Questions

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

		Yes	No
P	ersonal Information		
	Did your marital status change during the year?		
	If yes, explain:	_	_
	Did you live separately from your spouse during the last six months of the year?		
	Do you have a separate decree, instrument, or agreement and are not living in the	_	
	same household by the end of the year?		
	Did your address change from last year?		
	Can you be claimed as a dependent by another taxpayer? Did you change any bank accounts, or did routing transit numbers (RTN) and/or	Ц	Ш
	bank account number change for existing bank accounts that have been used		
	to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority		
	during the tax year?		
	Do you, your spouse (if applicable), and any dependents have a taxpayer		
	identification number (SSN, ITIN, or ATIN)?		
	Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been		
	a victim of identity theft? If yes, attach the IRS letter for filing returns in 2023.		
	Did you reside in or operate a business in a Federally declared disaster area?		
	The Federally declared disaster areas include victims of hurricanes, tropical storms,		
	floods, as well as wildfires and other disaster situations.		
Γ	OVID-19 Information		
_	Did you receive State and Local Fiscal Recovery Funds (SLFR) under a program to		
	support those negatively impacted by the COVID-19 pandemic for helping you with		
	your mortgage insurance and/or home purchases, such as funds to pay some or all		
	of the down payment and closing costs associated with your purchase of a home?		
	Are you a telecommuting employee that was required to "shelter in place" due to		
	local COVID-19 protocols while working in a state that was not your home state?		
D	ependent Information		
	Were there any changes in dependents from the prior year?		
	If yes, explain:	_	_
	Do you have any children under age 19 or a full-time student under age 24 with		
	unearned income in excess of \$2,500?		
	Do you have dependents who must file a tax return?		
	Did you provide over half the support for any other person(s) other than your		
	dependent children during the year?		
	Did you pay for child care while you worked, looked for work, or while a	_	_
	full-time student?		
	Is there any other person(s) who lived with you more than half the year but not		
	claimed by you last year?		
	Did you pay any expenses related to the adoption of a child during the year? If you are divorced or separated with child(ren), do you have a divorce decree	Ц	ш
	or other form of separation agreement which establishes custodial responsibilities?		
	Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or	_	_
	have they been a victim of identity theft? If yes, attach the IRS letter for use during		
	2023		
P	urchases, Sales and Debt Information		
	Did you start a new business or purchase rental property during the year?		

Did you have onwership interest in any type of business? Did you sell, exchange, or purchase any assets used in your trade or business? Did you acquire a new or additional interest in a partnership or S corporation? Did you sell, exchange, or purchase any real estate during the year? Did you purchase or sell a principal residence during the year? Did you foreclose or abandon a principal residence or real property during the year? Did you acquire or dispose of any stock during the year? Did you take out a home equity loan this year? Did you refinance a principal residence or second home this year? Did you sell an existing business, rental, or other property this year? Did you lend money with the understanding of repayment and this year it became totally uncollectable? Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? Did you purchase a new or previously owned Clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer.		
Income Information Did you have any foreign income or nay any foreign taxes during the year directly		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? Did you receive any income from property sold prior to this year? Did you receive any unemployment benefits during the year? Did you receive any disability income during the year? Did you receive any Medicaid waiver payments as difficulty of care during the year? Did you receive tip income not reported to your employer this year? Did any of your life insurance policies mature, or did you surrender any policies? Did you receive any awards, prizes, hobby income, gambling or lottery winnings? Did you receive any income considered to be nonemployee compensation? Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement		
for work done in what is commonly referred to as the "gig" economy? Do you expect a large fluctuation in income, deductions, or withholding next year? Did you have any sales or other exchanges of digital assets (including from an		
airdrop or a hard fork, or used digital assets to pay for goods or services?		
Retirement Information		
Are you an active participant in a pension or retirement plan? Did you receive any Social Security benefits during the year?		
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP,		_
401(k), or other qualified retirement plan? If yes, were any withdrawals due to a Federally declared disaster?		
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2023?		
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?		
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP,		
401(k), or other qualified retirement plan? Did you make any qualified charitable distributions (QCD) during the year?		
Education Information		
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?		
Did you have any educational expenses during the year on behalf of yourself,	_	_
your spouse, or a dependent? Did anyone in your family receive a scholarship of any kind during the year?		
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?		
such as footh and obard:	_	_

	Did you make any withdrawals from an education savings or 529 Plan account?		
	If yes, were any of these withdrawals rolled over into an ABLE (Achieving a	_	_
	Better Life Experience) account?		
	Did you make any contributions to an education savings or 529 Plan account?		
	Did you pay any student loan interest this year?		
	Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	Ш	ш
	Would you like a worksheet to aid in the completion of a Free Application for		
	Federal Student Aid (FAFSA) with the U.S. Department of Education?	ш	Ц
п	ealth Care Information		
П	Did you have qualifying health care coverage, such as employer-sponsored coverage		
	or government-sponsored coverage (i.e. Medicare/Medicaid) for your family?		
	"Your family" for health care coverage refers to you, your spouse if filing jointly, and		
	anyone you can claim as a dependent.		
	Did you enroll for lower cost Marketplace Coverage through healthcare.gov under	_	_
	the Affordable Care Act?		
	Did you enroll for lower cost Marketplace Coverage through healthcare.gov under		
	the Affordable Care Act and share a policy with anyone who is not included in		
	your family?		
	Did you make any contributions to a Health savings account (HSA) or Archer MSA?		
	Did you receive any distributions from a Health savings account (HSA), Archer	_	_
	MSA, or Medicare Advantage MSA this year?		
	Did you pay long-term care premiums for yourself or your family?		
	Did you make any contributions to an ABLE (Achieving a Better Life		
	Experience) account? Did you receive any withdrawals from an ABLE (Achieving a Better Life		
	Experience) account?		
	If you are a business owner, did you pay health insurance premiums for your	ш	
	employees this year?		
It	emized Deduction Information		
It	emized Deduction Information		
It			
It	emized Deduction Information Did you incur a casualty or theft loss or any condemnation awards during the year?		
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Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? Are you an owner or do you control 25% of a company's ownership interest for a company registered with a secretary of state or similar office before January 1, 2024? Do you plan to become an owner or control at least 25% of a company's ownership interests for a company registered with a secretary of state or similar office for the first time after January 1, 2024? Did you receive correspondence from the State or the IRS? If yes, explain: Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due? Do you want to designate \$3 to the Presidential Election Campaign Fund? If you	
encek yes, it will not change your tax of feduce your fedure.	
check yes, it will not change your tax or reduce your refund.	

General: 1040		Personal	Information		
Filing (Marital) status code (1 = S	Single, 2 = Married filing joint,	3 = Married filing separate, 4 =	Head of household, 5 = Qualifying	g surviving spouse)	
Mark if you were married but liv	ring apart all year	Ma	ark if your nonresident alie Taxpayer	n spouse does not have	e an ITIN Spouse
Social security number					
First name		·			
Last name					
Occupation					
Designate \$3.00 to the preside	ntial election campaigr	n fund? (1 = Yes, 2 = No, 3=	Blank)		
Mark if legally blind					
Mark if dependent of another to	axpayer				
Taxpayer between 19 and 23,	full-time student, with i	ncome less than 1/2 รเ	ipport? (Y,		
N) Date of birth					
Date of death					
Work/daytime telephone numb					
Do you authorize us to discuss	your return with the IF	RS (Y, N)	<u>Y</u>		
General: 1040, Contact		Present Ma	iling Address		
Address					
Apartment number		_			
City/State postal code/Zip code					
Foreign country name		_			
Foreign phone number					
Home/evening telephone numb	er				
Taxpayer email address					
Spouse email address					
General: 1040		Damandant	Information		
		Dependent	Information		
					Care Months expenses
First Name	Last Name	Date of Birth	Social Security No.	Relationship	in päid for home dependent
Credits: 2441		Child and Depend	dent Care Expenses	;	
Provider information:					
Business name					
First and Last name					
Street address					
City, state, and zip code					
Social security number OR E					
Tax Exempt or Living Abroad	-	r (1 = TE, 2 = LAFCP)			_
Amount paid to care provider	in 2023				
		6.6%		Taxpayer	Spouse
Employer-provided dependent	care benetits that were	e torfeited		 -	
NOTES/QUESTIONS:					
HOTEO/QUESTIONS.					

W-2/1099-R/K-1/W-2G/1099-Q Income: W2 **Salary and Wages** Please provide all copies of Form W-2 that you receive. Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box. **Prior Year** Mark if no longer Description Information applicable Retirement: 1099R Pension, IRA, and Annuity Distributions Please provide all copies of Form 1099-R that you receive. Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box. Mark if no longer **Prior Year** T/S Description Information applicable Income: K1, K1T Schedules K-1 Please provide all copies of Schedule K-1 that you receive. Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box. Mark if no longer T/S/J Description applicable Form Income: W2G Gambling Income Please provide all copies of Form W-2G that you receive. Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box. **Prior Year** Mark if no longer Information T/S Description applicable Educate: 1099Q **Qualified Education Plan Distributions** Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S Description Prior Year Mark if no longer Information applicable

Please provide all copies of Form 1099-INT or other statements reporting in T/S/J Payer Name	nterest income. Interest Income	Prior Year Information
T/S/J Payer Name ————————————————————————————————————		
	_	
_ _	_	_
Income: B3 Seller Financed Mortgage Interest		
T, S, J Payer's name Payer's social se	ecurity number	
Amount received in 2023 Amount received	d in 2022	
Income: B2 Dividend Income		
Please provide copies of all Form 1099-DIV or other statements reporting di	lividend income.	
T/S/J Payer Name Ordinal Dividence		Prior Year Information
		-
Sales of Stocks, Securities, and Other Investment Pro	operty	
Please provide copies of all Forms 1099-B and 1099-S.		
T/S/J Description of Property Date Acquired Date Sold	Gross Sales Pi (Less expenses of s	
		_
		_
		_
Income: Income Other Income		
Please provide copies of all supporting documentation.		
State and local income tax refunds	formation P	Prior Year Information
T/S Agreement Date 2023 Inf	formation P	rior Year Information
Alimony received		
Taxpayer Spo	ouse P	Prior Year Information
Unemployment compensation Unemployment compensation repaid		
Social security benefits		
Medicare premiums to be reported on Schedule A Railroad retirement benefits		
	formation P	Prior Year Information
Other Income:	uuvii F	roa: imorniation
		
Lite-3 INTEREST/DIVIDE	ENDS/CAPITAL GA	AINS/OTHER INCOME

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Diaman anno dala -		£	4 a.a.d. a.a 🗖 a.a	. 00004 -		. 41-1 661
Please provide v	vear end statements	tor each accoun	t and any Form	i seue not i	orepared by	tnis ottice

	Please provi	de year end statements for each a	ccount and any Form 8600	6 not prepared by this o Taxpayer	ffice. Spouse
Traditional IRA	Contributions for 202	23 -			•
f you want to co	ontribute the maximum	allowable traditional IRA contribution	n amount,		
enter the ap	plicable code: (1 = Deduc	tible only, 2 = Both deductible and nondeductible	e)	_	
Enter the total tr	aditional IRA contributi	ons made for use in 2023			
Roth IRA Conti	ributions for 2023 -				
-		mum Roth IRA contribution			
nter the total R	toth IRA contributions r	nade for use in 2023			
Educate: Educate	2	Higher Education	Deductions and/or Cr	edits	
Coi		you paid interest on a qualified structure you spouse, or a person who was y			expenses for you,
T/S	_	alified student loan interest paid	-	23 Information	Prior Year Information
		his section if you paid qualified ec ses include tuition and fees requir Please provide a			cational institution.
T/S Code*	Student's SSN	Student's First Name	Student's Last Nam	ne Qualified Ex	Prior Year penses Information
= $=$ $=$					
The student	qualifies for the Ame	le: 1 = American opportunity credition opportunity credit when enropleted the first 4 years of post-sec	olled at least half-time in a	program leading to a d	egree, certificate, or
1040 Adj: 3903		Job Related	d Moving Expenses		
	Comple	ete this section if you moved to a r	new home due to service in	n the armed forces.	
Description of m			_		
axpayer/Spous					
	e was due to service in				_
	from old home to new	•			
	from old home to old	•			
	outside United States o	or its possessions			_
-	and storage expenses				
_	ng (not including meals				
otal amount re	imbursed for moving ex	rpenses			
1040 Adj: OtherAd	lj	Other Adjus	stments to Income		
Alimony Paid:					
T/S Dat	e*	Recipient name	Recipient SSN	2023 Information	Prior Year Information
Street addres		-			_
City, State an	d Zip code				
*Enter the divorce/	separation agreement date		Towns	Sna	Duiou Voor Inform -4!-
Educator expe	enses:		Taxpayer	Spouse	Prior Year Information
Other adjustm	nents:				-
				Lite-4 Al	DJUSTMENTS/EDUCATE

ITE	MIZ	ΕD	DFI	אוור	TI	\cap	19

Itemized:	A1 Medical and	Dental Expense	s	HEMIZED DEDUCTIONS
T/S/J — — — — —	Medical and dental expenses Medical insurance premiums you paid*** Long-term care premiums you paid*** Prescription medicines and drugs Miles driven for medical items (22 cents) ***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts	paid for your self-employed b	2023 Information	Prior Year Information
Itemized:	Tax l	Expenses		
T/S/J	State/local income taxes paid 2022 state and local income taxes paid in 2023 Sales tax paid on actual expenses Real estate taxes paid Personal property taxes Other taxes		2023 Information	Prior Year Information
Itemized:	A2 Interes	t Expenses		
T/S/J — T/S/J	Home mortgage interest From Form 1098 Other home mortgage interest paid to individuals: Payee's Name	SSN or EIN	2023 Information 2023 Information	Prior Year Information Prior Year Information
-	Address		City	State Zip Code
T/S/J	Investment interest expense, other than on Sch K-1s:		2023 Information	Prior Year Information
T/S/J Recip Total Date Term	ncing Information: Refinance #1 poient/Lender name points paid at time of refinance of refinance of new loan (in months) ported on Form 1098 in 2023		Refinanc	
Itemized:	A0	Contributions		
T/S/J — —	Contributions made by cash or check Volunteer miles driven Noncash items, such as: Goodwill, Salvation Army		2023 Information	Prior Year Information
Itemized:	A3, A-St Miscellane	ous Deductions		
T/S/J — —	Other expenses Gambling losses (enter only if you have gambling income)		2023 Information	Prior Year Information
T/S/J - - -	***STATE USE ONLY - Complete the following fields of Unreimbursed expenses*** Union dues, other than amounts reported on Form W-2*** Tax preparation fees*** Other expenses, subject to 2% AGI limitation***: Safe deposit box rental***	nly if you file a state	return in AL, AR, CA, H 2023 Information	I, MN, NY or PA Prior Year Information
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1	099-DIV/INT***	Lite-5	ITEMIZED DEDUCTIONS

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

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

Mark to verify all accounts listed below have been reviewed, updated as	needed, and are correct.	
Primary account:		_
Financial institution routing transit number		
Name of financial institution		
Your account number		
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		
Mark if married filing jointly and this is a joint account (Both taxpayer and spo	ouse names are on the account)	-
Mark if financial institution is foreign based (Not located in the territorial jurisdicti		-
Enter the maximum dollar amount, or percentage of total refund	Dollar	or Percent (xxx.xx)
		_
Secondary account #1:		
Financial institution routing transit number		
Name of financial institution		
Your account number		
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		<u>_</u>
Mark if married filing jointly and this is a joint account (Both taxpayer and spo	ouse names are on the account)	<u>_</u>
Mark if financial institution is foreign based (Not located in the territorial jurisdicti	ion of the United States)	<u>_</u>
Enter the maximum dollar amount, or percentage of total refund	Dollar	or Percent (xxx.xx)
Cooperdam, cooperat #0.		
Secondary account #2:		
Financial institution routing transit number		
Name of financial institution		
Your account number		
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		-
Mark if married filing jointly and this is a joint account (Both taxpayer and spo		-
Mark if financial institution is foreign based (Not located in the territorial jurisdicti	ion of the United States)	-
Enter the maximum dollar amount, or percentage of total refund	Dollar	or Percent (xxx.xx)
*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make	e sure direct deposits will be accepted by the b	ank or financial institution.
Electronic Filing: ID Auth Identity Autl	hentication	
Tuoning Aug		
Taxpayer -		
Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No	applicable identification, 4 = Identification not p	provided)
Identification number		
Issue date		
Expiration date		
Location of issuance		<u> </u>
Document number (New York only)		
Smarra		
Spouse - Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No		
Identification number	applicable identification, 4 = identification not j	provided)
Issue date		
Expiration date		
Location of issuance		<u> </u>
Document number (New York only)		

Form ID: 1040		Person	al Information	on			1
Filing (Marital)	status code (1 = Single, 2 = Married filin	g joint 3 = Married filing separate	e. 4 = Head of house	hold 5 = Qualify	ing surviving spouse)		[1]
	e married but living apart all year		o, 4 Hour of House	noid, o Quality	ing our viving opouso)		[2]
-	nresident alien spouse does not l		ver Identification	n Number (IT	IN)		[3]
mant ii your no	mediaem amen epeace accemen	navo an marriada raxpa		Trainbor (T	,	Chaus	
Social security	numher		Taxpayer	[4]		Spouse	[5]
First name	namber			[6]	-		[3] [7]
Last name				[8]			[0]
Occupation				[0] [10]			[9] [11]
•	0 to the presidential election cam	nnaign fund2 (1 - Voc. 2 - No	2 - Plank)	[10] [12]			[11]
=	ent of another taxpayer	ipaigii iuiiu: (1 - 165, 2 - 110	o, o – blatik)	[15]			[14]
	ncome less than 1/2 support age	18 or 10 - 23 full-time st	udent2 (V N)	[17]			[10]
Mark if legally b	•	10 01 10 - 20 Idii-tii110 3t	udont: (1, N)	[20]			[21]
Date of birth	, in G			[22]			[24]
Date of death		_		[26]			[27]
	elephone number/ext number	_	[28]	[20] [29]		[30]	[31]
-	telephone number		[20]	[32]		[50]	[33]
_	ze us to discuss your return with	the IRS2 (V. NI)		[34]			[33]
Do you authoriz	te us to discuss your return with	(1, 11)		[54]			
		Present	Mailing Add	ress			
Address							[40]
Apartment num	ber						[1.0] [41]
City, state post	al code, zip code				[42]	[43]	 [44]
Foreign country							 [46]
Foreign phone							[49]
In care of addre							[51]
		B		•			
			ent Informati				•
	(*	Please refer to Depende	ent Codes loca	ted at the bo	ottom)	Months*** Dep	Care expenses
						in Codes	paid for
First Name	E[52] Last Name	Date of Birth	Social Securi	ty No.	Relationship	home * **	dependent
		_					
		_					
						_ — — -	
		_					
Name of shild v	uha livad with var but is mat var	donondont					
	vho lived with you but is not your	dependent					[53]
Social security	number of qualifying person					-	[54]
		Depe	endent Codes				
*Basic	1 = Child who lived with you		**Other	1 = Student	t (Age 19 - 23)		
	2 = Child who did not live wit	h you due to divorce/se	eparation		d dependent		
	3 = Other dependent			3 = Depend	lent who is both a	student and disabl	ed
	4 = Other dependents, but do	not qualify for Credit f	or Other Deper	ndents (ODC	()		
	5 = Qualifying child for Earne	ed Income Credit only					
	6 = Children who lived with y						
	7 = Children who lived with y						
	8 = Children who lived with y	ou, but do not qualify f	or Child Tax Cr	edit/Credit 1	for Other Depende	nts/Earned Income	Credit
***Months	77 = Reported on odd year re	turn					
	88 = Reported on even year r	eturn					
	99 = Not reported on return						

Form ID: Info	Client Contact Information	2
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Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Bla Taxpayer email address	ank = Both, T = Taxpayer, S = Spouse)	[8] [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]

Form		

Direct Deposit/Electronic Funds Withdrawal Information

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J

Form ID: Bank

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 co	orrect.				— ^[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 sp	oouse names are on the ac	count)				_[9]
Mark if financial institution is foreign based (Not located in the territorial jurisdic	tion of the United States)					_ [10]
Enter the maximum dollar amount, or percentage of total refund	Dollar		[11]	or P	ercent (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 sp	oouse names are on the ac	count)				_[31]
Mark if financial institution is foreign based (Not located in the territorial jurisdic		,				_[32]
Enter the maximum dollar amount, or percentage of total refund	Dollar		[13]	or P	ercent (xxx.xx)	[14]
Secondary account #2:						
Secondary account #2:						1001
Financial institution routing transit number Name of financial institution						[33]
						[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 sp		ccount)				_[37]
Mark if financial institution is foreign based (Not located in the territorial jurisdic						_[38]
Enter the maximum dollar amount, or percentage of total refund	Dollar		[17]	or P	ercent (xxx.xx)	[18]
*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make	ke sure direct deposits will	be accepted by th	e bank or financ	cial insti	tution.	
Refund - U.S. Series	l Savings Bond	l Purchase	s			
A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings to purchase U.S. Series I Savings bonds (in increments of \$50) with y Please note you may enter only one name per registration (with excename, do not use nicknames.	our refund, if appl	icable, pleas	e complete	the fo	ollowing infor	mation.
Indicate either a maximum dollar amount (up to \$5,000), or percentage of The bonds will be registered to the name(s) on the return. For married filing joint returns this maximum dollar amount (up to \$5,000), or percentage of						
To register the bonds separately, leave these fields blank and use the fields provided below.		Dell	£4.53		Derect (5403
Enter either a dollar amount or percent, but not both		Dollar	[15]	or	Percent (xxx.xx)	[16]
David information for a sure of the standard transfer and a sure if a sure in the standard transfer and trans	£:: ! : 41					
Bond information for someone other than taxpayer and spouse, if married	0,					
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 electron 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.	tronically.
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) If 1 or 2, please provide email address on Organizer Form ID: Info	1 [2]
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]

Electronic Filing

NOTES/QUESTIONS:

Spouse self-selected Personal Identification Number (PIN)

Form ID: ELF

[8]

Form ID: IDAuth Ident	ity Authentication	7
Taxpayer -		
Form of identification (1 = Driver's license, 2 = State issued identification of	ard 3 = No applicable identification 4 = Identification not provided)	[1]
Identification number	and, o 110 applicable identification, 4 identification for provided)	[3]
Issue date		[0]
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 of	ard, 3 = No applicable identification, 4 = Identification not provided)	[10]
Identification number		[12]
Issue date		[13]
Expiration date (mm/dd/yyyy)	<u> </u>	[14]
Location of issuance (State issued only)	_	[15]
Document number (New York only)	_	[16]

Form ID: Est	Estimated Taxes	8
If you have an overpay	yment of 2023 taxes, do you want the excess:	[52]
	estimated tax liability	[53]
Do you expect a consi	iderable change in your 2024 income? (Y, N)	[54]
If yes, please explain a	any differences:	
		[55]
		[56]
		[57]
D	identification of the second deductions for 20042 as an	[58]
If yes, please explain a	iderable change in your deductions for 2024? (Y, N)	[59]
ii yes, piease expiaiii a	arry differences.	[60]
		[60] [61]
		[62]
		[63]
Do you expect a consi	iderable change in the amount of your 2024 withholding? (Y, N)	[64]
If yes, please explain a	any differences:	
		[65]
		[66]
		[67]
		[68]
	ge in the number of dependents claimed for 2024? (Y, N)	[69]
If yes, please explain a	any differences:	
		[70]
		[71] [72]
		[73]
Payment method used	d to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay)	[74]
•		_
	2023 Federal Estimated Tax Payments	
0000		
	plied to 2023 estimates +	[1]
Mark II you paid the ca	alculated amounts on the dates due indicated below. Skip the remaining fields.	[5]
If your estimated paym the actual date and an	nents were not made on the date due or were for an amount other than the calculated amount below, please enter nount paid.	
	Date Date Detail of Affen Date Date Date of Da	1*
4-4	Date Due Date Paid if After Date Due Amount Paid Calculated Amount Method 04/18/23 [6] + [7]	[*]
1st quarter payment 2nd quarter payment		— I
3rd quarter payment	06/15/23 [8] + [9] [11] [11] [11]	— I
4th quarter payment	01/16/24 [12] + [13]	— I
Additional payment	[14] + [15]	— I
rtaantenarpayment		
	*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/OUTST	Nic.	
NOTES/QUESTIC	JNO.	

PAYMENTS

Form ID: Est

Control Totals +

Form ID: St Pmt		2023 State Estimated Tax Payments				
Taxpayer/Spouse/Joint (T State postal code	, S, J)				_[1] [2]	
Amount paid with 2022 re 2022 overpayment applie Treat calculated amounts	d to '23 estimates			+	[3] [4] [8]	
	Date Paid		Amoun	t Paid	Calculated Amount	
1st quarter payment	[9]			[10]		
	[11]		+			
3rd quarter payment 4th quarter payment	[13] [15]		<u>+</u> ———	[14] [16]		
Additional payment	[13] [17]			[18]		
	. ,					
		2023 City Estin	nated Tax Payments			
	City #1			City #2		
City name		[28	City name		[50	
Amount paid with 2022 re		[31	•		[53	
2022 overpayment applie		[32			[54	
Treat calculated amounts	as paid	_[36	Treat calculated amoun	ıts 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	· · · · · · · · · · · · · · · · · · ·	[61]	[62	
3rd quarter payment	[41] +	[42		[63]	[64	
4th quarter payment	[43] +	[44	4th quarter payment	[65]	[66	
	Calculated Amount			Calculated Amount		
1st quarter paym			1st quarter pay			
2nd quarter paym			2nd quarter pay			
3rd quarter paym			3rd quarter pay			
4th quarter paym	ent		4th quarter pay	ment		
•	City #3		011	City #4		
City name Amount paid with 2022 re	aturn ±	[72		roturn	[94	
2022 overpayment applie		[75	· · · · · · · · · · · · · · · · · · ·		- - [97	
Treat calculated amounts		[80				
	•	_			_	
	Date Paid	Amount Paid		Date Paid	Amount Paid	
1st quarter payment	[81] +	[82		[103]	+[10	
2nd quarter payment	[83] +	[84			+[10	
3rd quarter payment 4th quarter payment	[85] + [87] +	[86]		[107] [109]	+[10 + [11	
- un quarter payment	[07]	[88	4iii quarter payment	[109]	+[11	
	Calculated Amount			Calculated Amount		
1st quarter paym			1st quarter pay			
2nd quarter paym			2nd quarter pay			
3rd quarter paym			3rd quarter pay			
4th quarter paym	ent		4th quarter pay	ment		

Control Totals +

PAYMENTS

Form ID: St Pmt

Form ID: W2

Please pr	ovide all copies of Form W-2.	D. d W I. G G
Tayrayar/Chausa /Tay	2023 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_[1]	
Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far	[3]	
Mark if this is your current employer		
Mark if this is your current employer Mark if this is the last year for this employer	_[6]	
Federal wages and salaries (Box 1)	_[9] + [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)	+[10]	
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)		
	Control Totals +	
Wa	ges and Salaries #2	
	ges and Salaries #2	
	ges and Salaries #2 ovide all copies of Form W-2. 2023 Information	Prior Year Information
	ovide all copies of Form W-2. 2023 Information	Prior Year Information
Please pr	ovide all copies of Form W-2.	Prior Year Information
Please pro	ovide all copies of Form W-2. 2023 Information _[1] _[3]	Prior Year Information
Taxpayer/Spouse (T, S) Employer name	ovide all copies of Form W-2. 2023 Information —[1] _[3]	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer	povide all copies of Form W-2. 2023 Information [1] [3] ming / Fishing, 4 = National Guard, 5 = Diff of Care) [5]	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer	povide all copies of Form W-2. 2023 Information [1] [3] ming / Fishing, 4 = National Guard, 5 = Diff of Care) [6]	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer	povide all copies of Form W-2. 2023 Information [1] [3] ming / Fishing, 4 = National Guard, 5 = Diff of Care) [6] [9]	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1)	povide all copies of Form W-2. 2023 Information [1] [3] ming / Fishing, 4 = National Guard, 5 = Diff of Care) [6] [9] [10]	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2)	Divide all copies of Form W-2. 2023 Information -[1] [3] ming / Fishing, 4 = National Guard, 5 = Diff of Care) -[6] -[9] + -[10] + -[12]	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages)	Devide all copies of Form W-2. 2023 Information -[1] [3] [3] [5] [6] [9] + [10] + [12] + [14]	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6)	Devide all copies of Form W-2. 2023 Information -[1] [3] ming / Fishing, 4 = National Guard, 5 = Diff of Care) -[6] -[9] + -[10] + -[12] + -[14] + -[16]	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages)	Devide all copies of Form W-2. 2023 Information [1] [3] [3] [5] [6] [9] [10] [12] [14] [16] [18]	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8)	povide all copies of Form W-2. 2023 Information -[1] [3] ming / Fishing, 4 = National Guard, 5 = Diff of Care) -[5] -[6] -[9] +	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10)	povide all copies of Form W-2. 2023 Information -[1] [3] ming / Fishing, 4 = National Guard, 5 = Diff of Care) -[5] -[6] -[9] +	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 -	bovide all copies of Form W-2. 2023 Information -[1] [3] ming / Fishing, 4 = National Guard, 5 = Diff of Care) -[6] -[9] +	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 - Statutory employee	povide all copies of Form W-2. 2023 Information -[1] [3] ming / Fishing, 4 = National Guard, 5 = Diff of Care) -[6] -[9] +	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 - Statutory employee Retirement plan	povide all copies of Form W-2. 2023 Information -[1] [3] -[3] -[6] -[6] -[9] + -[10] + -[12] + -[14] + -[16] + -[18] + -[21] + -[23] + -[25] + -[27] -[29] -[30]	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 - Statutory employee Retirement plan Third-party sick pay	povide all copies of Form W-2. 2023 Information -[1] [3] ming / Fishing, 4 = National Guard, 5 = Diff of Care) -[5] -[6] -[9] +	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 - Statutory employee Retirement plan Third-party sick pay State postal code (Box 15)	bovide all copies of Form W-2. 2023 Information -[1] [3] ming / Fishing, 4 = National Guard, 5 = Diff of Care) -[6] -[9] +	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 - Statutory employee Retirement plan Third-party sick pay State postal code (Box 15) State wages (Box 16) (If different than federal wages)	bovide all copies of Form W-2. 2023 Information -[1] [3] -[3] -[6] -[6] -[9] + -[10] + -[12] + -[14] + -[16] + -[21] + -[23] + -[27] -[29] -[30] -[31] -[32] + -[34]	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 - Statutory employee Retirement plan Third-party sick pay State postal code (Box 15) State wages (Box 16) (If different than federal wages) State tax withheld (Box 17)	Devide all copies of Form W-2. 2023 Information -[1] [3] -[3] -[6] -[6] -[9] + -[10] + -[14] + -[16] + -[18] + -[21] + -[23] + -[25] + -[27] -[29] -[30] -[31] -[32] + -[34] + -[36]	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 - Statutory employee Retirement plan Third-party sick pay State postal code (Box 15) State wages (Box 16) (If different than federal wages) State tax withheld (Box 17) Local wages (Box 18)	Devide all copies of Form W-2. 2023 Information -[1] [3] -[3] -[6] -[6] -[9] -[10] -[10] -[12] -[14] -[14] -[16] -[18] -[21] -[23] -[25] -[27] -[29] -[30] -[31] -[32] -[34] -[36] -[38]	Prior Year Information
Taxpayer/Spouse (T, s) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 - Statutory employee Retirement plan Third-party sick pay State postal code (Box 15) State wages (Box 16) (If different than federal wages) State tax withheld (Box 17) Local wages (Box 18) Local tax withheld (Box 19)	Devide all copies of Form W-2. 2023 Information -[1] [3] -[3] -[6] -[6] -[9] -[10] -[10] -[12] -[14] -[14] -[16] -[18] -[21] -[23] -[25] -[27] -[29] -[30] -[31] -[32] -[34] -[36] -[38] -[40]	Prior Year Information
Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far Mark if this your current employer Mark if this is the last year for this employer Federal wages and salaries (Box 1) Federal tax withheld (Box 2) Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) Dependent care benefits (Box 10) Box 13 - Statutory employee Retirement plan Third-party sick pay State postal code (Box 15) State wages (Box 16) (If different than federal wages) State tax withheld (Box 17) Local wages (Box 18)	Devide all copies of Form W-2. 2023 Information -[1] [3] -[3] -[6] -[6] -[9] -[10] -[10] -[12] -[14] -[14] -[16] -[18] -[21] -[23] -[25] -[27] -[29] -[30] -[31] -[32] -[34] -[36] -[38]	Prior Year Information

Interest Income 13

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.

Type Code (**See	codes b	elow)	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					1	•	
		Amounts	+						
	3	Payer			т		T	1	Ι
	_	Amounts	+						
	4	Payer			I	1	Γ	1	
		Amounts	+						
	5	Payer			Τ	1		1	
	+	Amounts							
	6	Payer	+			1		1	
		Amounts			l	<u> </u>		<u> </u>	
	7	Payer	+						
		Amounts Payer						1	
	8	Amounts	+						
		Payer						•	
	9	Amounts	+						
	10	Payer							
		Amounts	+						

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

Control Totals +	Form ID: B-1

14

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 T J C		*See c	odes 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
			Payer												
		1	Amounts	+											
	╝.	,	Payer												
	· ·	2	Amounts	+											
\perp	_].	3	Payer						,				,		
			Amounts	+											
	_	4	Payer		_										
		_	Amounts	+											
\perp	۵,	5	Payer		_										
		_	Amounts	+											
	4,	6	Payer		_						<u> </u>				
		_	Amounts	+											
	-	,	Payer		1										
			Amounts	+											
	۱,	8	Payer		<u> </u>										
		+	Amounts	+	<u> </u>										
	\dashv	9	Payer		T										
<u> </u>	+	\dashv	Amounts	r											
	\dashv_{1}	10	Payer		Т										
			Amounts	'											

**Dividend Codes					
Blank = Other		3 = Nominee			

Control Totals +	Form ID: B-2

Form ID: D	Sales of Stocks. Secu	rities, and Other	Investment P	ropertv	17		
Please provide copies of all Forms 1099-B and 1099-S Did you have any securities become worthless during 2023? (Y, N) Did you have any debts become uncollectible during 2023? (Y, N) Did you have any commodity sales, short sales, or straddles? (Y, N) Did you exchange any securities or investments for something other than cash? (Y, N) Did you receive, sell, exchange, or otherwise dispose of any financial interest in any digital assets? (Y, N)							
T/S/J Descript	ion of Property [1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis		
				+	+		
_				+	+		
				+	+		
_				+	+		
				+	+		
_				+	+		
				+	+		
_				+	+		
_				+	+		
_				+	+		
_				+	+		
_				+	+		
_				+	+		
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_				+	+		
_				+	+		
				+	+		
				+	+		
_				+	+		
_				+	+		
-				+	+		
_				+	+		
_				+	+		

Form ID: D

Control Totals +

		Other income		
State and local income tax rel	funds		2023 Information +[5]	Prior Year Information
	T/5	S Agreement Date	2023 Information	Prior Year Information
Alimony received		_	+[3]	
	_	_	+[3]	
	taxable income and should be r You may need to go to your			
		Taxpayer	Spouse	Prior Year Information
Unemployment compensation	n** +	[9]	+[10	D]
Unemployment compensation	r federal withholding + _	[9]	+[10	D]
Unemployment compensation	n state withholding + _	[9]	+[10	D]
Unemployment compensation	repaid + _	[12]	+[13	
Alaska Permanent Fund divid	ends + _	[18]	+[19)]
Self- Employment Income ? T/S/J (Y, N)	er income, such as: Commissior		•	Prior Year Information
			+[15	
			+	
			+	
			+	
			+	
			+	
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			<u>+</u>	
			+	
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			+	
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			+	
			+	
			+	
NOTES/QUESTIONS:				

Form ID: Income

Control Totals +

Form ID: Income

	ailroad Benefits	25
Please provide a copy of Form(s)	SSA-1099 or RRB-1099	
Taxpayer/Spouse (T, S)	_[1]	
State postal code	[3]	
Social Security I	Benefits	
	2023 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+[7]	
Prescription drug (Part D) premiums	+ [9]	
Net Benefits for 2023 (Box 3 minus Box 4) (Box 5)	+[12]	
Voluntary Federal Income Tax Withheld (Box 6)	+[14]	
Tier 1 Railroad B	enefits	
	2023 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2023 (Box 5)	+[22]	
Federal Income Tax Withheld (Box 10)	+[25]	
Medicare Premium Total (Box 11)	+[27]	
Additional Information Abou	t Benefits Received	
Additional information about the benefits received not reported above. For example benefits in 2023. This information will be reported in the SSA-1099 DESCRIPTION		
		[4 [4
		[4
		[
NOTES/QUESTIONS:		[
NOTES/QUESTIONS:		[- -
NOTES/QUESTIONS:		
NOTES/QUESTIONS:		
NOTES/QUESTIONS:		
NOTES/QUESTIONS:		[- -
NOTES/QUESTIONS:		[- -
NOTES/QUESTIONS:		[- -
NOTES/QUESTIONS:		[4
NOTES/QUESTIONS:		[- -
NOTES/QUESTIONS:		[4

Form ID: IRA Tradition	al IRA	26
	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement		ro1
plan? (Y, N) Do you want to contribute the maximum allowable traditional IRA contribution ar	[1] mount? If	_[2]
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		[4]
Enter the total traditional IRA contributions made for use in 2023	+[5] +	[6]
	T	0
Enter the nondeductible contribution amount made for use in 2023	Taxpayer +[5] +	Spouse
Enter the nondeductible contribution amount made in 2024 for use in 2023	+[7] +	[8]
Traditional IRA basis	+[17] +	[18]
Value of all your traditional IRA's on December 31, 2023:		
	+[19] +	[20]
	+ + +	
	+ +	
	++	
	+ +	
	++	
	+ + +	
	+ +	
Roth I	RA	
Please provide copies of any 1998 through 20		
	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 2023	+[31] +	[32]
Enter the amount a 2023 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2022	+[39] + + [43] +	[40] [44]
Enter the total Roth IRA contribution recharacterizations for 2023	+ [45] +	^[44] [46]
Enter the Roth conversion IRA basis on December 31, 2022	+[47] +	[48]
Value of all your Roth IRA's on December 31, 2023:		
	+[49] +	[50]
	+ +	
<u> </u>	+ + +	
	+ +	
	+ +	
	+ +	
	+ +	
-	+ + +	
NOTES/QUESTIONS:		

Control Totals +

Form ID: IRA

Form ID: OtherAdj		Other Adjustments		51
Alimany Daid:				
Alimony Paid: 	Date*		2023 Information	Prior Year Information
			+ [4]	
Recipient name and SSN				4
Address				4
City, state and zip code				
Recipient name and SSN			+	_
Address				-
City, state and zip code				-
July, State and Exp State			+	7
Recipient name and SSN				
Address				
City, state and zip code				
* Date of divorce/separation agreement		2022 Inf	formation	Prior Year Information
		Taxpayer	Spouse	Prior real information
Educator expenses:		Tuxpuyor	Орошоо	
	-	F [6]	+[7]	
		+	+	
Other adjustments:				
			+[10)]
		+	+	
		·	+	
	[†]	+	+	
		<u> </u>	+	
		<u> </u>	+	
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		<u> </u>	<u>+</u>	
		<u> </u>	†	
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		·	+	
		·	+	
NOTES/QUESTIONS:				

	Control Totals +		Form ID: OtherAdj
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Γ/S/J			2023 Information	Prior Year Information
		h as: Doctors, Dentists, Hospital/nurs	= -	
[4]		reglasses/contact lenses, and Insuran	l ros	
— ^[1]			+	
_				
_		_		
_	Medical insurance premiums you p	 paid:		
	Do not include pre-tax amounts paid by	an employer-sponsored plan or amounts ente	ered elsewhere, such as amounts paid for your	
[4]	seit-employed business (Sch C, Sch F, S	Sch K-1, etc.) or Medicare premiums entered of	+[5]	
				
_				
_			+	
	Long-term care premiums you paid Do not include pre-tax amounts paid by		ered elsewhere, such as amounts paid for your	
	self-employed business (Sch C, Sch F, S			
— [7]				
-	Prescription medicines and drugs:			
[10]			+[11]	
_				
_	Mil 1: (00		+	
— [13]	Miles driven for medical items (22	cents)	[14]	
		Schedule A - T	ax Expenses	
T/S/J			2023 Information	Prior Year Information
	State/local income taxes paid:			
— [18]	•			
-	•			
_				
_			+	
	2022 state and local income taxes	paid in 2023:		
— ^[21]				
_			⁺	
_	Real estate taxes paid:			
_ [24]			+[25]	
_				
_	Personal property taxes:		+	
_[27]			+[28]	
_			+	
	Other taxes, such as: foreign taxes	and State disability taxes		
— [30]				
_			+	
-	Sales tax paid on major purchases		·	
_[36]			+[37]	
_			+	
	Sales tax paid on actual expenses	:		
_ [39]				
-			+	
		Control Totals +		Form ID: A-1
		J OUILLOI TOLAIS T		FUITH ID: A-T

-orm ID: A-2	Inter	est Expen	ses		58
S/J Home mortgage interest: From Form	1008		2023 Interest Paid	2023 d [2] Points Paid	Type* Prior Year Informat
[1]		+		+	
		+		+	
		+		+	_
		+		<u>+</u>	_
·		+		— ' ———	
		+		+	
		+		+	
		+		+	
	*	Mortgage Ty	pes		
Blank = Used to buy, build or improve	main/qualified second ho	me 1	= Not used to b	uy, build, improve ho	ome or investment
r/S/J Payee's N	ame	SSN or	FIN 2	2023 Information	Prior Year Information
Other, such as: Home mortgage	nterest paid to individuals			<u></u>	
[4] Address			+		
City, state and zip code					
			+		
Address					
City, state and zip code					
City/State/Zip code Refinancing Points paid in 2023 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinal Points deemed as paid in 2023 (I Date of refinance Term of new loan (in months) Reported on Form 1098 in 2023 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinal Points deemed as paid in 2023 (I Date of refinance Term of new loan (in months) Reported on Form 1098 in 2023	Preparer use only)		+		
'S/J Investment interest expense, other				2023 Information	Prior Year Information
[15]				[16	
			+		
			+		
_			+		
			<u> </u>		
_			T		
	Control Totals +				Form ID: A-2

Control Totals +	Form ID: A-3

Form	ID.	A-St

Miscellaneous Itemized Deductions (State Use Only)

9

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.

Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees +			
Union dues, other than amounts reported on Form W-2:	Business publications. Job seeking expenses. Educational expenses		
Union dues, other than amounts reported on Form W-2: Union dues, other than amounts reported on Form W-2: I a preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees I a preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees I a preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees I a preparation fees I a prepa		[2]	
Union dues, other than amounts reported on Form W-2:			
Union dues, other than amounts reported on Form W-2:			
Union dues, other than amounts reported on Form W-2:	+		
Union dues, other than amounts reported on Form W-2:	+		
Union dues, other than amounts reported on Form W-2: +	+		
Union dues, other than amounts reported on Form W-2:	+		
Union dues, other than amounts reported on Form W-2:			
Union dues, other than amounts reported on Form W-2:			
Union dues, other than amounts reported on Form W-2:			
Union dues, other than amounts reported on Form W-2:	+		
Union dues, other than amounts reported on Form W-2:			
Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees + [8] Control (11) + [11] + [11] + [14] Safe deposit box rental Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT: + [17] + [17] + [17]			
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Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees +	+		
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Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees +[11] +			
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Safe deposit box rental Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT: +			
Safe deposit box rental	+	[11]
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Safe deposit box rental			
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Safe deposit box rental	+ + + +		
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT: +	+ + + + +		
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	+ + Safe deposit box rental + Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT: +		

	2023 Information		Prior Year Information
Taxpay	er Sp	ouse	
+	[2] +	[3]	
+	+		
+	[5] +	[6]	
+	+		
	++ ++	+[2] +	Taxpayer Spouse +[2] +[3] +[7] +[8]

Health Care Coverage

NOTES/QUESTIONS:

Form ID: Coverage