of loan proceeds used to buy, build, or improve qualified residence		
Average balance in 2022 of grandfather debt _____	+	[41]
Average balance in 2022 of home acquisition/improvement debt _____	+	[43]
Average balance for 2022 all types of debt _____	+	[45]



NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

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

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

Control Totals +

Noncash Contributions Exceeding \$500

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

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

Control Totals +

Noncash Contributions Exceeding \$500

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

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

Control Totals +

Contributions of Motor Vehicles, Boats & Airplanes

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

Taxpayer/Spouse (T, S) _____ [1]

Donee's name _____ [4]

State postal code _____ [3]

Date of contribution (Box 1) _____ [9]

Odometer mileage (Box 2a) _____ [10]

Year of vehicle (Box 2b) _____ [11]

Make of vehicle (Box 2c) _____ [12]

Model of vehicle (Box 2d) _____ [13]

Vehicle or other identification number (Box 3) _____ [14]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a) _____ [15]

Date of sale (Box 4b) _____ [16]

Gross proceeds from sale (Box 4c) + _____ [17]

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a) _____ [18]

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b) _____ [19]

Detailed description of material improvements or significant intervening use and duration of use (Box 5c) _____ [20]

_____ [20]

_____ [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]

_____ [25]

_____ [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:

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:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (r, 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:

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:

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]

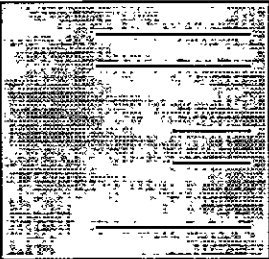
	A	B	C	D
Date acquired	_____ [60]	_____ [66]	_____ [72]	_____ [78]
Prior year cost of replacement property	+ _____ [61]	+ _____ [67]	+ _____ [73]	+ _____ [79]
Cost of replacement property	+ _____ [62]	+ _____ [68]	+ _____ [74]	+ _____ [80]
Postponed gain	+ _____ [63]	+ _____ [69]	+ _____ [75]	+ _____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

NOTES/QUESTIONS:

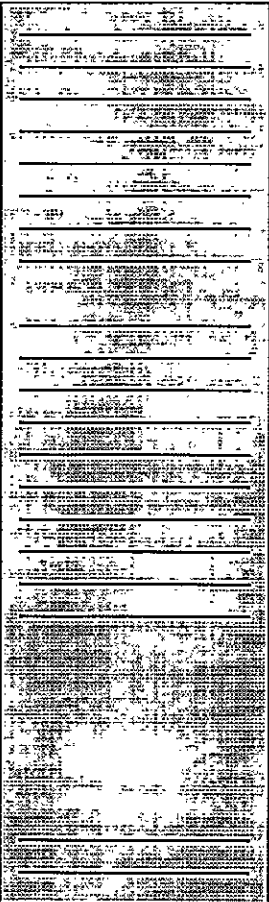
Preparer use only

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

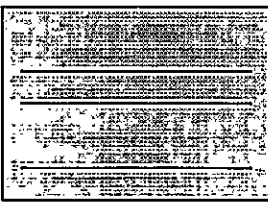
Business Use of Home

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

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

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

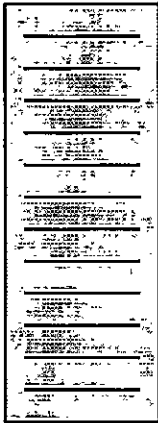
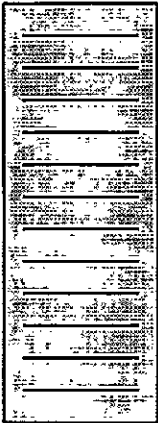
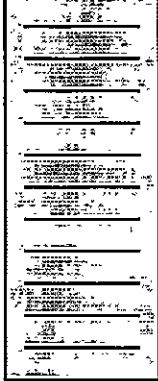
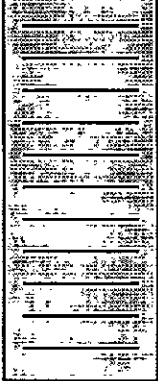
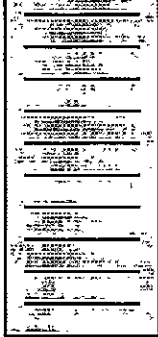
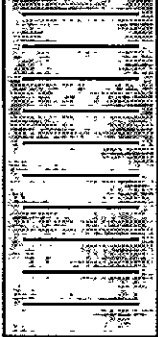
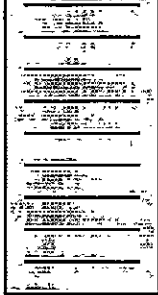
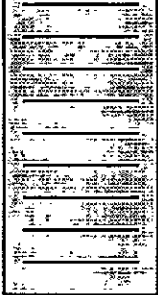
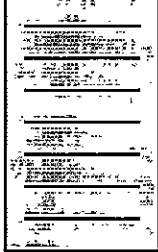
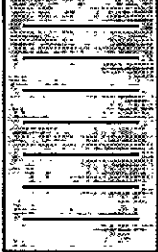
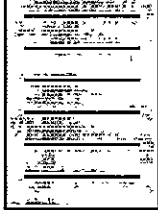
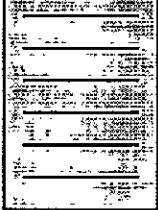
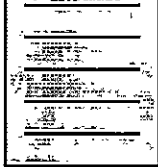
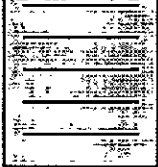

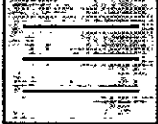

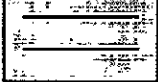
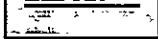
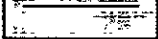
NOTES/QUESTIONS:

	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:

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 -

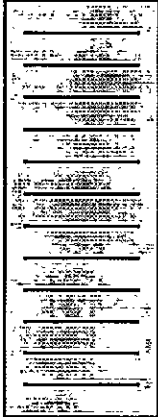

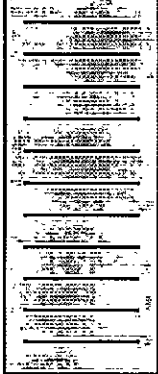

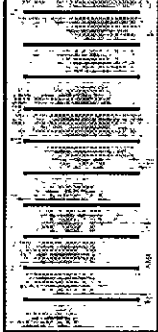
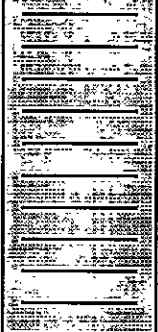
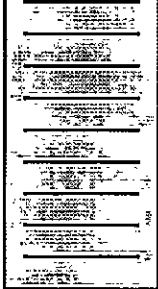
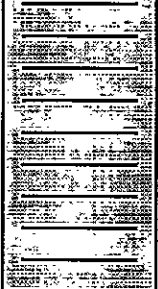
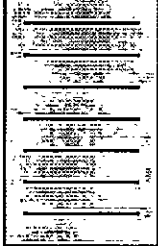
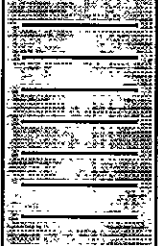
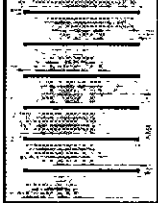
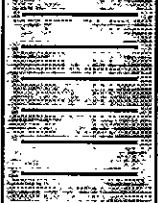
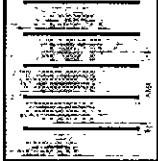






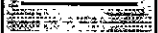
	A. 2022 Monthly Premium Amount	Prior Year Information	B. 2022 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2022 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]		+ _____ [25]	+ _____ [38]	
February	+ _____ [13]		+ _____ [26]	+ _____ [39]	
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

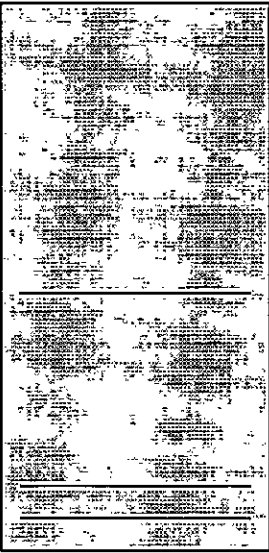
Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]
 Part III Household Information -

	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]	

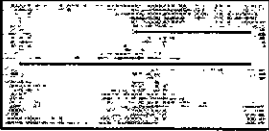
Control Totals +

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

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

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

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

Complete this section if your account is an HSA

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

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2022 Information	
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]

Prior Year Information

(This area is reserved for prior year information. The content is heavily obscured and illegible in the provided image.)

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2022 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]

Prior Year Information

(This area is reserved for prior year information. The content is heavily obscured and illegible in the provided image.)

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	Prior Year Information
	Taxpayer	Spouse
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 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'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.

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:

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 _____

Control Totals +

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:

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:

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:

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:

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

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:

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

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:			

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: