

<b>2023</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
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**PESCATORE-COOPER PLC**  
**5635 N SCOTTSDALE RD STE A-150**  
**SCOTTSDALE AZ 85250**

Telephone number: **480-994-4148**  
 Fax number: **480-994-3806**  
 E-mail address: **info@pescatorecooper.com**

**Tax Return Appointment**

Date:  
 Time:  
 Location:

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

**CLIENT INFORMATION**

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

**Filing Status**

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

Please add, change or delete information for 2023.

**CLIENT INFORMATION**

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

**Please add, change or delete information for 2023.**

**DEPENDENTS**

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

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**If any of the following items pertain to you or your spouse (if applicable) for 2023, check the appropriate box and provide additional information as requested.**

Yes No **PERSONAL INFORMATION**

- Do you want a paper copy of your return? Your return will be available on your client portal.
- Did your marital status change during the year?
- Did your address change during the year?

Yes No **DEPENDENTS**

- Were there any changes in the number or status of dependents this year (including a stillborn)?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 or older if student) at the end of the year?
- Did you have any children under age 19 or full-time students under age 24 at the end of the year with interest and dividend income over \$2,500 (including stock/mutual fund sales)?
- Did you pay for child care or dependent care expenses so you and/or your spouse could work or continue your education?
- Did you pay into and/or receive pre-tax dependent care benefits through your employer?
- Did you provide a home for a parent(s) or ancestral parent(s) who required assistance with activities of daily living?
- Did you adopt a child or have a pending adoption?

Yes No **HEALTH CARE COVERAGE**

- Did you purchase health insurance from the Healthcare.gov Marketplace? **If yes, provide Form(s) 1095-A**
- Did you contribute to a Health Savings Account (HSA) this year outside your employer? **If yes, provide Form(s) 5498-SA.**
- Did you have distributions from a Health Savings Account (HSA) this year? **If yes, provide Form(s) 1099-SA.**
- Did you receive payments from a long-term care (LTC) insurance contract or accelerated death benefits from a life insurance policy? **If yes, provide a copy of Form(s) 1099-LTC**

Yes No **INCOME**

- Did you receive Form(s) 1099-K for sales, services, or rental income through a Third Party Network (such as Square, eBay, Uber, or Airbnb)? **If yes, provide all Form 1099-Ks received.**
- Did you have any lottery or gambling winnings? **If yes, provide Form(s) W2-G.**
- Did you receive unemployment compensation? **If yes, provide Form(s) 1099-G.**
- Did you receive compensation for Active U.S. Armed, Guard, or Reserve services?
- Did you reside in or receive any income or buy/sell real property in any state other than your resident state?

Yes No **PURCHASES, SALES, AND DEBT**

- Did you start a business or farm, purchase a rental property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.) or convert any personal assets to business use?

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- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds, or other investment property in 2023? <b><u>If yes, provide ALL pages of the consolidated tax Form(s) 1099 or Form(s) 1099-B from your investment account(s).</u></b> |
|--------------------------|--------------------------|--|
- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | At any time, did you (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? <b><u>If yes, provide details of the transactions from your digital wallet, Forms 1099-MISC, and/or Form 8949.</u></b> |
|--------------------------|--------------------------|---|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, refinance your principal or second home, or take a home equity loan? <b><u>If yes, provide the settlement statement.</u></b> |
|--------------------------|--------------------------|--|
- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use proceeds from a home mortgage, including a home equity loan, <b><u>other than</u></b> buying, building, or improving your home? <b><u>If you received cash out, explain how the proceeds were used.</u></b> |
|--------------------------|--------------------------|---|

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- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are your total mortgages on your first and/or second residence greater than \$750,000? <b><u>If yes, provide the year-end mortgage balances for each mortgage/loan.</u></b> |
|--------------------------|--------------------------|---|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you paying interest on a loan for a boat or recreational vehicle with basic living accommodations, such as sleeping, restroom, and cooking facilities? |
|--------------------------|--------------------------|--|
- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay sales tax purchasing one or more new mobile homes, motor vehicles, or recreational vehicles? <b><u>If yes, provide a copy of the vehicle bill(s) of sale.</u></b> |
|--------------------------|--------------------------|---|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts canceled or forgiven? <b><u>If yes, provide Form 1099-C or 1099-A received.</u></b> |
|--------------------------|--------------------------|--|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money that has become uncollectible? If yes, do you have the social security or tax identification number to issue a Form 1099 to report the cancellation of the debt? |
|--------------------------|--------------------------|--|
- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | If you own any rental properties (commercial or residential), have you complied with the required sales tax reporting requirements? |
|--------------------------|--------------------------|---|

Yes    No    **RETIREMENT PLANS**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? <b><u>If yes, provide Form(s) 1099-R.</u></b> |
|--------------------------|--------------------------|---|
- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you contribute to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
|--------------------------|--------------------------|---|
- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | If it will benefit you and you are eligible, do you want to contribute to an IRA, SEP, SIMPLE IRA, or a ROTH IRA? |
|--------------------------|--------------------------|---|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
|--------------------------|--------------------------|--|
- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan that you rolled over into another retirement plan within 60 days of receiving the distribution? <b><u>If yes, provide the documentation with the withdrawal and rollover deposit dates.</u></b> |
|--------------------------|--------------------------|---|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert all or part of your Traditional, SEP, or SIMPLE IRA to a Roth IRA? <b><u>If yes, provide Form(s) 1099-R and Form 5498.</u></b> |
|--------------------------|--------------------------|--|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you directly transfer from an IRA to a charitable organization (Qualified Charitable Distribution-QCD)? <b><u>If yes, provide a list of charities and amounts donated.</u></b> |
|--------------------------|--------------------------|--|
- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and/or your spouse attain age 73 in 2023? If yes, have you started your Required Minimum Distributions (RMD)? |
|--------------------------|--------------------------|---|

Yes    No    **EDUCATION**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 to pay qualified higher education expenses for yourself, your spouse, or your dependents? |
|--------------------------|--------------------------|---|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program (529 Plan, Coverdell Savings account, etc.)? <b><u>If yes, provide Form(s) 1099-Q.</u></b> |
|--------------------------|--------------------------|--|

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- Did you, your spouse, or a dependent incur tuition expenses required to attend a college, university, or vocational school? If yes, Form 1098-T is required to claim education expenses.  
**The student's grade level year of studies: freshman, sophomore, junior, senior, or post-grad.**
- Did you incur any unreimbursed expenses working as a teacher, counselor, or principal for classes kindergarten through grade 12? **If yes, what amount?** \$ \_\_\_\_\_
- Did you pay any student loan interest? **If yes, provide Form(s) 1098-E**
- Did you have any student loan debt forgiven? **If yes, provide the amount forgiven.**
- Did you contribute to any Section 529 Education Savings Plans? If yes, list names and contribution amounts (or provide account statements) for each beneficiary.
 

Name _____	\$ _____	Name _____	\$ _____
Name _____	\$ _____	Name _____	\$ _____

**CHARITABLE CONTRIBUTIONS**

A receipt is required before we can take a deduction for a contribution; please review the following requirements:

**Contributions Made in Cash** The law requires a receipt, letter, or other written communication from the charity documenting all charitable contributions made in cash.

**Contributions Made by Check, Debit Card, or Charge Card** For contributions made by check, the law requires you to have a receipt, a copy of a canceled check, or some other bank record (i.e., a bank statement). You must have a receipt or a bank/credit card account record for debit card or charge card contributions. **See additional requirements following if the contribution is \$250 or more.**

**Contributions of \$250 or more** For contributions of \$250 or more, the law requires a written acknowledgment from the charity stating the date and amount of contribution, including a statement about whether you received any goods or services in return. If you received goods or services, the receipt must include a description and estimate of the value of the goods or services received in return for the contribution. If the goods or services received consist solely of intangible religious benefits, the receipt must include such statement.

Yes    No    **CHARITABLE CONTRIBUTIONS**

- Do you have the documentation for charitable contributions based on the above requirements?

**Contributions of Clothing or Household Items** A deduction is allowed for a charitable contribution of clothing or household items if the items are in good or better condition. Household items generally include furniture, furnishings, electronics, appliances, and similar items. The taxpayer is required to determine the value of household items donated. The following link can assist in determining the value allowed for deduction: <https://www.goodwill.org/your-impact/>

- Did you make non-cash contributions? **If yes, and the total items exceeds \$500 provide a copy of the receipt(s), with a list of items donated and THRIFT SHOP value. If the contributions total over \$5,000, provide an appraisal plus a signature from the charitable organization for Form 8283.**

Yes    No    **CREDITS**

- Did you contribute to any Arizona (AZ) State Tax Credit Organizations? **If yes, list amounts and provide a copy of the receipt(s)**

	Amount	Organization Name
<b>State Qualified Charitable Organization</b>	\$ _____	_____
<b>State Qualified Foster Organization</b>	\$ _____	_____
<b>Public or Charter School</b>	\$ _____	_____
<b>Private School Tuition Organization</b>	\$ _____	_____
<b>Military Family Relief Fund</b>	\$ _____	_____

- If you owe Arizona income tax and did not fund all AZ State Tax Credits before the end of 2023, would you like to contribute before April 15, 2024 to use the credit on your 2023 AZ Return?

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Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal, or fuel cell energy sources? **If yes, provide the purchase document or receipts**

Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in) or install an alternative fuel charger that qualifies for a tax credit? **If yes, provide the purchase document with the VIN and/or receipt for the installed alternative fuel charger.**

Yes No **MISCELLANEOUS ITEMIZED DEDUCTIONS**

Did you incur a loss because of damaged or stolen property in a Federally Declared Disaster area?

Did you pay any deductible investment interest? Investment interest is interest paid on a loan where the proceeds purchased an investment; or interest on a loan secured by an investment property, such as a margin loan from a securities brokerage firm.

The 2018 tax law removed Unreimbursed Business Expenses and Investment Fees as Schedule A, Itemized Deductions. **We recommend discussing reimbursement possibilities with your employer if you have unreimbursed business expenses.**

Yes No **FOREIGN REPORTING**

Did you have any foreign income or pay foreign taxes (other than through investment accounts)?

Did you, your spouse, or your dependents have an interest in or signature authority over a financial account in a foreign country (i.e., a bank account, securities account, or other financial accounts)?

Do you own shares of stock in a non-publicly traded foreign corporation?

Do you own property in a foreign country? **If yes, provide details of the property and the country where it is located.**

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust, or did you have an interest in any other foreign assets?

Yes No **MISCELLANEOUS**

Do you and/or your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

Did the IRS issue you an Identity Protection Pin to use with the filing of your tax return? **If yes, provide letter(s) received from IRS.**

May the IRS discuss your tax return with your preparer?

Was your home rented out or used for business?

Were you an active military member who incurred moving expenses due to change of station?

Did you make any payments that would require you to issue Form(s) 1099? These include rent, contract labor, outside services, legal fees, etc., aggregating \$600 or more per year to a single payee for your trade or business. **If yes, provide copies of Form(s) 1099 issued.**

Did you engage the services of any household employees to whom you paid more than \$1,000 in any quarter or more than \$2,600? **If yes, provide a copy of each household employee's W-2(s).**

If you request direct deposit for refunds, has your bank or bank account changed since last year? **If yes, provide a copy of a voided check.**

Were you notified or audited by the Internal Revenue Service or a State taxing agency? Please provide the notice(s) if our office is unaware of the issue.

Did you or your spouse make gifts to an individual totaling more than \$17,000 or gifts to a trust?

Did you receive an inheritance of cash, investments, or real property?

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Has your will or trust been updated within the last 2 to 3 years? If not, please consider doing so to ensure they are up to date.

Have you reviewed your beneficiary designations on life insurance policies, retirement accounts, trusts, or any other account with a beneficiary designation? If not, please consider doing so to ensure they are correct.

**ELECTRONIC FILING**

For added security when electronically filing your tax return, please provide your Driver's License and/or State Issued Identification information for both the Taxpayer and Spouse if we do not already have this on file.

**\*\*Please complete this section ONLY if you were issued a new driver's license or ID during 2023\*\***

TAXPAYER	SPOUSE	
_____	_____	Driver's License/State ID #
_____	_____	Driver's License/ID State
_____	_____	Issue Date
_____	_____	Expiration Date



Please enter all pertinent 2023 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

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

**BANK INFORMATION**

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

**2023 ESTIMATED TAX / 1040-ES (6)**

**Federal**

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

**State**

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

**1 Type of Account**

1 = Savings  
2 = Checking

**2 Type of Investment**

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

Please enter all pertinent 2023 information.

**APPLICATION OF 2023 OVERPAYMENT (7.1)**

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

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2024 ESTIMATED TAX INFORMATION**

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

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

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

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>2023</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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Please enter all pertinent 2023 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

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

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

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

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

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

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

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

**10, 13.1, 13.2**

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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)**

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2022 Interest
			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		

**DIVIDEND INCOME (12)**

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2022 Dividends
			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		

**11, 12**

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

**MISCELLANEOUS INCOME**

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

**Form 1099-K**

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

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld . . . . .				
State income tax withheld . . . . .				
Local income tax withheld . . . . .				

Please 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)

2023 1099-G Amount

No. <input type="text"/>	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).....		
	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).....			

No. <input type="text"/>	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).....		
	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).....			

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

**GENERAL INFORMATION**

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

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

**INCOME**

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

**COST OF GOODS SOLD**

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

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

**EXPENSES**

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

Other expenses:

<hr/>		
<hr/>		
<hr/>		
<hr/>		

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



**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 Income Tax Withheld (Box 4)

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

**GENERAL INFORMATION**

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

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

**INCOME**

	2023 Amount	2022 Amount
Rents or royalties received .....		

**DIRECT EXPENSES**

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

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

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

<b>2023</b>	<b>1040</b>	<b>US</b>	<b>Partnership and S corporation Information</b>	<b>20.1,20.2</b>
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Please add, change or delete 2023 information as appropriate. Be sure to attach all Schedule K-1s.

**PARTNERSHIP INFORMATION (20.1)**

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

**S CORPORATION INFORMATION (20.2)**

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

**20.1,20.2**

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

**TRADITIONAL IRA CONTRIBUTIONS**

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

**ROTH IRA CONTRIBUTIONS**

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

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

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

**ADJUSTMENTS TO INCOME**

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

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

**MEDICAL AND DENTAL EXPENSES**

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

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

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

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

**SALES AND USE TAXES PAID**

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

**OTHER TAXES PAID**

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

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

**INTEREST PAID**

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

	2023 Amount	TS	2022 Amount
_____			
_____			
_____			

Home mortgage interest not reported on Form 1098:

Payee's name.....	_____
Payee's SSN or FEIN...	_____
Payee's street address..	_____
Payee's city.....	_____
Payee's state.....	_____
Payee's ZIP code.....	_____
Payee's region.....	_____
Payee's postal code....	_____
Payee's country.....	_____
Amount paid.....	_____

Points not reported on Form 1098:

	2023 Amount	TS	2022 Amount
_____			
_____			

Investment interest (interest on margin accounts):

	2023 Amount	TS	2022 Amount
_____			
_____			
_____			

Passive interest.....

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

**CASH CONTRIBUTIONS**

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

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

Contributions by cash or check:

_____			
_____			
_____			
_____			
_____			
Volunteer expenses (out-of-pocket) .....			
Number of charitable miles.....			

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

Contributions by cash or check:

_____			
_____			
_____			
_____			
_____			
Volunteer expenses (out-of-pocket) .....			
Number of charitable miles.....			

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

**NONCASH CONTRIBUTIONS**

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

50% limitation (see above):

	2023 Amount	TS	2022 Amount
_____			
_____			
_____			

30% limitation (see above):

_____			
_____			
_____			

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

_____			
_____			
_____			

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

_____			
_____			
_____			

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

Union and professional dues .....

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

_____			
_____			
_____			
_____			
_____			

Investment expense:

_____			
_____			
_____			
_____			
_____			

Tax return preparation fee .....

Safe deposit box rental .....


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

_____			
_____			
_____			
_____			
_____			

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

**OTHER MISCELLANEOUS DEDUCTIONS**

Estate tax, section 691(c).....

Other miscellaneous deductions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

2023 Amount	TS	2022 Amount



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

**BUSINESS USE OF HOME**

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

**INDIRECT EXPENSES**

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

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

**DIRECT EXPENSES**

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

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

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

**VEHICLE INFORMATION**

	2023 Amount	2022 Amount
1=vehicle used primarily by more than 5% owner .....		
1=vehicle is available for off-duty personal use .....		
1=no other vehicle is available for personal use .....		
1=no evidence to support your deduction .....		
1=no written evidence to support your deduction .....		

**VEHICLE 1**

Description of vehicle .....		
Date placed in service (m/d/y) .....		
Total mileage (for the tax year) .....		
Business mileage .....		
Commuting mileage (for the tax year) .....		
Average daily round-trip commute .....		
Number of months of business use if changed from 100% personal use .....		
Parking fees and tolls (business portion only) .....		

Actual expenses:

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

**VEHICLE 2**

Description of vehicle .....		
Date placed in service (m/d/y) .....		
Total mileage (for the tax year) .....		
Business mileage .....		
Commuting mileage (for the tax year) .....		
Average daily round-trip commute .....		
Number of months of business use if changed from 100% personal use .....		
Parking fees and tolls (business portion only) .....		

Actual expenses:

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