2023 Tax Organizer Personal Information

	Name			SSI		Has P PIN	Date	of Birth
axpayer		•						
Spouse								
	n to whom all information should be addressed	i, if not the taxpayer						
Street addre	ss, city, state, and ZIP							5
	Occupation		Daytime Phone Evening Phone				Cell Phone	
axpayer								
Spouse								
axpayer en	pail							
	Are you or your spouse blind? Are you or your spouse disabled? Are you or your spouse a full-time stud Do you or your spouse want to designa	ent? te \$3 to go to the Presidenti	ial Election Campaign F	fund?				
dentifica axpayer's Driver hoto ID nuitate photo	At any time during 2023 did you: (a) receive (as a reward, award, or pa (b) sell, exchange, gift, or otherwise of the intermediate in the interme	ayment for property or service dispose of a digital asset (or noto ID	ce) a digital asset? r a financial interest in a Spouse's type of photo Driver's license Photo ID number State photo ID was issue	a digital asset)? to ID State ed	te-issued p			
axpayer's Driver hoto ID nur tate photo I	(a) receive (as a reward, award, or profession in the profession i	ayment for property or service dispose of a digital asset (or noto ID	ce) a digital asset? r a financial interest in a Spouse's type of photo Driver's license Photo ID number State photo ID was issue	a digital asset)? to ID State ed				
axpayer's Driver hoto ID nur tate photo I	(a) receive (as a reward, award, or particle) sell, exchange, gift, or otherwise of tion Information type of photo ID s license State-issued photo D was issued D was issued	ayment for property or service dispose of a digital asset (or noto ID	ce) a digital asset? r a financial interest in a Spouse's type of photo Driver's license Photo ID number State photo ID was issue Date photo ID expires	a digital asset)?				
dentifica axpayer's Driver hoto ID nut tate photo I ate photo I	(a) receive (as a reward, award, or profession in the profession i	ayment for property or service dispose of a digital asset (or noto ID	ce) a digital asset? r a financial interest in a Spouse's type of photo Driver's license Photo ID number State photo ID was issue	a digital asset)? to ID State ed			this Ac	ecount for Withdraw
axpayer's Driver hoto ID nuitate photo I ate photo I ate photo I	(a) receive (as a reward, award, or particle) (b) sell, exchange, gift, or otherwise of the self of th	ayment for property or service dispose of a digital asset (or noto ID	ce) a digital asset? r a financial interest in a Spouse's type of photo Driver's license Photo ID number State photo ID was issue Date photo ID was issue Date photo ID expires Bank	a digital asset)? to ID State ed Type of Ac	count	Use	this Ac	ecount for
Identifica Taxpayer's Driver Photo ID num State photo I Date photo I Account	(a) receive (as a reward, award, or professional for Deposits and Vision Information (b) sell, exchange, gift, or otherwise of the control o	ayment for property or service dispose of a digital asset (or noto ID	ce) a digital asset? r a financial interest in a Spouse's type of photo Driver's license Photo ID number State photo ID was issue Date photo ID was issue Date photo ID expires Bank	a digital asset)? to ID State ed Type of Ac	count	Use	this Ac	ecount for

	De	pendent a	and Other In	formatio	n		SSN:	
ame: Dependent Information								
First and Last Name		Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses
SSN		1.7.1.		nome			Otadom	
ist dependents required to file								
Child and Other Depend	lent Care Expense	s						
Name of Care Provider			Address			SSN or E	IN	Amount Paid
								-
Fetimates								
Estimates	Federal			sident State			Resident	
Estimates Overpayment applied rom 2022	Federal Date Paid	Amount	Re: Date Paid		Lmount	Date Paid	Resident	City Amount
north and the second		Amount					Resident	
Overpayment applied rom 2022		Amount					Resident	
Overpayment applied rom 2022		Amount					Resident	
Overpayment applied rom 2022 First quarter Second quarter Third quarter Fourth quarter		Amount					Resident	
Overpayment applied rom 2022		Amount					Resident	
Overpayment applied rom 2022 First quarter Second quarter Third quarter Fourth quarter		Amount					Resident	
Overpayment applied rom 2022 First quarter Second quarter Third quarter Fourth quarter		Amount					Resident	
Overpayment applied rom 2022 First quarter Second quarter Third quarter Fourth quarter		Amount					Resident	
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Overpayment applied rom 2022 First quarter Second quarter Third quarter Fourth quarter		Amount					Resident	
Overpayment applied rom 2022 First quarter Second quarter Third quarter Fourth quarter		Amount					Resident	
Overpayment applied rom 2022 First quarter Second quarter Third quarter Fourth quarter		Amount					Resident	
Overpayment applied rom 2022 First quarter Second quarter Third quarter Fourth quarter		Amount					Resident	

	Healthcare Coverage Questionnaire					
lame: SSN:						
Heal	Ithcare Information					
	Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at Al		
	17					
		place (Exchange)				
If you Ans	 ☐ Employer ☐ Medicare ☐ Medicaid ☐ Market ☐ Medicaid ☐ Market ☐ Was your previous insurance policy canceled in 2023? ☐ Was coverage offered by your employer or your spouse's employer 					
Ans	bu didn't have coverage part or all of the year: swer YES if the following applies to any member of the household Was your previous insurance policy canceled in 2023?					
Ans	w didn't have coverage part or all of the year: swer YES if the following applies to any member of the household Was your previous insurance policy canceled in 2023? Was coverage offered by your employer or your spouse's emp	oloyer?				
Ans	w didn't have coverage part or all of the year: swer YES if the following applies to any member of the household Was your previous insurance policy canceled in 2023? Was coverage offered by your employer or your spouse's emp Are you a member of a federally recognized Indian tribe?	oloyer?				
Ans	wu didn't have coverage part or all of the year: swer YES if the following applies to any member of the household Was your previous insurance policy canceled in 2023? Was coverage offered by your employer or your spouse's employer or your a member of a federally recognized Indian tribe? Are you a member of a federally recognized Indian healthcare provided in the your amember of a healthcare sharing ministry? Did you live in the United States the entire year?	oloyer?				
Ans	w didn't have coverage part or all of the year: swer YES if the following applies to any member of the household Was your previous insurance policy canceled in 2023? Was coverage offered by your employer or your spouse's employer or your and a federally recognized Indian tribe? Are you a member of a federally recognized Indian healthcare provided in the your and a member of a healthcare sharing ministry? Did you live in the United States the entire year? Are you enrolled in TRICARE?	oloyer?				
If you Ans	wu didn't have coverage part or all of the year: swer YES if the following applies to any member of the household Was your previous insurance policy canceled in 2023? Was coverage offered by your employer or your spouse's employer or your spouse's employer or your spouse's employer or your spouse's employer or your and a member of a federally recognized Indian tribe? Are you eligible for services through an Indian healthcare provided in Are you a member of a healthcare sharing ministry? Did you live in the United States the entire year? Are you enrolled in TRICARE? Did you apply for CHIP coverage?	oloyer?				
Ans	wu didn't have coverage part or all of the year: swer YES if the following applies to any member of the household Was your previous insurance policy canceled in 2023? Was coverage offered by your employer or your spouse's employer and a member of a federally recognized Indian tribe? Are you aligible for services through an Indian healthcare provided in the United States the entire year? Are you enrolled in TRICARE? Did you apply for CHIP coverage? Do any of the following apply to you? Do NOT indicate which is	oloyer?				
Ans	wu didn't have coverage part or all of the year: swer YES if the following applies to any member of the household Was your previous insurance policy canceled in 2023? Was coverage offered by your employer or your spouse's employer or your spouse's employer or your spouse's employer or your spouse's employer or your and an anish tribe? Are you a member of a federally recognized Indian tribe? Are you eligible for services through an Indian healthcare provided in the United States the entire year? Did you live in the United States the entire year? Are you enrolled in TRICARE? Did you apply for CHIP coverage? Do any of the following apply to you? Do NOT indicate which the Became homeless	oloyer? nider?				
Ans	wu didn't have coverage part or all of the year: swer YES if the following applies to any member of the household Was your previous insurance policy canceled in 2023? Was coverage offered by your employer or your spouse's employer or your and an an an analysis of the you allowed an Indian healthcare provided in Are you a member of a healthcare sharing ministry? Did you live in the United States the entire year? Are you enrolled in TRICARE? Did you apply for CHIP coverage? Do any of the following apply to you? Do NOT indicate which the Became homeless Evicted in the past six months, or facing eviction or forecloses.	oloyer? nider?				
Ans	wu didn't have coverage part or all of the year: swer YES if the following applies to any member of the household Was your previous insurance policy canceled in 2023? Was coverage offered by your employer or your spouse's employer and a member of a federally recognized Indian tribe? Are you a member of a federally recognized Indian tribe? Are you eligible for services through an Indian healthcare provided in the United States the entire year? Did you live in the United States the entire year? Are you enrolled in TRICARE? Did you apply for CHIP coverage? Do any of the following apply to you? Do NOT indicate which a Became homeless Evicted in the past six months, or facing eviction or foreclowing a shut-off notice from a utility company	oloyer? nider?				
Ans	wu didn't have coverage part or all of the year: swer YES if the following applies to any member of the household Was your previous insurance policy canceled in 2023? Was coverage offered by your employer or your spouse's employer or your spouse's employer or your spouse's employer or your and an an an an an analyse of a federally recognized Indian tribe? Are you eligible for services through an Indian healthcare provided in the United States the entire year? Did you live in the United States the entire year? Are you enrolled in TRICARE? Did you apply for CHIP coverage? Do any of the following apply to you? Do NOT indicate which are Became homeless Evicted in the past six months, or facing eviction or foreclose. Received a shut-off notice from a utility company Recently experienced domestic violence	oloyer? nider?				
Ans	wu didn't have coverage part or all of the year: swer YES if the following applies to any member of the household Was your previous insurance policy canceled in 2023? Was coverage offered by your employer or your spouse's employer and a member of a federally recognized Indian tribe? Are you a member of a federally recognized Indian tribe? Are you eligible for services through an Indian healthcare provided in the United States the entire year? Did you live in the United States the entire year? Are you enrolled in TRICARE? Did you apply for CHIP coverage? Do any of the following apply to you? Do NOT indicate which entire year homeless Evicted in the past six months, or facing eviction or foreclow. Received a shut-off notice from a utility company Recently experienced domestic violence Recently experienced the death of a close family member	oloyer? one.		to your property		
Ans	wu didn't have coverage part or all of the year: swer YES if the following applies to any member of the household Was your previous insurance policy canceled in 2023? Was coverage offered by your employer or your spouse's employer or your spouse's employer or your spouse's employer or your and an an an an an analyse of a federally recognized Indian tribe? Are you eligible for services through an Indian healthcare provided in the United States the entire year? Did you live in the United States the entire year? Are you enrolled in TRICARE? Did you apply for CHIP coverage? Do any of the following apply to you? Do NOT indicate which are Became homeless Evicted in the past six months, or facing eviction or foreclose. Received a shut-off notice from a utility company Recently experienced domestic violence	oloyer? one.		to your property		

· Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

e:	SSN:
ges & Salaries de all copies of Form W-2	
de all copies of Form W-2	2023 Federal
Employer Name	Wages
tirement	
ide all copies of Form 1099-R	2023 Distribution
Payer Name	Distribution
Yes No Did you take a distribution from an IRA and give it to an organization eligible to record Yes No Did you use any of the distributions for disaster relief?	ceive tax-deductible contributions?
les No blayed asc any or the statement of	

Name: SSN:				
Divi crovid	2023 Ordinary	2023 Qualified		
SJ	Account Number Payer Name	Dividends	Dividends	
			#	
		10	-	
			·	
		<u> </u>	-	
nte	rest Income			
	rest Income e all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.		2023	
ovid			2023 Interest	
ovid	e all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account Number			
ovid	e all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account Number			
ovid	e all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account Number			
ovid	e all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account Number			
ovid	e all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account Number			
ovid	e all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account Number			
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ovid	e all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account Number			
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ovid	e all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account Number			
ovid	e all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account Number			

Sale of Capital Asse	Sale of	Capita	Assets
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lame:			SS	SN:
Sale of Capital Assets (including items not reported or	n Form 1099-B)			
rovide all brokerage statements SJ Description of Property	Date Purchased	Date Sold	Sales Price	Cost
30 Bestingtion of the party				
_				
_				
			9	
			-	
_				_
				-
_				-
				_
_			-	
_			-	
				_
				_
				_
			-	_
				_
			-	
THE RESERVE AND ADDRESS OF THE PARTY OF THE				
stallment Sale Income				
Description of property: Date sold			2023	Prior Year
ling price				
rtgages assumed		–		
st of property sold				
preciation allowed				
mmissions and expense of sale				
oss profit percentage				
erest received				
incipal payments received		–		
operty was sold to a related party				

Other Income and Adjustments

me:	SSN:	
Other Income		
	2023 Taxpayer	2023 Spouse
Social Security Benefits (attach Forms 1099-SSA)		
Railroad Retirement Benefits (attach Forms 1099-RRB)		
State income tax refund (attach Forms 1099-G)		
Alimony received Divorce or separation date Amount		
Unemployment compensation (attach Forms 1099-G)		
Jnemployment compensation repaid in 2023		
Gambling winnings (attach Forms W2-G)		
Alaska Permanent Fund		
lury duty pay		
ABLE distributions		
Scholarships or grants not reported on Form W-2		
Other income:		
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2023 Taxpayer	2023 Spouse
Contributions made to a Health Savings Account (HSA)		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents		
Alimony paid		
Name SSN Divorce or separation date		
Name		
SSN Divorce or separation date		
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K		100
Contributions made to an Individual Retirement Account (IRA)		
Contributions made to a Roth IRA		
Interest paid on a student loan		
Other adjustments:		

Sch	nedule C - Profit or Loss from Business
Name:	SSN:
General Business Information	
TS Professional product or service	Employer ID number
Business name	
Business address, city, state, ZIP	
Accounting Method:	rual Other (specify)
☐ This business started or was acquired durin	g 2023.
Select if this business is for: Professional gambler Exempt Notary income	Newspaper delivery and you are under 18 years of ageA clergy
Yes No Payments of \$600 or more were paid If "Yes," did you file Forms 1099	d to an individual, who is not your employee, for services provided for this business. for the individuals?
Did you receive a Paycheck Protection If 'Yes," was any portion of the loa	on Program (PPP) loan for this business prior to June 1, 2021? an forgiven in 2023?
Income	2023
Gross receipts or sales	2023
Returns & allowances	
Expenses	
Laponoce	2023
Advertising	Repairs & maintenance
Car & truck expenses	Supplies
Commissions & fees	Taxes & licenses
Contract labor	Travel
Depletion	Total meals
Employee benefit programs	Utilities
Insurance (other than health)	Wages
Interest - mortgage	Family health coverage payments for taxpayer, spouse or dependents
Interest - other	Other expenses (list)
Legal & professional services	
Office expenses	
Pension & profit-sharing plans	
Rent or lease (vehicles, machinery, & equipment)	
Rent (other business property)	
Cost of Goods Sold	
	2023
Inventory at beginning of year	Materials & supplies
Purchases	Other costs
Cost of personal use items	Inventory at end of year
Cost of labor	There was a change in inventory method.

ame:				SSN:
General Property Information				
SJroperty description				
ddress, city, state, ZIP				
elect the property type Single family residence Multi-family residence Commercial	erm rental Number of days p	Land Royalt		Self-rental Other
umber of days property was rented the rental is a multi-dwelling unit and you occupied part of the				
This property was placed in service during 2023. This property was disposed of during 2023. This property is your main home or second home. This property was owned as a qualified joint venture.	Yes	No Paymer not you	nts of \$600 or n r employee, for	nore were paid to an individual, who is services provided for this rental. Forms 1099 for the individuals?
Income				202:
tent income	2023	Royalties fro mineral, copy	m oil, gas, yright or patent	
Expenses	Rental Unit		Homeowner	
Advertising Auto & travel Cleaning & maintenance Commissions Assurance Anagement fees Mortgage interest Other interest Capplies Caxes Otilities Dilitities	Expenses	Exper	ises	If this Schedule E is for a a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Depletion				
		<u> </u>		

Income or Loss from Investments in Partnerships, S Corporations, and Fiduciaries SSN: Name: Schedule K-1 from Partnerships, S Corporations, Estates and Trusts Provide all copies of Schedule K-1 and attachments EIN **Entity Name** TS

Schedule F - Profit or	Loss from Farming
Name:	SSN:
General Information	
TS Principal product	Employer ID number
Accounting method, if not cash: Accrual	
This farm was disposed of during 2023.	
Yes No Payments of \$600 or more were paid to an individual, who is not you lif "Yes," did you file Forms 1099 for the individuals? Did you receive a Paycheck Protection Program (PPP) loan for this	
If "Yes," was any portion of the loan forgiven in 2023?	
Income 2023	2023
Sale of livestock / other items	Custom hire income
Cost of items bought for resale	Beginning inventory for accrual
Sale of products you raised	Ending inventory for accrual
Total cooperative distributions	You used unit-livestock-price or farm-price inventory method.
(Provide 1099-PATR) Total agricultural payments	Other income
Commodity Credit Corporation (CCC) loans:	
CCC loans reported	
CCC loans forfeited	
Expenses	2023
2023	
Car & truck expenses	Rent - other (land, animals, etc.)
Chemicals	Seeds & plants purchased
Conservation expenses	
Custom hire (machine work)	Storage & warehousing
Employee benefit programs	
Feed purchased	Taxes
Fertilizers & lime	Veterinary, breeding, & medicine
Freight & trucking	
Gasoline, fuel, & oil	for taxpayer, spouse or dependents
Insurance (other than health)	
Interest - mortgage (paid to banks, etc.)	
Interest - other	
Non-W-2 labor hired	
W-2 wages paid	
Pension & profit-sharing plans	
Rent - vehicles, machinery, & equipment	

Form 4835 - Farm R	Rental Income and Expenses
Name:	SSN:
General Information	
TSJ Employer ID Number	
Description	
☐ This farm was disposed of during 2023	
Income	2023
Income from production of livestock, produce, grains, & other crops	Crop insurance proceeds:
Total cooperative distributions	Amount received in 2023
Total agricultural payments	You elect to defer to 2024
Commodity Credit Corporation (CCC) loans:	Amount deferred from 2022
CCC loans reported	Other income
CCC loans forfeited	
Expenses	3 2023
202	,
Car & truck expenses	Seeds & plants purchased
Chemicals · · · · · · · · · · · · · · · · · · ·	Storage & warehousing
Conservation expenses	Supplies purchased
Custom hire (machine work)	Taxes · · · · · · · · · · · · · · · · · · ·
Employee benefit programs	Utilities · · · · · · · · · · · ·
Feed purchased	Veterinary, breeding, & medicine
Fertilizers & lime	Other expenses (list)
Freight & trucking	
Gasoline, fuel, & oil	
Insurance (other than health)	
Labor hired (less jobs credit)	
Rent - vehicles, machinery & equipment	
1 2 3 7 3 1 1 1 1 1 2 1 3 1 1 1 1 1 1 1 1 1 1 1	
Repairs & maintenance	

Expenses Rela	ated to Business
Name:	SSN:
Auto Expense	
Name of business vehicle is used for	
Description of vehicle	Date vehicle was placed in service
Yes No Was this vehicle available for use during off-duty hours? Was another vehicle available for personal use?	Yes No Do you have evidence to support your deduction? If "Yes," is the evidence written?
Mileage Number of miles the vehicle was driven during 2023	
Business · · · · · · · · · · · · · · · · · ·	Other
Commuting · · · · · · · · · · · · · · · · · · ·	
Expenses Garage rent	Tires
Name of business home is used for	
What is the total square footage of your home that was used regularly and What is the total square footage of your home? For daycare facilities not used exclusively for business, complete the follow How many days during the year was the area used? How many hours per day was the area used? The daycare facility was in operation for the entire year	wing questions
Expenses Office expenses Mortgage interest	L . H . 110#

		Household Employment	
Name		SSN:	
TSJ		Employer Identification Number	
Yes	No		
		Did you pay any one household employee cash wages of \$2,600 or more in 2023?	
		Did you withhold federal income tax during 2023 for any household employee?	
		Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?	
		Did you pay unemployment contributions to only one state?	
		Did you pay all state unemployment contributions for 2023 by April 15, 2024?	
		Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	0000
			2023
		ages subject to Social Security tax	
		ages subject to Medicare tax	
		ages subject to Additional Medicare tax withholding	
		ne tax withheld	
		c leave wages · · · · · · · · · · · · · · · · · · ·	
Qualif	ied fam	illy leave wages · · · · · · · · · · · · · · · · · · ·	
Qualit	ied hea	lth plan expenses · · · · · · · · · · · · · · · · · ·	
TSJ		Employer Identification Number	
Yes	No		
		Did you pay any one household employee cash wages of \$2,600 or more in 2023?	
		Did you withhold federal income tax during 2023 for any household employee?	
		Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?	
		Did you pay unemployment contributions to only one state?	
		Did you pay all state unemployment contributions for 2023 by April 15, 2024?	
		Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	
			2023
		ages subject to Social Security tax	
		ages subject to Medicare tax	
		ages subject to Additional Medicare tax withholding	
		me tax withheld	
		k leave wages · · · · · · · · · · · · · · · · · · ·	
		nily leave wages · · · · · · · · · · · · · · · · · · ·	
Quali	fied hea	alth plan expenses · · · · · · · · · · · · · · · · · ·	

Schedule A - Itemized Deductions

Name:	SSN:
Medical and Dental Expenses	Charitable Contributions
Health insurance premiums (paid by you, not through work)	Donations to charity Cash Noncash Amount
Amount above that is for Medicare premiums	Boy or Girl Scouts
Long-term care premiums (you)	Goodwill
Long-term care premiums (your spouse) • • • • • • •	Red Cross
Long-term care premiums (dependents)	Salvation Army
Mileage driven for medical purposes	United Way
Out of pocket medical & dental expenses Doctor, dental, etc	Veterans
Prescription medicines	Hospital
Glasses & contacts	University
Hearing aids	Other L
Medical equipment & supplies	Miles driven for charitable purposes
Hospital services	Other Miscellaneous Deductions
Laboratory services	Amortizable bond premiums
Nursing services	Federal estate tax
Other	Gambling losses · · · · · · · · · · · · · · · · · ·
Other	Impairment-related work expenses
	Claim repayments
Taxes Paid	Unrecovered pension investments • • • • • • •
State and local income taxes	Loss from other activities from Schedule K-1
General sales tax (vehicle, boat, home, etc.) • • • • • •	Ordinary loss debt instrument
Real estate taxes	Excess deduction on termination
Personal property taxes	Job Expenses & Certain Miscellaneous Deductions Necessary job expenses you paid that were not reimbursed by your
deductible for state* * * * * * * * * * * * * * * * * * *	employer
Other taxes (list)	Safety equipment, tools, & supplies
	Uniforms
	Protective clothing (shoes, hardhats, glasses, etc.)
Interest Paid	Dues to professional organizations • • • • • •
Home mortgage interest paid (attach Form 1098) • • • • Some of your home mortgage loan was not	Books & subscriptions
☐ used to buy, build, or improve your home.	Other
Home mortgage interest paid to an individual • • • • • Paid to:	Official dates
Name	Tax preparation fees
Address	Other nonpersonal expenses related to taxable income
City, State, ZIP	Safe deposit box fees
SSN or EIN	Investment expenses not entered elsewhere
Points not reported on Form 1098	Other
Investment interest	Home equity interest

Other Infe	ormatior			
Name:				SSN:
Mortgage Interest Provide all copies of Form 1098				
TSJ Lender's Name		Mortgage Interest Received	Mortgage Insurance Premiums	Real Estate Taxes Paid
Employee Business Expenses				
TS				
Select if you are: A qualified performing artist A fee-based state or local government official	Selec	et if you: Used your persor	nal vehicle for your jol	b during 2023
A disabled employee with impairment-related work expenses An Armed Forces reservist You are a member of the clergy	NOT reimi			by your employer n box 1 of your W-2
Parking fees, tolls, local transportation Meals Overnight business travel expenses (Do not include meals & entertainment)				
Other business expenses			_	
Casualties and Thefts		ACM TO THOSE		
TSJ FEMA code	TSJ	FEMA code		
Property description	-			
Property location	Property lo	cation		
Date property was acquired	Date prope	erty was acquired	-	
Date property was damaged or stolen	Date prope	erty was damaged	or stolen	
Cost of property damaged or stolen	Cost of pro	perty damaged or	stolen	
Fair market value before incident	Fair marke	t value before inci	dent	
Fair market value after incident	Fair marke	t value after incide	ent	
Insurance reimbursement	Insurance	reimbursement _		

	Other I	nformation	
Name:			SSN:
Health Savings Account			
TS			
The taxpayer's coverage is under a high-deductible h Taxpayer only Family HSA contributions made for 2023			2023
Total distributions from all HSAs during 2023			
Distributions included above that were rolled over into			
Qualified medical expenses paid using HSA distribution	ions		
Education Expenses Provide all copies of For			
Student name		Student name	
Type of Expense	Amount	Type of Expense	Amount
Student name		Student name	
Type of Expense	Amount	Type of Expense	Amount
Job-related Moving Expenses			
TSJ Select this box and complete the fields below if y and moved due to a military order for a permane	you are a member of the nt change of station.	the Armed Forces on active duty,	2023
Number of miles from old home to old workplace .			
Number of miles from old home to new workplace			
Expenses to transport and store household goods as	nd personal effects		
Travel and lodging expenses while traveling to your r	new home		

	Income	
me:		SSN:
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Form 1099-NEC Income		
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The McKillip Group Inc 3740 Dacoro Lane Suite 150 Castle Rock, CO 80109