

**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]

	<b>Taxpayer</b>	<b>Spouse</b>
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**

- |   |   |
|---|---|
| <p><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you due to divorce/separation</li> <li>3 = Other dependent</li> <li>4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit</li> </ul> <p><b>***Months</b></p> <ul style="list-style-type: none"> <li>77 = Reported on odd year return</li> <li>88 = Reported on even year return</li> <li>99 = Not reported on return</li> </ul> | <p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul> |
|---|---|

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: \_\_\_\_\_[18] \_\_\_\_\_[27]

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]

**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]

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**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**

<p><b>City #1</b></p> <p>City name _____ [28]</p> <p>Amount paid with 2021 return + _____ [31]</p> <p>2021 overpayment applied to '22 estimates + _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p><b>City #2</b></p> <p>City name _____ [50]</p> <p>Amount paid with 2021 return + _____ [53]</p> <p>2021 overpayment applied to '22 estimates + _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
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<table border="1"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [37]</td> <td>+ _____ [38]</td> </tr> <tr> <td>2nd quarter payment _____ [39]</td> <td>+ _____ [40]</td> </tr> <tr> <td>3rd quarter payment _____ [41]</td> <td>+ _____ [42]</td> </tr> <tr> <td>4th quarter payment _____ [43]</td> <td>+ _____ [44]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [37]	+ _____ [38]	2nd quarter payment _____ [39]	+ _____ [40]	3rd quarter payment _____ [41]	+ _____ [42]	4th quarter payment _____ [43]	+ _____ [44]	<table border="1"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [59]</td> <td>+ _____ [60]</td> </tr> <tr> <td>2nd quarter payment _____ [61]</td> <td>+ _____ [62]</td> </tr> <tr> <td>3rd quarter payment _____ [63]</td> <td>+ _____ [64]</td> </tr> <tr> <td>4th quarter payment _____ [65]</td> <td>+ _____ [66]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [59]	+ _____ [60]	2nd quarter payment _____ [61]	+ _____ [62]	3rd quarter payment _____ [63]	+ _____ [64]	4th quarter payment _____ [65]	+ _____ [66]
Date Paid	Amount Paid																				
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4th quarter payment _____ [43]	+ _____ [44]																				
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1st quarter payment _____ [59]	+ _____ [60]																				
2nd quarter payment _____ [61]	+ _____ [62]																				
3rd quarter payment _____ [63]	+ _____ [64]																				
4th quarter payment _____ [65]	+ _____ [66]																				

**Calculated Amount**

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

**Calculated Amount**

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

<p><b>City #3</b></p> <p>City name _____ [72]</p> <p>Amount paid with 2021 return + _____ [75]</p> <p>2021 overpayment applied to '22 estimates + _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p><b>City #4</b></p> <p>City name _____ [94]</p> <p>Amount paid with 2021 return + _____ [97]</p> <p>2021 overpayment applied to '22 estimates + _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
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Date Paid	Amount Paid																				
1st quarter payment _____ [81]	+ _____ [82]																				
2nd quarter payment _____ [83]	+ _____ [84]																				
3rd quarter payment _____ [85]	+ _____ [86]																				
4th quarter payment _____ [87]	+ _____ [88]																				
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1st quarter payment _____ [103]	+ _____ [104]																				
2nd quarter payment _____ [105]	+ _____ [106]																				
3rd quarter payment _____ [107]	+ _____ [108]																				
4th quarter payment _____ [109]	+ _____ [110]																				

**Calculated Amount**

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

**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 Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

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



## 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 [2]	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 +										

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee

Control Totals +

### Other Income

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]	[ ]
—	—	_____	+	[ ]
—	—	_____	+	[ ]
—	—	_____	+	[ ]
—	—	_____	+	[ ]
—	—	_____	+	[ ]
—	—	_____	+	[ ]
—	—	_____	+	[ ]
—	—	_____	+	[ ]
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—	—	_____	+	[ ]
—	—	_____	+	[ ]
—	—	_____	+	[ ]
—	—	_____	+	[ ]
—	—	_____	+	[ ]
—	—	_____	+	[ ]
—	—	_____	+	[ ]

**NOTES/QUESTIONS:**

## Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2022 Information

Prior Year Information

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


	<b>Control Totals +</b>
--	-------------------------

## Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2022 Information

Prior Year Information

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


	<b>Control Totals +</b>
--	-------------------------

## Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2022 Information

Prior Year Information

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


	<b>Control Totals +</b>
--	-------------------------

**NOTES/QUESTIONS:**

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

Taxpayer/Spouse (T, S)  
State postal code

\_\_ [1]  
\_\_ [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:

2022 Information

Prior Year Information

Medicare premiums	+ _____	[7]
Prescription drug (Part D) premiums	+ _____	[9]
Net Benefits for 2022 (Box 3 minus Box 4) (Box 5)	+ _____	[12]
Voluntary Federal Income Tax Withheld (Box 6)	+ _____	[14]

Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

2022 Information

Prior Year Information

Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2022 (Box 5)	+ _____	[22]
Federal Income Tax Withheld (Box 10)	+ _____	[25]
Medicare Premium Total (Box 11)	+ _____	[27]

Additional Information About Benefits Received

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

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

NOTES/QUESTIONS:

Preparer use only

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

**Business Income**

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

**Cost of Goods Sold**

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

**Control Totals +**

**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 +**

Rent and Royalty Property - General Information

Preparer use only

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

Rent and Royalty Income

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

Rent and Royalty Expenses

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

Control Totals +

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

<u>  </u> [1]		+		[2]
<u>  </u>		+		
<u>  </u>		+		
<u>  </u>		+		
<u>  </u>		+		
<u>  </u>		+		

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.

<u>  </u> [4]		+		[5]
<u>  </u>		+		
<u>  </u>		+		
<u>  </u>		+		

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.)

<u>  </u> [7]		+		[8]
<u>  </u>		+		

Prescription medicines and drugs:

<u>  </u> [10]		+		[11]
<u>  </u>		+		
<u>  </u>		+		

<u>  </u> [13]	Miles driven for medical items (1/1/22 - 6/30/22, 18 cents)		[14]
----------------	---	--	------

<u>  </u> [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:

<u>  </u> [18]		+		[19]
<u>  </u>		+		
<u>  </u>		+		
<u>  </u>		+		
<u>  </u>		+		

2021 state and local income taxes paid in 2022:

<u>  </u> [21]		+		[22]
<u>  </u>		+		
<u>  </u>		+		

Real estate taxes paid:

<u>  </u> [24]		+		[25]
<u>  </u>		+		
<u>  </u>		+		

Personal property taxes:

<u>  </u> [27]		+		[28]
<u>  </u>		+		

Other taxes, such as: foreign taxes and State disability taxes

<u>  </u> [30]		+		[31]
<u>  </u>		+		
<u>  </u>		+		

Sales tax paid on major purchases:

<u>  </u> [36]		+		[37]
<u>  </u>		+		

Sales tax paid on actual expenses:

<u>  </u> [39]		+		[40]
<u>  </u>		+		
<u>  </u>		+		




### Interest Expenses

T/S/J	2022 Interest Paid <sup>2)</sup>	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]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	



### Miscellaneous Itemized Deductions (State Use Only)

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

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

#### NOTES/QUESTIONS:

**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 +**

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]	<div style="border: 1px solid black; padding: 5px;"> <table border="0" style="width: 100%; height: 100%;"> <tr><td style="width: 50%; height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> </div>																						
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]	<div style="border: 1px solid black; padding: 5px;"> <table border="0" style="width: 100%; height: 100%;"> <tr><td style="width: 50%; height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> </div>																																		
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:**

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

Preparer use only

Description of business or profession [3]

Vehicles

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

Vehicle Questions

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

- Was the vehicle available for off-duty personal use? (Y, N)
Was another vehicle available for personal use? (Y, N)
Do you have evidence to support your deduction? (Y, N)
Is this evidence written? (Y, N)

Table with 8 columns: Vehicle 1, Prior Year, Vehicle 2, Prior Year, Vehicle 3, Prior Year, Vehicle 4, Prior Year. Rows correspond to the four questions above.

Vehicle Expenses

Table with 8 columns: Vehicle 1, Prior Year Information, Vehicle 2, Prior Year Information, Vehicle 3, Prior Year Information, Vehicle 4, Prior Year Information. Rows list various expenses like Total miles for year, Gasoline, Oil, Repairs, etc.

### 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 \_\_\_\_\_

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:**