2023	1040	US	Client Information		1
		/itt & Duf /ton St., Su	fy, CPA's PS	Tax Return Appo	pintment
	Edmond Telepho Fax nur	ds WA 980 one numbe		Date: Time: Location:	
			zer will assist you in gathering inf ax return. Please add, change, or	formation necessary for the production delete information as appro	oreparation priate.
CLIEN	IT INFOR	MATION			
Filing Status	1=married	filing separate	e and lived with spouse		
Taxpayer	First name Last name Title/suffix. Social secu Occupation Date of bird Date of dea	and initial  urity number.  h.  th (m/d/y)  ath (m/d/y)			Filing Status  1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying surviving spouse (Qualifying Status)
Spouse	Last name Title/suffix. Social secu Occupation Date of birl Date of dea	urity number .  i. ih (m/d/y)  ath (m/d/y)			
Address	In care of. Street addr Apartment City State	ressnumber			
Foreign	Region	e			

2023	1040	US	Client Information (continued)		Page 2 1 p2		
			Please add, change or delete information for 2023.		l		
CLIE	NT INFO	RMATION					
Taxpayer Contact Information	Work phone. Work extension. Daytime phone (table). Mobile phone. Fax number. E-mail address. Home phone. Work phone.		Nork phone				
Spouse Contact Information	Home phor Work phon Work exter Daytime ph Mobile pho Fax numbe	ne					
Taxpayer Authentication	Driver's lice Driver's lice Issue date Expiration	ense noense state (m/d/y)date (m/d/y) ction PIN					
Spouse Authentication	Driver's lice Driver's lice Issue date Expiration	ense noense state (m/d/y)date (m/d/y) ction PIN					
	The process		•••				

2023 1040 US Dependents

Please add, change or delete information for 2023.

# **DEPENDENTS**

	Dependent	Dependent	
First name			
Last name			Type of Dependent
Title/suffix			
Date of birth (m/d/y)			1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child
Date of death			3 = Dependent other than child
Date of adoption			4 = Head of household or qualifying surviving
Social security number			spouse (QSS) only.
Relationship			not a dependent  5 = Earned income credit only,
Months lived at home			not a dependent
Type of dependent (see table)			
Earned income credit (see table)			Earned Income Credit
Claimed by: 1=taxpayer, 2=spouse			
IRS theft protection PIN			1 = When applicable (default)
	Dependent	Dependent	2 = Student age 19 to 23 3 = Disabled
First name	·	·	4 = Force
Last name			5 = Suppress
Title/suffix			
Date of birth (m/d/y)			
Date of death			NOTE: If you claim the earned
Date of adoption			income credit, please provide proof that your child is a res-
Social security number			ident of the U.S. This proof is
Relationship.			typically in the form of:
Months lived at home			School records or statement     Landlard or property man
Type of dependent (see table)			2. Landlord or property management statement
Earned income credit (see table)			3. Health care provider statement
Claimed by: 1=taxpayer, 2=spouse			4. Medical records
IRS theft protection PIN			5. Child care provider records
inco their protection in in	Dependent	Dependent	6. Placement agency statemen 7. Social service records or
First name	Боронасти	Боронаст	statement 8. Place of worship statement
Last name.			9. Indian tribe office statement
Title/suffix.			10. Employer statement
Date of birth (m/d/y)			
Date of death			
Date of death			NOTE: If your child is disabled,
Date of adoption			
Date of adoption			please provide one of the fol-
Social security number			please provide one of the following forms of proof of disability:
Social security number			lowing forms of proof of disability:  1. Doctor statement
Social security number			lowing forms of proof of disability:  1. Doctor statement 2. Other health care provider
Social security number Relationship Months lived at home Type of dependent (see table)			lowing forms of proof of disability:  1. Doctor statement
Social security number  Relationship  Months lived at home  Type of dependent (see table)  Earned income credit (see table)			lowing forms of proof of disability:  1. Doctor statement 2. Other health care provider statement
Social security number Relationship Months lived at home Type of dependent (see table)			lowing forms of proof of disability:  1. Doctor statement 2. Other health care provider statement 3. Social services agency or

2

**ORGANIZER** 

Direct Deposit & Estimates (Form 1040 ES) US 2023 1040 3, 6 Please enter all pertinent 2023 information. **DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)** 1=direct deposit of federal tax refund into bank account ...... **BANK INFORMATION** Percent to Type of Type of Deposit Account Invest. Name of Bank **Routing Number Account Number**  $(x\dot{x}.xx)$ (Table 1) (Table 2) 2023 ESTIMATED TAX / 1040-ES (6) 2023 **Federal Amount Paid Date Paid** Voucher Amount Overpayment applied from 2022 3rd quarter payment... Additional Estimated Tax Payments Paid with extension..... Former spouse SSN if joint estimates 2023 State **Amount Paid Date Paid** Voucher Amount Overpayment applied from 2022 1st quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment Additional Estimated Tax Payments Paid with extension ..... 2 1 Type of Account Type of Investment 1 = Checking or savings (default) 2 = Taxpayer's IRA (next year limits) 3 = Spouse's IRA (next year limits) 4 = Health savings account (HSA) 5 = Archer MSA 6 = Coverdell savings account (ESA) 7 = Other 8 = Taxpayer's IRA (current year limits) 9 = Spouse's IRA (current year limits) 1 = Savings 2 = Checking

3, 6

**ORGANIZER** Page 5 Direct Deposit & Estimates (Form 1040 ES) (cont.) US 1040 7.1 2023 Please enter all pertinent 2023 information. **APPLICATION OF 2023 OVERPAYMENT (7.1)** If you have an overpayment of 2023 taxes, do you want the excess refunded? or applied to 2024 estimate? Other (please explain): 2024 ESTIMATED TAX INFORMATION Do you expect your 2024 taxable income to be different from 2023? If "yes" explain any differences in income, deductions, dependents, etc.: Do you expect your 2024 withholding to be different from 2023? If "yes" explain any differences:

7.1

ORGANIZER

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

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

### WAGES, SALARIES, TIPS (10)

		1=retireme plan (Box 1	nt	Wages, Tips, Other			Tax Withheld			
No.	Name of Employer (Box c)	ame of Employer (Box c)    Tespouse   Compensation (Box 1)		Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	2022 Wages	

### PENSIONS, IRA DISTRIBUTIONS (13.1)

		Distribution cod		le #2	2		<b>-</b>	Tax W	ithheld	Value of		
No.	Name of Payer	Distribution 1=IRA/SE 1=spous	P/SIN		1		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Federal (Box 4)	State (Box 14)	Value of all IRAs at 12/31/23	2022 Distribution

### **GAMBLING WINNINGS (W-2G) (13.2)**

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

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

(13.2)	2023 Amount	TS	2022 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

10, 13.1, 13.2

2023 1040 US Interest & Dividend Income 11, 12

Please enter all pertinent 2023 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

### **INTEREST INCOME (11)**

	Name of Payer	1 taypayor		Interest Income		Tax-Exem	pt Interest	Early Withdrawal	
No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds	Penalty (Box 2)	2022 Interest

## **DIVIDEND INCOME (12)**

		1_taynayer		vidend Incor		Tax-Exem	pt Interest	Foreign			
No.	Name of Payer	2=spouse	Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 7)	2022 Dividends

0110711112211				<u>rage o</u>
2023	1040	US	Miscellaneous Income	14.1

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

MISCELLANEOUS INCOME	2023 Amo	unt	2022 Amount		
	Taxpayer	Spouse	Taxpayer	Spouse	
Social security benefits (SSA-1099, box 5)					
Medicare premiums paid (SSA-1099)					
I=treat Medicare premiums paid as SE health ins.					
Fier 1 RR retirement benefits (RRB-1099, box 5)					
1=lump-sum election for SS benefits					
Alimony received					
Taxable scholarships and fellowships					
Jury duty pay					
Household employee income not on W-2					
Excess minister's allowance					
Alaska permanent fund dividends					
Income from rental of personal property					
Activity not engaged in for profit income					
Olympic & Paralympic medals & USOC prize money.					
Prizes and awards					
Stock Options					
Strike or lockout benefits (other than bona fide gifts)					
· · · · · · · · · · · · · · · · · · ·					
Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes					
Wages earned while incarcerated not on W-2					
Income subject to S/E tax: (1099-NEC, box 1)					
her income (1099-MISC, box 3, 8)					
	<u>'</u>				
Form 1099-K					
Amount of cale proceeds from Form 1000 V for					
Amount of sale proceeds from Form 1099-K for personal item(s) sold at a loss					
Amount from Form 1099-K that was incorrectly reported					
Amount from Form 1077-K that was incorrectly reported					
TAX WITHHELD (not entered elsewhere)					
Fodoral income toy withhold	T				
Federal income tax withheld					
State income tax withheld					
Local income tax withheld					

OKGANIZEK				<u>rage 9</u>
2023	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2

Please add, change or delete 2023 information as appropriate. Be sure to attach all 1099-G forms.

# STATE AND LOCAL TAX REFUNDS / UNEMPLOYMENT COMPENSATION (Form 1099-G)

ONE IVIII E	2023 1099-G Amount
	Name of payer
	1=spouse.
	Unemployment compensation:
	Total received (Box 1)
	2023 Overpayment repaid
	State and local refunds:
	State and local income tax refund, credit or offsets (Box 2)
	1=city or local income tax refund
	Tax year for box 2 if not 2022 (Box 3)
	Federal income tax withheld (Box 4)
No.	RTAA payments (Box 5)
	Taxable grants:
	Federal taxable amount (Box 6)
	State taxable amount, if different
	Farm amounts:
	Agriculture payments (Box 7)
	1=agriculture payments are from conservation reserve program
	Market gain (Box 9)
	Number of farm.
	1=box 2 is trade or business income (Box 8)
	State income tax withheld (Box 11)
	Name of payer
	1=spouse
	Unemployment compensation:
	Total received (Box 1)
	2023 Overpayment repaid
	State and local refunds:
	State and local income tax refund, credit or offsets (Box 2) .
	1=city or local income tax refund
	Tax year for box 2 if not 2022 (Box 3)
	Federal income tax withheld (Box 4)
No.	RTAA payments (Box 5)
	Taxable grants:
	Federal taxable amount (Box 6)
	State taxable amount, if different
	Farm amounts:
	Farm amounts: Agriculture payments (Box 7)
	Farm amounts:  Agriculture payments (Box 7)
	Farm amounts:  Agriculture payments (Box 7)
	Farm amounts:  Agriculture payments (Box 7)  1=agriculture payments are from conservation reserve program  Market gain (Box 9)  Number of farm
	Farm amounts:  Agriculture payments (Box 7)

2022	1040	HC	Education Distributions (ESA's and OTD's)	1/12
2023	1040	US	Education Distributions (ESA's and QTP's)	14.3

Please enter all pertinent 2023 amounts and attach all 1099-Q forms. Enter qualified education expenses below that are not entered elsewhere. Last year's amounts are provided for your reference.

ESA'S AN	D QTP'S (Form 1099-Q)	2023 Amount	2022 Amount
	Name of payer		
	1=spouse.		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
No 🗆	Gross distributions (Box 1)		
No.	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2023 contributions to this ESA		
	Value of this account at 12/31/23 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/22		
	Name of payer		
	1=spouse.		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
No.	Earnings (Box 2).		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2023 contributions to this ESA		
	Value of this account at 12/31/23 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/22		
	In a		
	Name of payer		
	1=spouse.		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
No.	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2023 contributions to this ESA		
	Value of this account at 12/31/23 (plus outstanding rollovers)		
	5 1 1 1 5 5 6 6 10/01/00		
	Basis in this ESA as of 12/31/22		

23	1040	US	Business Income (Schedule C)	No.	16
	Dloaso on	itor all nort	inent 2023 amounts. Last year's amounts are provided	l for your reference	
				i ioi youi reierence.	
GEN	NERAL IN	IFORMA	TION		
	•		Form 1040		
			n Form 1040		
State,	if different fr	om Form 1040			
			040		
	•				
_	-				
Other	accounting m	nethod			
Λ	matina a mana di mana	. 1			
			er cost/market, 3=other		
	•		ei costiliairet, 3-otilei		
	-	=			
			usiness		
			will you file all required Form(s) 1099: 1=yes, 2=no		
	-		tax		
			erial income producing factor		
1=min	nister's Sched	ule C			
			company		
1=trad	ler in financial	instruments or	commodities		
INC	OME		2023 Amount	2022 Amour	nt
Gross	receipts or s	ales (Form 10	99-NEC)		
Return	ns and allowa	nces			
Other	income:				
-					
-					
-					
COS	ST OF GO	OODS SO			
Purcha	, ,	0 3	· · · · · · · · · · · · · · · · · · ·		
		lies			
Other	costs:		[		
-			-		
-					
-					
-					
Invent	tory at end of	the year			

Page 12

2023   1040   US   Business Income (Schedule C) (cont.)   No.	2023	1040	US	Business Income (Schedule C) (cont.)	No.	16 n2
---	------	------	----	--------------------------------------	-----	-------

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

EXPENSES	2023 Amount	2022 Amount
ccounting		
dvertising		
nswering service		
ad debts from sales or service		
ank charges		
ar and truck expenses (not entered elsewhere)		
commissions		
Contract labor		
relivery and freight		
uses and subscriptions		
imployee benefit programs		
nsurance (other than health).		
<b> </b>		
fortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
anitorial		
aundry and cleaning		
egal and professional		
fiscellaneous		
Office expense		
Outside services		
arking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
rinting		
tent - vehicles, machinery, & equipment (not entered elsewhere)		
Pent - other		
repairs.		
ecurity.		
<b></b>		
supplies.		
axes - real estate		
axes - payroll		
axes - sales tax included in gross receipts		
axes - other (not entered elsewhere)		
elephone		
00ls		
ravel		
leals in full (50%)		
epartment of Transportation meals in full (80%)		
niforms		
tilities		
/ages		
		I
		1
Other expenses:		
		+

2023 1040 US Capital Gains & Losses (Schedule D)

17

If you sold any stocks, bonds, or other investment property in 2023, please list the pertinent information for each sale below or provide a spreadsheet file with this information. Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Incom Tax Withheld (Box 4)

ORGANIZER				Page 14
2023	1040	US	Installment Sales (Form 6252)	17 p2

OR YEA	AR INSTALLMENT SALE	2023 Amount	2022 Amount
	Description of property		
	Date acquired (m/d/y)		_
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property.		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
			•
	Description of property		
	Date acquired (m/d/y)		
).	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
			•
	Description of property		
	Date acquired (m/d/y)		
). [	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	J 1 1 6 J 2 1 1 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Description of property		
	Date acquired (m/d/y)		
). [	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		+

2022	1040	ПС	Sala of Hama & Maying Evnances	17	27
2023	1040	US	Sale of Home & Moving Expenses	17,	21

If you sold your home or moved in 2023, please complete the information below

SALE OF HOME (17)	
Description of property (Box 3)	
Date acquired (m/d/y)	
Date sold (m/d/y) (Box 1)	
Sales price (Box 2)	
l=sale of home.	
= sale of nome.	
= first-time homebuyer credit was previously taken on this home	
=business use in year of sale	
Number of days after December 31, 2008 that home was not used as principal residence	
Adjusted Rasis	
Adjusted Basis	
Original cost	
mprovements:	
Adjusted basis	
Total expenses of sale	
Total expenses of sale	
Total expenses of sale	ircumstances you either:
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen cap Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6,	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen c  Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6,  f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen cap Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) are sale due to change in health, employment or unforeseen circumstances.	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) all sale due to change in health, employment or unforeseen circumstances.  Days used as main home - taxpayer	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) alesale due to change in health, employment or unforeseen circumstances.  Days used as main home - taxpayer.  Days used as main home - spouse	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) all sale due to change in health, employment or unforeseen circumstances.  Days used as main home - taxpayer	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) alesale due to change in health, employment or unforeseen circumstances.  Days used as main home - taxpayer.  Days used as main home - spouse	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, for excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) is esale due to change in health, employment or unforeseen circumstances.  Doays used as main home - taxpayer.  Doays used as main home - spouse.  Doays property owned - taxpayer.  Doays property owned - spouse.	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen complete the following information if due to a change in health, place of employment, or unforeseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) all sale due to change in health, employment or unforeseen circumstances.  Days used as main home - taxpayer.  Days property owned - taxpayer.	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, for excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) is esale due to change in health, employment or unforeseen circumstances.  Doays used as main home - taxpayer.  Doays used as main home - spouse.  Doays property owned - taxpayer.  Doays property owned - spouse.	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen comply Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, if excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) is esale due to change in health, employment or unforeseen circumstances.  Doays used as main home - taxpayer.  Doays used as main home - spouse.  Doays property owned - taxpayer.  Doays property owned - spouse.  MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanal content of the Armed Forces.	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen combination in the sale of another home after May 6, if excl. gain from ano	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, for excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) all sale due to change in health, employment or unforeseen circumstances.  Days used as main home - taxpayer.  Days used as main home - spouse.  Days property owned - taxpayer.  Days property owned - spouse.  MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent forces move due to permanent change of station.	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen of Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) a sale due to change in health, employment or unforeseen circumstances.  Days used as main home - taxpayer  Days used as main home - spouse  Days property owned - taxpayer  Days property owned - spouse  WOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent forces move due to permanent change of station  Wiles from old home to new work place  Wiles from old home to old work place	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen of Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, for excl. gain from another home after May 6, for excl. gain from another home after May 6, for excl. gain from another home after May 6, for excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) of exall due to change in health, employment or unforeseen circumstances.  Days used as main home - taxpayer  Days used as main home - spouse  Days property owned - taxpayer  Days property owned - taxpayer  Days property owned - spouse  WOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a perman all espouse, 2 = joint  Expenses for transportation and storage of household goods and personal effects	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen cally Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, for excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) a sale due to change in health, employment or unforeseen circumstances.  Days used as main home - taxpayer  Days used as main home - spouse  Days property owned - taxpayer  Days property owned - taxpayer  Days property owned - spouse  MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanant segment of the permanent change of station  Wiles from old home to new work place  Expenses for transportation and storage of household goods and personal effects  Lodging and travel (excluding meals):	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen complete the following information if due to a change in health, place of employment, or unforeseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) is a sale due to change in health, employment or unforeseen circumstances.  Days used as main home - taxpayer  Days used as main home - spouse  Days property owned - taxpayer  Days property owned - spouse  WOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanant spouse, 2=joint  H=armed forces move due to permanent change of station  Wiles from old home to new work place  Expenses for transportation and storage of household goods and personal effects  Lodging and travel (excluding meals):  Lodging and travel (excluding automobile)	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen of Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y).    = sale due to change in health, employment or unforeseen circumstances.    Days used as main home - taxpayer.     Days used as main home - spouse.     Days property owned - taxpayer.     Days property owned - spouse.     Days property ow	
Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen complete the following information if due to a change in health, place of employment, or unforeseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) is a sale due to change in health, employment or unforeseen circumstances.  Days used as main home - taxpayer  Days used as main home - spouse  Days property owned - taxpayer  Days property owned - spouse  WOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanant spouse, 2=joint  H=armed forces move due to permanent change of station  Wiles from old home to new work place  Expenses for transportation and storage of household goods and personal effects  Lodging and travel (excluding meals):  Lodging and travel (excluding automobile)	

17, 27

23	1040	US	Rental & Royalty Income (Schedule E)	No	18
	Please en	ter all perti	nent 2023 amounts. Last year's amounts are provided for	your reference.	
GEN	IERAL IN	IFORMAT	TION 2023 Amount	2022 Amou	ınt
Descri	ption of prope	erty			
	address	,		Type of Pro	-
				1 = Single Family R 2 = Multi-Family Re	esidence esidence
State.				3 = Vacation/Short	-Term Rental
	de			4 = Commercial 5 = Land	
Type o	of property (se	ee table)		6 = Royalties	
Other t	type of prope	rty		7 = Self-Rental	
Numbe	er of days ren	ted			
if not 100	age of ownership 0% (.xxxx)		1=did not actively participate		
Percenta	age of tenant occu	ipancy	1=real estate professional		
			1=rental other than real estate		
		nture	1=investment		
1=nonpa	nssive activity, ve royalty		1=single member limited liability company.		
If requ	ired to file Fo	rm(s) 1099, d	id you or will you file all required Form(s) 1099: 1=yes, 2=no		
INC	OME		2023 Amount	2022 Amou	ınt
Rents	or royalties re	eceived			
Advert Associ Auto a Cleanii Comm	ising ation dues and travel (not ng and maint issions	nses are relate	ed only to the rental activity. These include rental agency fees, advertising, a	and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a License Manag Miscell Mortga	ising	entered elsevenance	where) etc.)	and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licenso Manag Miscell Mortga Excess	ising	entered elsevenance	where)  etc.)	and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a License Manag Miscell Mortga Excess Other i	ising	entered elsevenance	etc.)	and office supplies.	
NOTE Advert Associ Auto a Cleanin Comm Garder Insuran Legal a License Manag Miscell Mortga Excess Other i Paintir	ising	entered elsevenance	where)  etc.)  etc.)	and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licensi Manag Miscell Mortga Excess Other i Paintir Pest co	ising	entered elsevenance	etc.)	and office supplies.	
Advert Associ Auto a Cleanii Comm Garder Insuran Legal a License Manag Miscell Mortga Excess Other i Paintin Pest co	ising	entered elsevenance	where)  etc.)  nere)	and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a License Manag Miscell Mortga Excess Other i Paintir Pest co Plumbi Repair	ising	entered elsevenance	where)  etc.)  etc.)	and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a License Manag Miscell Mortga Excess Other i Paintir Pest co Plumbi Repair Supplie	ising	entered elsevenance	etc.)	and office supplies.	
NOTE Advert Associ Auto a Cleanin Comm Garder Insuran Legal a License Manag Miscell Mortga Excess Other i Paintin Pest co Plumbi Repair Supplie	is Direct expensions, action dues and travel (not ing and maint issions and professions and professions and professions and professions are interest (professions) and decorations and decorations and electrics.	entered elsevenance	where)  etc.)  nere)	and office supplies.	
NOTE Advert Associ Auto a Cleanin Comm Garder Insuran Legal a License Manag Miscell Mortga Excess Other i Paintir Pest co Plumbi Repair Supplie Taxes Taxes	is Direct expensions, action dues and travel (not not and professions) and professiones and permit perment fees and decoration	entered elsevenance	where)  etc.)  nere)	and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licensi Manag Miscell Mortga Excess Other i Paintir Pest co Plumbi Repair Supplid Taxes Taxes Teleph	is Direct expensions, action dues and travel (not not not not not not not not not not	entered elsevenance	where)  etc.)  nere)	and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licensi Manag Miscell Mortga Excess Other i Paintir Pest co Plumbi Repair Supplie Taxes Taxes Teleph Utilities	is Direct expensions	entered elsevenance	where)  etc.)  nere)	and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a Licensi Manag Miscell Mortga Excess Other i Paintir Pest co Plumbi Repair Supplie Taxes Taxes Teleph Utilities	is Direct expensions, action dues and travel (not many and maintaissions and professions) and professions and professions and permit fees and fees	entered elsevenance	where)  etc.)  nere)	and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a License Manag Miscell Mortga Excess Other i Paintir Pest cc Plumbi Repair Supplie Taxes Taxes Teleph Utilities Wages	is Direct expensions, action dues and travel (not many and maintaissions and professions) and professions and professions and permit fees and fees	entered elsevenance	where)  etc.)  nere)	and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a License Manag Miscell Mortga Excess Other i Paintir Pest cc Plumbi Repair Supplie Taxes Taxes Teleph Utilities Wages	is Direct expensions, action dues and travel (not many and maintaissions and professions) and professions and professions and permit fees and fees	entered elsevenance	where)  etc.)  nere)	and office supplies.	
NOTE Advert Associ Auto a Cleanii Comm Garder Insurai Legal a License Manag Miscell Mortga Excess Other i Paintir Pest cc Plumbi Repair Supplie Taxes Taxes Teleph Utilities Wages	is Direct expensions, action dues and travel (not many and maintaissions and professions) and professions and professions and permit fees and fees	entered elsevenance	where)  etc.)  nere)	and office supplies.	

23	1040	US	Rental & Royalty Incom	e (Sch. E) (cont.)	No.	18 p2
Pleas e	e enter all expense co	pertinent 2 lumn shou	2023 amounts. Last year's amount ald only be used for vacation home	s are provided for your re s or less than 100% tenan	ference. The ir t occupied rer	ndirect ntals.
GEN	NERAL IN	IFORMAT	TION			
Foreig	n postal code	)				
OIL	AND GA	S		0000 4		
Produ Cost o Perce State	ction type (pr depletion ntage depletion cost depletion	eparer use on on rate or amo	bunt	2023 Amount	2022 Amou	nt
PER	RSONAL	USE OF [	DWELLING UNIT (INCLUDING	VACATION HOME)		
Numb	er of days per	rsonal use	al method elected)			
IND	IRECT EX	XPENSES	3			
NOTE	E:Indirect exp These inclu	enses are rela de repairs, ins	ted to operating or maintaining the dwelling uurance, and utilities.	unit.		
Associated Auto a Clean Commission Garde Insura Legal Licens Manag Misce Mortga Exces Other Painti Pest of Plumb Repair Suppl Taxes Taxes Teleph Utilitie	ciation dues and travel (no ing and maint nissions ance and professic ses and permi gement fees age interest (not ing and decoration bing and elections ies ies ies ies - real estate in the content ies	t entered elsevienance	where) etc.) here)			
Other:	:					
•						

	1040	US	Farm Income (Schedule Fa	/Form 4835)	No.	19
	Please en	ter all pert	inent 2023 amounts. Last year's amo	unts are provided for	your reference.	
GEN	NERAL IN	IFORMA <sup>-</sup>	TION			
Princi	pal product					
Emplo	oyer ID numbe	r				
•	,					
	•		ccrual			
					_	
	•	,	tologible 1 long 2 colf gental 2 other		_	
		-	tal only): 1=land, 2=self-rental, 3=other		_	
			ion		_	
		=	r will you file all required Form(s) 1099: 1=yes, 2=no		_	
			(Schedule F only)			
			rm rental only)			
	•					
			companyxx) (Farm rental only)			
76 UI (	ownership ii n	UL 10076 (.XXX	(Faith Tental Only)			
FAF	RM INCOM	ИE				
Cash	method:			2023 Amount	2022 Amount	
		ck and other r	resale items	2020 / 111104111	20227tilloditi	
Co	บอเ บเ มสอเอ บเ	TIVESTOCK OF C	omer resale items			
			other resale items			
Sa	ales of produc		oner resale items			
Sa Accru	ales of produc al method:	ts raised				
Sa Accru Sa	ales of produc al method: ales of livesto	ts raised	etc.			
Sa Accru Sa Ba	ales of produc al method: ales of livestod eginning inver	ts raised ck, produce, e atory of livesto	etc.			
Sa Accru Sa Ba Ca	ales of produc al method: ales of livestod eginning inver ost of livestocl	ts raised ck, produce, entory of livesto k, etc. purcha	etc.			
Sa Accru Sa Ba Ca Ei	ales of produc al method: ales of livestod eginning inver ost of livestocl	ts raised ck, produce, entory of livesto k, etc. purcha	etc			
Sa Accru Sa Be Co Ei Other	ales of production all method: ales of livestoceginning inversost of livestocending inventor farm income:	ts raised ck, produce, e story of livesto k, etc. purcha y of livestock	etc.  cck, etc.  sed  , etc.			
Sa Accru Sa Ba Ca Ei Other	ales of production all method: ales of livestor eginning invertost of livestoclanding inventor farm income: otal cooperational	ts raised ck, produce, e story of livesto k, etc. purcha y of livestock re distribution	etc			
Sa Accru Sa Ba Ca Ei Other Ta	ales of production all method: ales of livestor eginning inversort of livestoclinding inventor farm income: otal cooperativaxable cooperativaxable cooperativation and methods.	ts raised  ck, produce, entory of livestock, etc. purcha y of livestock re distribution ative distribut	etc.  cck, etc.  sed  , etc.			
Sa Accru Sa Ba Ca Ei Other Ta Ta	ales of production all method: ales of livestor eginning inversort of livestocl nding inventor farm income: otal cooperativaxable cooperativatal agricultura	ts raised  ck, produce, entory of livestock, etc. purchaty of livestock re distribution ative distribution program pa	etc.  cck, etc.  sed  , etc.  s  ions  yments (other than CRP)			
Sa Accru Sa Ba Ca En Other Ta Ta	ales of production all method: ales of livestor eginning inversost of livestoch inding inventor farm income: otal cooperativaxable cooperativaxable agriculturaxable agricultura	ts raised  ck, produce, entory of livestock  ck, etc. purcha  y of livestock  re distribution  ative distribut  al program pa  ural program	setc.  cock, etc.  sed  , etc.  s.  ions  yments (other than CRP)  payments (other than CRP)			
Sa Accru Sa Be Cc Ei Other Ta Ta	ales of production all method: alles of livestoceginning inventor farm income: otal cooperativaxable cooperativaxable agricultura axable agricultural conservational conservational conservational conservational methods.	ts raised  ck, produce, extory of livestock, etc. purchar  y of livestock  re distribution  ative distribut  al program pa  ural program  on reserve pr	etc.  cck, etc.  sed  , etc.  s  ions  yments (other than CRP)			
Sa Accru Sa Ba Ca Ei Other Ta Ta Ta	ales of production all method: all method: ales of livestod eginning inventor farm income: otal cooperativaxable cooperativaxable agricultura axable agriculturativatal conservatiaxable conservati	ts raised  ck, produce, extory of livestock, etc. purchaty of livestock  re distribution ative distribution program partial program on reserve provation reserve	setc.  cock, etc.  sed  , etc.  sions  yments (other than CRP)  payments (other than CRP)  rogram payments			
Sa Accru Sa Ba Cc Ei Other Ta Ta Ta Ca	ales of product al method: ales of livestod eginning invertost of livestod nding inventor farm income: otal cooperativa axable cooperativa axable agricultura axable agricultura axable conservati axable conservati	ts raised  ck, produce, entory of livestock, etc. purchatly of livestock are distribution ative distribution program partion reserve provation reserve provation reserved.	etc.  cock, etc.  sed  , etc.  ss.  ions  yments (other than CRP)  payments (other than CRP)  rogram payments  e program payments			
Sa Accruu Sa Ba Ca En Other Ta Ta Ta Ca	ales of product al method: ales of livestor eginning invertors of livestock inding inventor farm income: otal cooperative axable cooperative axable agricultural conservations axable conservation axable cons	ts raised  ck, produce, entory of livestock, etc. purchatly of livestock are distribution attive distribution program particularly program on reserve provation reserve provation reserved it loans reports	etc.  cck, etc.  sed  , etc.  s  ions  yments (other than CRP)  payments (other than CRP)  rogram payments  e program payments  rted under election			
Sa Accru Sa Ba Ca Et Other Ta Ta Ta Ca Ta	ales of product al method: ales of livestod eginning invertost of livestod nding inventor farm income: otal cooperative axable cooperative axable agricultura axable conservommodity cree otal commodity cree otal commodity axable a	ts raised  ck, produce, entery of livestock  re distribution  ative distribut  al program pa  ural program  on reserve pr  vation reserve  dit loans report  credit loans  dity credit loans	etc.  ock, etc.  sed  , etc.  sions  yments (other than CRP)  payments (other than CRP)  rogram payments  e program payments  rted under election  forfeited or repaid			
Sa Accru Sa Ba Ca En Other Ta Ta Ta Ca Ta	ales of product al method: ales of livestor eginning inversort of livestock inding inventor farm income: otal cooperative axable cooperative axable agricultural conservation axable conservommodity crecotal commodity crecotal commodity axable commodity axable commodital crop insurvational crop insu	ts raised  ck, produce, entory of livestock  ck, etc. purcha  y of livestock  re distribution  ative distribut  al program pa  ural program  on reserve pr  vation reserve  dit loans report  y credit loans  dity credit loa  ance proceed	etc.  ock, etc.  sed  , etc.  s ions  yments (other than CRP)  payments (other than CRP)  rogram payments  e program payments  et program payments  red under election  forfeited or repaid  ans forfeited or repaid			
Sa Accru Sa Ba Ca En Other Ta Ta Ta Ca Ta Ta	ales of product al method: ales of livestod eginning invertost of livestoch nding inventor farm income: otal cooperative axable cooperative axable agricultura exable agricultural conservation axable conservation axable commodity cree otal commodity cree otal commodity axable commodital crop insure axable crop insure axable crop in	ts raised  ck, produce, entory of livestock, etc. purchatly of livestock are distribution attive distribution reserve provided program on reserve provided program on reserve dit loans report of credit loans ance proceed surance proceed surance proceed surance processive of lives and the processive proc	setc.  cock, etc.  sed  , etc.  s.  ions  yments (other than CRP)  payments (other than CRP)  rogram payments  e program payments  red under election  forfeited or repaid  is received in 2023			

F	•				1	19 <sub>p2</sub>		
Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.								
FARM	M INCON	/IE (conti	nued)					
Other in	ncome:			2023 Amount	2022 Amoun	t		
_								
_								
_								
_								
_								
_								
_								
_ 	A EVDE	ICEC	\		1			
	M EXPE				1			
			red elsewhere)					
	•							
	-	-						
•	ū							
Insuran	ce (other tha	n health)						
Mortgag	ge interest (p	aid to banks,	etc.)					
Other in	nterest (not e	ntered elsewl	nere)					
Labor hi	ired							
	· ·	_	ributions					
			- admin. and education costs					
			equipment (not entered elsewhere)					
•								
	-							
•		•						
	•							
			ne					
			expenses (also enter below)					
	xpenses:	'	, ,		L			
_								
_								
_								
_								
_								
_								
_								
_								
		NOTE: I	f you purchased or disposed of any business a	assets, please complete Sheet 2	2.			

ORGA	NIZER						Page 20
20	23	1040	US	Partnersh	ip and S corpora	tion Information	20.1,20.2
				delete 2023 inf		e. Be sure to attach all So	chedule K-1s.
No.		Nam	ne of Partnersi	nip	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
	S CO	RPORAT	ON INFO	ORMATION (2	20.2)		
No.		Name	e of S corpora	tion	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

20.1,20.2

ORGANIZER					Page 21
2023	1040	US	Estate or Trust and RE	MIC Information	20.3,20.4
FSTA	ATF OR T		se add, change or delete 2023 in Be sure to attach all Schedule I FORMATION (20.3)	formation as appropriate. K-1s and Schedule Qs.	
LSIA	AIL OK I	KOST IIV	1 OKWATION (20.3)	Employer	Tax Shelter
No.		Nan	ne of Estate or Trust	Employer Identification Number	Registration Number
REM	IC INFOR	MATION	(20.4)		
No.			Name of REMIC		Employer Identification Number
					20 3 20 4

23	1040	US	Vehicle Expenses		No.	22 p
	Please en	ter all pert	inent 2023 amounts. Last year's amo	ounts are provided fo	or your reference.	
GEN	NERAL IN	IFORMA <sup>*</sup>	ΓΙΟΝ	2023 Amount	2022 Amount	
Descri	iption of vehic	le				
			eduction			
			your deduction			
			personal use			
			r personal use			
1=veh	icle used prim	narily by more	than 5% owner			
			se if changed from 100% personal use			
AUT	ГОМОВІЬ	E MILEA	GE			
Total	mileage (for th	ne tax vear).				
	· ·		year)			
		-	e			
		•			<u>'</u>	
AC1	TUAL EXF	PENSES				
Parkir	ng fees and to	lls (business	portion only)			
	-					
Tires.						
Insura	nce					
Misce	llaneous					
Auto I	icense (other	than persona	I property taxes)			
Perso	nal property ta	axes (based o	on car's value)			
			C, E & F)			
Vehicl	le rent or leas	e payments.				
		· -	ve)			
	- f - m- m l	العامين امياساني مسا	cle on Form W-2 (2106)			

					_
2023	1040	US	Itemized Deductions	25	

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

### **MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs  Doctors, dentists and nurses  Hospitals and nursing homes  Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)  Long-term care premiums - taxpayer  Long-term care premiums - spouse  Insurance reimbursement (enter as a positive number)  Lodging and transportation:  Out-of-pocket expenses  Medical miles driven  Other medical and dental expenses:	
Hospitals and nursing homes Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) Long-term care premiums - taxpayer Long-term care premiums - spouse Insurance reimbursement (enter as a positive number) Lodging and transportation: Out-of-pocket expenses Medical miles driven	
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)  Long-term care premiums - taxpayer  Long-term care premiums - spouse  Insurance reimbursement (enter as a positive number)  Lodging and transportation:  Out-of-pocket expenses  Medical miles driven	
Long-term care premiums - taxpayer  Long-term care premiums - spouse  Insurance reimbursement (enter as a positive number)  Lodging and transportation:  Out-of-pocket expenses  Medical miles driven	
Long-term care premiums - spouse  Insurance reimbursement (enter as a positive number)  Lodging and transportation:  Out-of-pocket expenses  Medical miles driven	
Insurance reimbursement (enter as a positive number)  Lodging and transportation:  Out-of-pocket expenses  Medical miles driven	
Lodging and transportation:  Out-of-pocket expenses  Medical miles driven	
Out-of-pocket expenses	
Medical miles driven	
\ <u>\</u>	
Other medical and dental expenses:	
TAXES PAID (State and local withholding and 2023 estimates are automatic.)	
State income taxes - 1/23 payment on 2022 state estimate	
State income taxes - paid with 2022 state return extension	
State income taxes - paid with 2022 state return	
State income taxes - paid for prior years and/or to other state	
City/local income taxes - 1/23 payment on 2022 city/local estimate	
City/local income taxes - paid with 2022 city/local extension	
City/local income taxes - paid with 2022 city/local return	
SALES AND USE TAXES PAID	
State and local sales taxes (except autos and special items)	
Use taxes paid on 2023 purchases	
Use taxes paid with 2022 state return	
Sales tax on autos not included above	
Sales tax on boats, aircraft, other special items	
OTHER TAXES PAID	
Real estate taxes - principal residence:	
Real estate taxes - held for investment :	
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)	
Foreign income taxes	
Other taxes:	

23	1040	US	Itemized Deductions (continued)			25
	Please en	ter all per	tinent 2023 amounts. Last year's amounts are provided for	r yo	our reference.	
INT	EREST PA	AID				
Home	e mortgage int.	(Box 1) and	points (Box 5) reported on Form 1098: 2023 Amount	TS	2022 Amoun	t
	Home mortgag	ge interest no	ot reported on Form 1098:			
	Payee's name	<u> </u>				
	Payee's SSN	or FEIN				
	Payee's street	<u> </u>				
	Payee's city Payee's state.	-				
	Payee's ZIP of	ada				
	Payee's region	,				
	Payee's posta	I code				
	Payee's count	ry				
Delet	Amount paid.					
Point	s not reported	on Form 109	8:			
Inves	tment interest	(interest on i	margin accounts):			
Passi	ive interest					
NOT	E: Points paid For these ty	on loans oth pes of loans	er than to buy, build, or improve your main home are deductible over the life also provide the dates and lives of the loans.	of	the mortgage.	
CAS	SH CONT	RIBUTIO	INS			
NOT	E: No deductio	n is allowed	for cash or check contributions unless the donor maintains a bank record, or	a ı	written communicat	ion
	from the dor	nee, showing	the name of the organization, contribution date(s), and contribution amount	(S).		
			d other charitable organizations (60% limitation):			
С	ontributions by	cash or che	ck:			
	-		pocket)			
	-		pocket)			
N	umber of chari	table miles.		no (	200/ limitation).	
N Veter	umber of chari	table miles.	oll societies, nonprofit cemeteries, and certain private nonoperating foundation	ns (	30% limitation):	
N Veter	umber of chari	table miles.	oll societies, nonprofit cemeteries, and certain private nonoperating foundation	ns (	30% limitation):	
N Veter	umber of chari	table miles.	oll societies, nonprofit cemeteries, and certain private nonoperating foundation	ns (	30% limitation):	
N Veter	umber of chari	table miles.	oll societies, nonprofit cemeteries, and certain private nonoperating foundation	ns (	30% limitation):	
N Veter	umber of chari	table miles.	oll societies, nonprofit cemeteries, and certain private nonoperating foundation	ns (	30% limitation):	
Veter C	umber of chari	table miles . ons, fraterna cash or che	oll societies, nonprofit cemeteries, and certain private nonoperating foundation	ms (	30% limitation):	

2023 1040 US Itemized Deductions (continued) 25 p3

Please enter all pertinent 2023 amounts. Last year's am	ounts are provided	for you	ır reference
	ounts are provided	i ioi you	ar reference.
NONCASH CONTRIBUTIONS		6 1 11	
NOTE:Use Sheet 26 if total noncash contributions are over \$500. No deduction that are not in <i>good</i> used condition or better. In addition, a deduction fo	is allowed for contribution r any item with minimal i	ns of cloth monetary v	ing and household items value may be denied.
60% limitation (see above):	2023 Amount	TS	2022 Amount
OO/ limitation (oog about)			
0% limitation (see above): Γ			
<del></del>			
Coro capital gain property (gine or capital gain property to doze initial organ).			
20% capital gain property (gifts of capital gain property to non-50% limit orgs.):			
_	CUTS & JOBS	ACT (su	ubject to 2% AGI limit)
Union and professional dues		ACT (su	ubject to 2% AGI limit)
Jnion and professional dues		ACT (su	ubject to 2% AGI limit)
Jnion and professional dues		ACT (su	ubject to 2% AGI limit)
Jnion and professional dues		ACT (su	ubject to 2% AGI limit)
Jnion and professional dues		ACT (su	ubject to 2% AGI limit)
Union and professional dues		ACT (su	ubject to 2% AGI limit)
Union and professional dues		ACT (su	ubject to 2% AGI limit)
Inion and professional dues		ACT (su	ubject to 2% AGI limit)
Union and professional dues		ACT (su	ubject to 2% AGI limit)
Union and professional dues		ACT (su	ubject to 2% AGI limit)
Union and professional dues		ACT (su	ubject to 2% AGI limit)
Union and professional dues		ACT (su	ubject to 2% AGI limit)
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses  Investment expense:		ACT (su	ubject to 2% AGI limit)
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses  Investment expense:  Tax return preparation fee		ACT (su	ubject to 2% AGI limit)
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses expenses expenses expenses are certain edu. expenses expen		ACT (su	ubject to 2% AGI limit)
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses expenses expenses expenses are turn preparation fee.  Fax return preparation fee.  Safe deposit box rental  Miscellaneous deductions (2% AGI) (certain legal and accounting fees,		ACT (su	ubject to 2% AGI limit)
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses expenses expenses expenses are turn preparation fee.  Fax return preparation fee.  Safe deposit box rental  Miscellaneous deductions (2% AGI) (certain legal and accounting fees,		ACT (su	ubject to 2% AGI limit)
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses  Investment expense:  In ax return preparation fee  Safe deposit box rental  Miscellaneous deductions (2% AGI) (certain legal and accounting fees,		ACT (su	ubject to 2% AGI limit)
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses  Investment expense:  In ax return preparation fee  Safe deposit box rental  Miscellaneous deductions (2% AGI) (certain legal and accounting fees,		ACT (su	ubject to 2% AGI limit)
STATE MISC. DEDS. IF NON-CONFORMING TO TAX Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses investment expenses  Investment expenses:  Tax return preparation fee Safe deposit box rental  Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):		ACT (su	ubject to 2% AGI limit)
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses  Investment expense:  Fax return preparation fee  Safe deposit box rental  Miscellaneous deductions (2% AGI) (certain legal and accounting fees,		ACT (su	ubject to 2% AGI limit)
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses  Investment expense:  In ax return preparation fee  Safe deposit box rental  Miscellaneous deductions (2% AGI) (certain legal and accounting fees,		ACT (st	ubject to 2% AGI limit)

				·	
2023	1040	US	Itemized Deductions (continued)	25	n4

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

IER MISCELLANEOUS DEDUCTIONS	2023 Amount	TS	2022 Amount
tax, section 691(c)			
miscellaneous deductions:			
	_		
	_		
	_		
	_		
		-	

2023 1040 US Itemized Deductions (continued) 25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- 1. Total home equity debt exceeded \$100,000 at any time during 2023 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
- 2. Total home acquisition debt exceeded \$750,000 at any time during 2023 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

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

	2023 Amount	TS	2022 Amount
air market value of the property on the date that the last debt was secured .			
ome acquisition and grandfather debt on the date that the last debt was secured			
OAN INFORMATION			
oan #1			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid.			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2023			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2023			
Grandfather debt balance - beginning of year			
oan #2		1 1	
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid.			
Points paid.			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2023			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2023			
Grandfather debt balance - beginning of year			
Form			
1 = Schedule A (defau 2 = Business use of h	ult) ome		
3 = Schedule E			

25 p5

**Itemized Deductions (continued)** US  $25_{\ p5\ cont}$ 2023 1040

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

### **LOAN INFORMATION (continued)**

Loan #3	2023 Amount	TS	2022 Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2023			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2023			
Grandfather debt balance - beginning of year			
Loan #4			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2023			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2023			
Grandfather debt balance - beginning of year			

#### Form

- 1 = Schedule A (default) 2 = Business use of home 3 = Schedule E

2023 1040 US Noncash Contributions (Form 8283)

If your total noncash contributions are in excess of \$500 in 2023, please complete the information below for each donee using the following guidelines:

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

	Name of ch	aritable organization (donee)				
		ess				
	,					
		2=joint				
	· ·	scription (other than vehicle)				
	Troporty do	Identification number (VIN)				
No.	<b>⊣</b>	Year (yyyy)				
	── Vehicle	Make and model				
		Condition and mileage				
	Date of con	tribution (m/d/y)				
		ed by donor (m/y)				
		ed by donor (Table 1 or describe)				
		t or basis				
		value				
		d to determine FMV (Table 2 or des				
	1 300	( 2 5. 000	,			
	Name of cha	aritable organization (donee)				
		SS				
		City.				
	,					
		=joint				
	I 1=spouse, 2					
		scription (other than vehicle)				
No.	Property des	scription (other than vehicle)				
No.		Identification number (VIN) Year (yyyy)				
No.	Property des	Identification number (VIN) Year (yyyy) Make and model				
No.	Property des	Identification number (VIN) Year (yyyy) Make and model Condition and mileage				
No.	Vehicle  Date of cont	Identification number (VIN) Year (yyyy) Make and model Condition and mileage				
No.	Vehicle  Date of cont Date acquire	Identification number (VIN) Year (yyyy) Make and model Condition and mileage ribution (m/d/y) d by donor (m/y)				
No.	Vehicle  Date of cont Date acquire How acquire	Identification number (VIN) Year (yyyy) Make and model Condition and mileage ribution (m/d/y) d by donor (Table 1 or describe)				
No.	Property des  Vehicle  Date of cont Date acquire How acquire Donor's cost	Identification number (VIN) Year (yyyy) Make and model Condition and mileage ribution (m/d/y) d by donor (Table 1 or describe) or basis				
No.	Property des  Vehicle  Date of cont Date acquire How acquire Donor's cost Fair market	Identification number (VIN) Year (yyyy) Make and model Condition and mileage ribution (m/d/y) d by donor (Table 1 or describe) or basis value				
No.	Property des  Vehicle  Date of cont Date acquire How acquire Donor's cost Fair market	Identification number (VIN) Year (yyyy) Make and model Condition and mileage ribution (m/d/y) d by donor (Table 1 or describe) or basis				
No.	Property des  Vehicle  Date of cont Date acquire How acquire Donor's cost Fair market	Identification number (VIN) Year (yyyy) Make and model Condition and mileage ribution (m/d/y) d by donor (Table 1 or describe) or basis value				
	Date of cont Date acquire How acquire Donor's cost Fair market Method used	Identification number (VIN) Year (yyyy) Make and model Condition and mileage ribution (m/d/y) d by donor (Table 1 or describe) or basis value It to determine FMV (Table 2 or descri	be)			
	Date of cont Date acquire How acquire Donor's cost Fair market Method used	Identification number (VIN) Year (yyyy) Make and model Condition and mileage ribution (m/d/y) d by donor (Table 1 or describe) or basis value	be)	ethod Used to Determine FMV		
	Date of cont Date acquire How acquire Donor's cost Fair market Method used	Identification number (VIN) Year (yyyy) Make and model Condition and mileage ribution (m/d/y) d by donor (Table 1 or describe) or basis value It to determine FMV (Table 2 or descri	be)  2 Me 1 = Apprais	al 3 = Catalog		
No.	Date of cont Date acquire How acquire Donor's cost Fair market Method used	Identification number (VIN) Year (yyyy) Make and model Condition and mileage ribution (m/d/y) d by donor (m/y) or basis value I to determine FMV (Table 2 or descri	be) Me	al 3 = Catalog		
	Property des  Vehicle  Date of cont Date acquire How acquire Donor's cost Fair market Method used  How Pro	Identification number (VIN) Year (yyyy) Make and model Condition and mileage ribution (m/d/y) d by donor (Table 1 or describe) or basis value It to determine FMV (Table 2 or descri	be)  2 Me  1 = Apprais 2 = Thrift sl	al 3 = Catalog		

26

2023	1040	US	Business Use of Home (Form 8829)	No.	29

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

BUSINESS USE OF HOME	2023 Amount	2022 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
Area of home included above used exclusively for daycare business, if any (sq ft)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		
INDIRECT EXPENSES		
NOTE: Indirect expenses are for keeping up and running your entire home.  They benefit both the business and personal parts of your home.		
Mortgage interest		
Real estate taxes		
Casualty losses		
Insurance.		
Miscellaneous		
Rent.		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess real estate taxes		
Other indirect expenses:		
Other mulicet expenses.		
DIRECT EXPENSES		
NOTE: Direct expenses benefit only the business part of your home. They inclupating or repairs made to specific areas or rooms used for business.	ude	
Mortgage interest		
Real estate taxes		
Casualty losses		
Insurance.		
Miscellaneous		
Rent.		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess real estate taxes		
Excess casualty losses		
Allowable casualty losses.		
- · · · · · · · · · · · · · · · · · · ·		
Other direct expenses:		
		1

29

**ORGANIZER** Employee/Vehicle Bus. Exp. (Form 2106) US 1040 No. 2023 30 Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference. GENERAL INFORMATION Occupation, if different from Form 1040 ..... 1=spouse..... 1=performance artist, 2=handicapped, 3=fee-basis government official . . . . . 1=minister's expenses ..... **EMPLOYEE BUSINESS EXPENSES** 2023 Amount 2022 Amount Meal expenses in full..... Reimbursements for meals not on W-2, box 1 ...... 1=Department of Transportation (80% meal allowance) ..... Other business expenses:

23	1040	2106) (cont.)	No.	30 p				
	Please en	ter all pert	inent 2023 amounts. Last year's amo	ounts are provided for	your reference.			
VEH	HICLE INF	FORMATI	ON	2023 Amount	2022 Amount			
1=veh	1=vehicle used primarily by more than 5% owner				2022 Amount			
	•		personal use					
		=	r personal use					
			eduction					
1=no	written eviden	ice to support	your deduction					
VEH	HICLE 1							
Descr	iption of vehic	:le						
Date	placed in serv	ice (m/d/y)						
		=						
	=	=						
Comn	nuting mileage	e (for the tax y	/ear)					
			e					
Numb	er of months	of business us	se if changed from 100% personal use					
Parkir	ng fees and to	ılls (business ı	portion only)					
	I expenses:		_					
R	epairs							
In	isurance							
	-	•	onal property taxes)					
		-	ed on car's value)					
			ule C, E & F)					
			ts					
		-	ositive)					
		yer-provided v	rehicle on Form W-2 (2106)					
VEH	HICLE 2							
Descr	iption of vehic	le						
Date	placed in serv	ice (m/d/y)						
Busin	ess mileage.							
			/ear)					
			e					
Numb	er of months	of business us	se if changed from 100% personal use					
Parkir	ng fees and to	lls (business <sub>l</sub>	portion only)					
	l expenses:	oil	_					
	•							
			onal property taxes)					
		-	ed on car's value)					
		=	ule C, E and F)					
			its					
			ositive)					
			rehicle on Form W-2 (2106)					

2023 1040 US Health Savings Accounts (8889) 32.1

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

### **HSA CONTRIBUTIONS**

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

	2023 Amount		2022 Am	ount
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				
HSA DISTRIBUTIONS				
Total HSA distribution received (1099-SA, box 1)				
Distributions included above that were rolled over to another HSA.				
Total unreimbursed qualified medical expenses				

DEPENDE Dependent care Employer-provid	expenses incurred but not paid in 2023 ded benefits forfeited in 2023  AND EXPENSES QUALIFY  First name.  Last name.  Title or suffix	ING FOR DEPENDENT CARE CREE	2022 Amoun	
Dependent care Employer-provid PERSONS	e expenses incurred but not paid in 2023 ded benefits forfeited in 2023  AND EXPENSES QUALIFY  First name  Last name  Title or suffix	ING FOR DEPENDENT CARE CREE		
Dependent care Employer-provid PERSONS	e expenses incurred but not paid in 2023 ded benefits forfeited in 2023  AND EXPENSES QUALIFY  First name  Last name  Title or suffix	ING FOR DEPENDENT CARE CREE		
PERSONS	AND EXPENSES QUALIFY  First name.  Last name.  Title or suffix	ING FOR DEPENDENT CARE CREE		
PERSONS	First name. Last name. Title or suffix	ING FOR DEPENDENT CARE CREE		
	First name.  Last name.  Title or suffix			
	First name.  Last name.  Title or suffix		DIT	
No.	Title or suffix			
No.				
No.	l =			
No.	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid in 2023		222 amt.	
	Incurred and paid in 2023		022 amt:	
	1=spouse, 2=joint			
	7 Spouse, 2 John			
	First name			
	Last name			
	Title or suffix			
	Date of birth (m/d/y)			
No.	Social security number			
	Qualified dependent care expenses			
	incurred and paid in 2023		)22 amt:	
	1=over age 12 & disabled at the time care was prov			
	1=spouse, 2=joint			
PERSONS	Name of provider			
	State			
	ZIP code			
No.	Foreign region			
	Foreign postal code			
	Foreign country			
	Identification number (SSN or EIN)			
	Amount paid to care provider in 2023		022 amt:	
	1=spouse, 2=joint			

33.1,33.2

23	1040	US	<b>Education Credits</b>		No.	3
	Please con you	nplete the r spouse,	e information below if you paid qua or your dependents enrolled in an Last year's amounts are provide	lified education expens accredited postsecond ed for your reference.	ses in 2023 for you, dary institution.	
STL	JDENT IN	FORMA	TION			
1=tax	payer, 2=spou	se				
First ı	name					
Last r	name					
	•					
			med			
1=stude 2023 (o at an e	ent was NOT enrolle or the first 3 months eligible institution in	d at least half-tin of 2024 if the qu a qualified progra	ne for at least one academic period that began in ualified expenses were made in 2023) am			
1=stude 1=stude of a cor	ent completed first ent was convicted, b ntrolled substance .	four years of post efore the end of	t-secondary education before 2023 2023 , of a felony for possession or distribution			
State ZIP co 1=202 1=202 1=202 Feder	ode	was NOT re- received with received with om Form 109	ceived h Box 7 completed h Box 7 completed 98-T  TUTION ATTENDED (#2)			
State						
	3 Form 1098-T					
			n Box 7 completed			
			n Box 7 completed			
Feder	al ID number fr	om Form 109	98-T			
	ALIFIED EI	DUCATIO	ON EXPENSES	2023 Amount	2022 Amount	
QUA						
	ed tuition & fees pai	d in 2023 (net of	refund or assistance, & not entered elsewhere)			
Qualifie	·		refund or assistance, & not entered elsewhere)			

2023 1040 US Household Employment Taxes (Schedule H)

42

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

### HOUSEHOLD EMPLOYMENT TAXES

NOTE:If you paid any one household employee cash wages of \$2,600 or more in 2023; withheld federal income tax during 2023 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to household employees, please complete the following:

Employer identification number		
=spouse, 2=joint.		
Social security, Medicare and income taxes:	2023 Amount	2022 Amount
1=paid any one employee cash wages of \$2,600 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Taxes withheld from state disability payments		
Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/24		
1=all wages taxable for FUTA were also taxable for state unemployment.		
Name of state		
Contributions paid to state unemployment fund		+