

| | | | | |
|------|------|----|--------------------|---|
| 2023 | 1040 | US | Client Information | 1 |
|------|------|----|--------------------|---|

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This tax organizer will assist you in gathering information necessary for the preparation of your 2023 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

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

Filing Status

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

Please add, change or delete information for 2023.

CLIENT INFORMATION

| | | | |
|------------------------------|------------------------------|--|--|
| Taxpayer Contact Information | Home phone..... | | Daytime Phone 1 = Work 2 = Home 3 = Mobile |
| | Work phone..... | | |
| | Work extension..... | | |
| | Daytime phone (table)..... | | |
| | Mobile phone..... | | |
| | Fax number..... | | |
| | E-mail address..... | | |
| Spouse Contact Information | Home phone..... | | |
| | Work phone..... | | |
| | Work extension..... | | |
| | Daytime phone (table)..... | | |
| | Mobile phone..... | | |
| | Fax number..... | | |
| | E-mail address..... | | |
| Taxpayer Authentication | Driver's license no..... | | |
| | Driver's license state..... | | |
| | Issue date (m/d/y)..... | | |
| | Expiration date (m/d/y)..... | | |
| | Theft protection PIN..... | | |
| Spouse Authentication | Driver's license no..... | | |
| | Driver's license state..... | | |
| | Issue date (m/d/y)..... | | |
| | Expiration date (m/d/y)..... | | |
| | Theft protection PIN..... | | |

| | | | | |
|-------------|-------------|-----------|-------------------|----------|
| 2023 | 1040 | US | Dependents | 2 |
|-------------|-------------|-----------|-------------------|----------|

Please add, change or delete information for 2023.

DEPENDENTS

| | Dependent | Dependent | |
|---------------------------------------|-----------|-----------|--|
| First name..... | | | <p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Date of death..... | | | |
| Date of adoption..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |
| IRS theft protection PIN..... | | | |
| First name..... | | | |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Date of death..... | | | |
| Date of adoption..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |
| IRS theft protection PIN..... | | | |
| First name..... | | | This section shares the notes from the first section |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Date of death..... | | | |
| Date of adoption..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |
| IRS theft protection PIN..... | | | |

Please enter all pertinent 2023 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

| | | |
|--|--|--|
| 1=direct deposit of federal tax refund into bank account | | |
| 1=electronic payment of balance due | | |
| 1=electronic payment of estimated tax | | |

BANK INFORMATION

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|--------------|----------------------------|----------------|----------------|---------------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

2023 ESTIMATED TAX / 1040-ES (6)

Federal

| | Amount Paid | Date Paid | TS | 2023 Voucher Amount |
|--|-------------|-----------|----|---------------------|
| Overpayment applied from 2022 | | | | |
| 1st quarter payment | | | | |
| 2nd quarter payment | | | | |
| 3rd quarter payment | | | | |
| 4th quarter payment | | | | |
| Additional Estimated Tax Payments | | | | |
| Paid with extension | | | | |
| Former spouse SSN if joint estimates | | | | |

State

| | Amount Paid | Date Paid | TS | 2023 Voucher Amount |
|-------------------------------------|-------------|-----------|----|---------------------|
| Overpayment applied from 2022 | | | | |
| 1st quarter payment | | | | |
| 2nd quarter payment | | | | |
| 3rd quarter payment | | | | |
| 4th quarter payment | | | | |
| Additional Estimated Tax Payments | | | | |
| Paid with extension | | | | |

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

| | |
|---------------------------------------|--|
| 1 = Checking or savings (default) | 6 = Coverdell savings account (ESA) |
| 2 = Taxpayer's IRA (next year limits) | 7 = Other |
| 3 = Spouse's IRA (next year limits) | 8 = Taxpayer's IRA (current year limits) |
| 4 = Health savings account (HSA) | 9 = Spouse's IRA (current year limits) |
| 5 = Archer MSA | |

Please enter all pertinent 2023 information.

APPLICATION OF 2023 OVERPAYMENT (7.1)

If you have an overpayment of 2023 taxes, do you want the excess refunded? or applied to 2024 estimate?

Other (please explain): _____

2024 ESTIMATED TAX INFORMATION

Do you expect your 2024 taxable income to be different from 2023? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2024 withholding to be different from 2023? Yes No

If "yes" explain any differences: _____

| | | | | |
|-------------|-------------|-----------|---|-----------------------|
| 2023 | 1040 | US | Wages, Pensions, Gambling Winnings | 10, 13.1, 13.2 |
|-------------|-------------|-----------|---|-----------------------|

Please enter all pertinent 2023 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

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

PENSIONS, IRA DISTRIBUTIONS (13.1)

| No. | Name of Payer | Distribution code #2 | | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld | | Value of all IRAs at 12/31/23 | 2022 Distribution |
|-----|---------------|----------------------|----------|----------------------------|-------------------------|-----------------|----------------|-------------------------------|-------------------|
| | | Distribution code #1 | | | | Federal (Box 4) | State (Box 14) | | |
| | | 1=IRA/SEP/SIMPLE | 1=spouse | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

GAMBLING WINNINGS (W-2G) (13.2)

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

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

| | | | | |
|--|-------------|----|--|-------------|
| | 2023 Amount | TS | | 2022 Amount |
| Total gambling losses | | | | |
| Winnings not reported on Form W-2G | | | | |

10, 13.1, 13.2

| | | | | |
|-------------|-------------|-----------|-----------------------------|-------------|
| 2023 | 1040 | US | Miscellaneous Income | 14.1 |
|-------------|-------------|-----------|-----------------------------|-------------|

Please enter all pertinent 2023 amounts and attach all 1099-MISC, 1099-NEC, 1099-K, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

| | 2023 Amount | | 2022 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Social security benefits (SSA-1099, box 5) | | | | |
| Medicare premiums paid (SSA-1099) | | | | |
| 1=treat Medicare premiums paid as SE health ins. | | | | |
| Tier 1 RR retirement benefits (RRB-1099, box 5) ... | | | | |
| 1=lump-sum election for SS benefits | | | | |
| Alimony received | | | | |
| Taxable scholarships and fellowships | | | | |
| Jury duty pay | | | | |
| Household employee income not on W-2 | | | | |
| Excess minister's allowance | | | | |
| Alaska permanent fund dividends | | | | |
| Income from rental of personal property | | | | |
| Activity not engaged in for profit income | | | | |
| Olympic & Paralympic medals & USOC prize money | | | | |
| Prizes and awards | | | | |
| Stock Options | | | | |
| Strike or lockout benefits (other than bona fide gifts) | | | | |
| Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes | | | | |
| Wages earned while incarcerated not on W-2 | | | | |
| Income subject to S/E tax: (1099-NEC, box 1) | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| Other income (1099-MISC, box 3, 8) | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

Form 1099-K

| | | | | |
|--|--|--|--|--|
| Amount of sale proceeds from Form 1099-K for personal item(s) sold at a loss | | | | |
| Amount from Form 1099-K that was incorrectly reported | | | | |

TAX WITHHELD (not entered elsewhere)

| | | | | |
|-----------------------------------|--|--|--|--|
| Federal income tax withheld | | | | |
| State income tax withheld | | | | |
| Local income tax withheld | | | | |

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

GENERAL INFORMATION

| | |
|---|--|
| Principal business/profession | |
| Principal business code | |
| Business name, if different from Form 1040 | |
| Business address, if different from Form 1040 | |
| City, if different from Form 1040 | |
| State, if different from Form 1040 | |
| ZIP code, if different from Form 1040 | |
| Foreign region | |
| Foreign postal code | |
| Foreign country | |
| Employer identification number | |
| Other accounting method | |

| | | |
|---|--|--|
| Accounting method: 1=cash, 2=accrual | | |
| Inventory method: 1=cost, 2=lower cost/market, 3=other | | |
| 1=change of inventory method | | |
| 1=spouse, 2=joint | | |
| 1=first Schedule C filed for this business | | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no | | |
| 1=not subject to self-employment tax | | |
| 1=did not "materially participate" | | |
| 1=personal services is not a material income producing factor | | |
| 1=investment | | |
| 1=minister's Schedule C | | |
| 1=single member limited liability company | | |
| 1=trader in financial instruments or commodities | | |

INCOME

| | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Gross receipts or sales (Form 1099-NEC) | | |
| Returns and allowances | | |
| Other income: | | |
| _____ | | |
| _____ | | |
| _____ | | |

COST OF GOODS SOLD

| | | |
|--|--|--|
| Inventory at beginning of the year | | |
| Purchases | | |
| Cost of items for personal use | | |
| Cost of labor | | |
| Materials and supplies | | |
| Other costs: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Inventory at end of the year | | |

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

EXPENSES

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Accounting..... | | |
| Advertising..... | | |
| Answering service..... | | |
| Bad debts from sales or service..... | | |
| Bank charges..... | | |
| Car and truck expenses (not entered elsewhere)..... | | |
| Commissions..... | | |
| Contract labor..... | | |
| Delivery and freight..... | | |
| Dues and subscriptions..... | | |
| Employee benefit programs..... | | |
| Insurance (other than health)..... | | |
| Mortgage interest (paid to banks, etc.)..... | | |
| Other interest (not entered elsewhere)..... | | |
| Janitorial..... | | |
| Laundry and cleaning..... | | |
| Legal and professional..... | | |
| Miscellaneous..... | | |
| Office expense..... | | |
| Outside services..... | | |
| Parking and tolls..... | | |
| Pension and profit sharing plans - contributions..... | | |
| Pension and profit sharing plans - admin. and education costs..... | | |
| Postage..... | | |
| Printing..... | | |
| Rent - vehicles, machinery, & equipment (not entered elsewhere)..... | | |
| Rent - other..... | | |
| Repairs..... | | |
| Security..... | | |
| Supplies..... | | |
| Taxes - real estate..... | | |
| Taxes - payroll..... | | |
| Taxes - sales tax included in gross receipts..... | | |
| Taxes - other (not entered elsewhere)..... | | |
| Telephone..... | | |
| Tools..... | | |
| Travel..... | | |
| Meals in full (50%)..... | | |
| Department of Transportation meals in full (80%)..... | | |
| Uniforms..... | | |
| Utilities..... | | |
| Wages..... | | |

Other expenses:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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

GENERAL INFORMATION

| | 2023 Amount | 2022 Amount |
|------------------------------------|-------------|--|
| Description of property | | Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental |
| Street address | | |
| City | | |
| State | | |
| ZIP code | | |
| Type of property (see table) | | |
| Other type of property | | |
| Number of days rented | 34 | |

| | | | |
|---|--|--|--|
| Percentage of ownership if not 100% (.xxxx) | | 1=did not actively participate | |
| Percentage of tenant occupancy if not 100% (.xxxx) | | 1=real estate professional | |
| 1=spouse, 2=joint | | 1=rental other than real estate | |
| 1=qualified joint venture | | 1=investment | |
| 1=nonpassive activity, 2=passive royalty | | 1=single member limited liability company | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no | | | |

INCOME

| | 2023 Amount | 2022 Amount |
|-----------------------------------|-------------|-------------|
| Rents or royalties received | | |

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

| Advertising | | |
|---|--|--|
| Association dues | | |
| Auto and travel (not entered elsewhere) | | |
| Cleaning and maintenance | | |
| Commissions | | |
| Gardening | | |
| Insurance | | |
| Legal and professional fees | | |
| Licenses and permits | | |
| Management fees | | |
| Miscellaneous | | |
| Mortgage interest (paid to banks, etc.) | | |
| Excess mortgage interest | | |
| Other interest (not entered elsewhere) | | |
| Painting and decorating | | |
| Pest control | | |
| Plumbing and electrical | | |
| Repairs | | |
| Supplies | | |
| Taxes - real estate | | |
| Taxes - other (not entered elsewhere) | | |
| Telephone | | |
| Utilities | | |
| Wages and salaries | | |
| Other: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

| | |
|---------------------------|--|
| Foreign region | |
| Foreign postal code | |
| Foreign country | |

OIL AND GAS

| | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Production type (preparer use only) | | |
| Cost depletion | | |
| Percentage depletion rate or amount | | |
| State cost depletion, if different (-1 if none) | | |
| State % depletion rate or amount, if different (-1 if none) | | |

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

| | |
|---|--|
| Number of days personal use | |
| Number of days owned (if optional method elected) | |

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

| | | |
|---|--|--|
| Advertising | | |
| Association dues | | |
| Auto and travel (not entered elsewhere) | | |
| Cleaning and maintenance | | |
| Commissions | | |
| Gardening | | |
| Insurance | | |
| Legal and professional fees | | |
| Licenses and permits | | |
| Management fees | | |
| Miscellaneous | | |
| Mortgage interest (paid to banks, etc.) | | |
| Excess mortgage interest | | |
| Other interest (not entered elsewhere) | | |
| Painting and decorating | | |
| Pest control | | |
| Plumbing and electrical | | |
| Repairs | | |
| Supplies | | |
| Taxes - real estate | | |
| Taxes - other (not entered elsewhere) | | |
| Telephone | | |
| Utilities | | |
| Wages and salaries | | |

Other:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

| | | | | |
|------|------|----|---|-----------|
| 2023 | 1040 | US | Partnership and S corporation Information | 20.1,20.2 |
|------|------|----|---|-----------|

Please add, change or delete 2023 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

| No. | Name of Partnership | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in Partnership |
|-----|---------------------|--------------------------------|---------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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S CORPORATION INFORMATION (20.2)

| No. | Name of S corporation | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in S corporation |
|-----|-----------------------|--------------------------------|---------------------------------|--|
| | | | | |
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|------|------|----|---------------------------------------|-----------|
| 2023 | 1040 | US | Estate or Trust and REMIC Information | 20.3,20.4 |
|------|------|----|---------------------------------------|-----------|

Please add, change or delete 2023 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

| No. | Name of Estate or Trust | Employer Identification Number | Tax Shelter Registration Number |
|-----|-------------------------|--------------------------------|---------------------------------|
| | | | |
| | | | |
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REMIC INFORMATION (20.4)

| No. | Name of REMIC | Employer Identification Number |
|-----|---------------|--------------------------------|
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| | |
|--|------------------|
| | 20.3,20.4 |
|--|------------------|

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

GENERAL INFORMATION

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Description of vehicle | | |
| 1=no evidence to support your deduction | | |
| 1=no written evidence to support your deduction | | |
| 1=vehicle is available for off-duty personal use | | |
| 1=no other vehicle is available for personal use | | |
| 1=vehicle used primarily by more than 5% owner | | |
| Number of months of business use if changed from 100% personal use | | |

AUTOMOBILE MILEAGE

| | | |
|--|--|--|
| Total mileage (for the tax year) | | |
| Business mileage | | |
| Commuting mileage (for the tax year) | | |
| Average daily round-trip commute | | |

ACTUAL EXPENSES

| | | |
|---|--|--|
| Parking fees and tolls (business portion only) | | |
| Gasoline, lube, oil | | |
| Repairs | | |
| Tires | | |
| Insurance | | |
| Miscellaneous | | |
| Auto license (other than personal property taxes) | | |
| Personal property taxes (based on car's value) | | |
| Interest (car loan) (for Schedule C, E & F) | | |
| Vehicle rent or lease payments | | |
| Inclusion amount (enter as positive) | | |
| Value of employer-provided vehicle on Form W-2 (2106) | | |

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

TRADITIONAL IRA CONTRIBUTIONS

| | 2023 Amount | | 2022 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| IRA contributions you made or expect to make (1=maximum) (\$6,500/\$7,500 if 50 or older) | | | | |
| Contributions made to date | | | | |
| 1=covered by plan, 2=not covered | | | | |
| 2023 payments from 1/1/23 to 4/15/23 | | | | |

ROTH IRA CONTRIBUTIONS

| | | | | |
|--|--|--|--|--|
| Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) | | | | |
| Contributions made to date | | | | |

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

| | | | | |
|---|--|--|--|--|
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) | | | | |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) | | | | |
| Defined benefit contributions you expect to make | | | | |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) | | | | |
| Plan contribution rate if not .25 (.xxxx) | | | | |
| Individual 401k: SE elective deferrals (except Roth) (1=max.) | | | | |
| Individual 401k: SE designated Roth contributions (1=max.) | | | | |
| SIMPLE contributions: | | | | |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum) | | | | |
| Employer matching rate if not .03 (.xxxx) | | | | |
| 1=nonelective contributions (2%) | | | | |
| Contributions made to date | | | | |

ADJUSTMENTS TO INCOME

| | | | | |
|--|--|--|--|--|
| Self-employed health insurance: | | | | |
| Total premiums (excluding long-term care) | | | | |
| Long-term care premiums | | | | |
| Student loan interest paid (1098-E, box 1) | | | | |
| Educator expenses (kindergarten thru grade 12) | | | | |
| Jury duty pay given to employer | | | | |
| Attorney fees and court costs for unlawful discrimination claims | | | | |
| Attorney fees and court costs paid in connection with an IRS award for information on tax law violations | | | | |
| Contributions by certain chaplains to section 403(b) plans | | | | |
| Reforestation amortization and expenses | | | | |
| Repayment of supplemental unemployment benefits | | | | |
| Expenses from rental of personal property | | | | |
| Other adjustments to income: | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

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

ADJUSTMENTS TO INCOME

| Alimony paid: | | Taxpayer | Spouse |
|-----------------------------------|--|-----------|-----------|
| Date of divorce or sep. agreement | | | |
| Recipient's first name | | | |
| Recipient's last name | | | |
| Recipient's SSN | | | |
| Amount paid | | 2022 amt: | 2022 amt: |

**Please enter all pertinent 2023 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

| | 2023 Amount | TS | 2022 Amount |
|--|-------------|----|-------------|
| Prescription medicines and drugs | | | |
| Doctors, dentists and nurses | | | |
| Hospitals and nursing homes | | | |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .. | | | |
| Long-term care premiums - taxpayer | | | |
| Long-term care premiums - spouse | | | |
| Insurance reimbursement (enter as a positive number) | | | |
| Lodging and transportation: | | | |
| Out-of-pocket expenses | | | |
| Medical miles driven | | | |
| Other medical and dental expenses: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

TAXES PAID (State and local withholding and 2023 estimates are automatic.)

| | | | |
|--|--|--|--|
| State income taxes - 1/23 payment on 2022 state estimate | | | |
| State income taxes - paid with 2022 state return extension | | | |
| State income taxes - paid with 2022 state return | | | |
| State income taxes - paid for prior years and/or to other state | | | |
| City/local income taxes - 1/23 payment on 2022 city/local estimate | | | |
| City/local income taxes - paid with 2022 city/local extension | | | |
| City/local income taxes - paid with 2022 city/local return | | | |

SALES AND USE TAXES PAID

| | | | |
|--|--|--|--|
| State and local sales taxes (except autos and special items) | | | |
| Use taxes paid on 2023 purchases | | | |
| Use taxes paid with 2022 state return | | | |
| Sales tax on autos not included above | | | |
| Sales tax on boats, aircraft, other special items | | | |

OTHER TAXES PAID

| | | | |
|--|--|--|--|
| Real estate taxes - principal residence: | | | |
| _____ | | | |
| _____ | | | |
| Real estate taxes - held for investment : | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ... | | | |
| Foreign income taxes | | | |
| Other taxes: | | | |
| _____ | | | |

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

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2023 Amount

TS

2022 Amount

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |
| _____ | | | |

Home mortgage interest not reported on Form 1098:

| | |
|-----------------------------|--|
| Payee's name..... | |
| Payee's SSN or FEIN..... | |
| Payee's street address..... | |
| Payee's city..... | |
| Payee's state..... | |
| Payee's ZIP code..... | |
| Payee's region..... | |
| Payee's postal code..... | |
| Payee's country..... | |

| | | | |
|------------------|--|--|--|
| Amount paid..... | | | |
|------------------|--|--|--|

Points not reported on Form 1098:

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |

Investment interest (interest on margin accounts):

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |

Passive interest.....

| | | | |
|--|--|--|--|
| | | | |
| | | | |

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Volunteer expenses (out-of-pocket).....

Number of charitable miles.....

| | | | |
|--|--|--|--|
| | | | |
| | | | |

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Volunteer expenses (out-of-pocket).....

Number of charitable miles.....

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

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

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

| |
|-------|
| _____ |
| _____ |
| _____ |

| 2023 Amount | TS | 2022 Amount |
|-------------|----|-------------|
| | | |
| | | |
| | | |

30% limitation (see above):

| |
|-------|
| _____ |
| _____ |
| _____ |

| | | |
|--|--|--|
| | | |
| | | |
| | | |

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

| |
|-------|
| _____ |
| _____ |
| _____ |

| | | |
|--|--|--|
| | | |
| | | |
| | | |

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

| |
|-------|
| _____ |
| _____ |
| _____ |

| | | |
|--|--|--|
| | | |
| | | |
| | | |

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

| | | |
|--|--|--|
| | | |
|--|--|--|

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

Investment expense:

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

Tax return preparation fee

Safe deposit box rental

| | | |
|--|--|--|
| | | |
| | | |

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

Please enter 2023 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Form..... | | |
| Number of form (e.g., enter 2 for Schedule C number 2)..... | | |
| Business use area (square footage)..... | | |
| Total area of home (square footage)..... | | |
| Total hours facility used (for daycare facilities only)..... | | |
| Total hours available (if not 8,760)..... | | |
| Area of home included above used exclusively for daycare business, if any (sq ft)..... | | |
| % (.xx) or amount of gross income from home if not 100% (-1 if none)..... | | |
| % (.xx) or amount of expenses from home if not 100% (-1 if none)..... | | |

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

| | | |
|-------------------------------|--|--|
| Mortgage interest..... | | |
| Real estate taxes..... | | |
| Casualty losses..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Rent..... | | |
| Repairs and maintenance..... | | |
| Utilities..... | | |
| Excess mortgage interest..... | | |
| Excess real estate taxes..... | | |
| Other indirect expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

| | | |
|--------------------------------|--|--|
| Mortgage interest..... | | |
| Real estate taxes..... | | |
| Casualty losses..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Rent..... | | |
| Repairs and maintenance..... | | |
| Utilities..... | | |
| Excess mortgage interest..... | | |
| Excess real estate taxes..... | | |
| Excess casualty losses..... | | |
| Allowable casualty losses..... | | |
| Other direct expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |

| | | | | |
|-------------|-------------|-----------|---------------------------------------|-------------|
| 2023 | 1040 | US | Health Savings Accounts (8889) | 32.1 |
|-------------|-------------|-----------|---------------------------------------|-------------|

Please enter all pertinent 2023 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2023, a high deductible health plan is one with an annual deductible that is not less than \$1,500 for self-only coverage or \$3,000 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$7,500 for self-only coverage or \$15,000 for family coverage.

| | 2023 Amount | | 2022 Amount | |
|--|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| 1= self-only coverage, 2= family coverage | | | | |
| HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum) | | | | |
| Contributions included above that were made after you became eligible for Medicare | | | | |
| Contributions made to date | | | | |

HSA DISTRIBUTIONS

| | | | | |
|---|--|--|--|--|
| Total HSA distribution received (1099-SA, box 1) ... | | | | |
| Distributions included above that were rolled over to another HSA | | | | |
| Total unreimbursed qualified medical expenses | | | | |

| | |
|--|-------------|
| | 32.1 |
|--|-------------|

Please enter all pertinent 2023 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

| | 2023 Amount | | 2022 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Dependent care expenses incurred but not paid in 2023 | | | | |
| Employer-provided benefits forfeited in 2023 | | | | |

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

| | | | |
|--|---|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name | | |
| | Last name | | |
| | Title or suffix | | |
| | Date of birth (m/d/y) | | |
| | Social security number | | |
| | Qualified dependent care expenses incurred and paid in 2023 | | 2022 amt: |
| | 1=over age 12 & disabled at the time care was provided | | |
| | 1=spouse, 2=joint | | |

| | | | |
|--|---|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name | | |
| | Last name | | |
| | Title or suffix | | |
| | Date of birth (m/d/y) | | |
| | Social security number | | |
| | Qualified dependent care expenses incurred and paid in 2023 | | 2022 amt: |
| | 1=over age 12 & disabled at the time care was provided | | |
| | 1=spouse, 2=joint | | |

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

| | | | |
|--|--|--|------------------|
| No. <input style="width:40px;" type="text"/> | Name of provider | | |
| | Street address | | |
| | City | | |
| | State | | |
| | ZIP code | | |
| | Foreign region | | |
| | Foreign postal code | | |
| | Foreign country | | |
| | Identification number (SSN or EIN) | | |
| | Amount paid to care provider in 2023 | | 2022 amt: |
| | 1=spouse, 2=joint | | |