

# General Information

## Taxpayer

## Spouse

First Name . . . . .  
Middle Initial . . . . .  
Last Name . . . . .  
Suffix . . . . .  
Social Security Number . . . . .  
Date of Birth . . . . .  
Date of Death . . . . .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check ("X") which phone number to list on return.

Home Phone . . . . .  
Work Phone . . . . .  
Cell Phone . . . . .  
Fax Number . . . . .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legally Blind . . . . .  
Totally Disabled . . . . .  
Claimed as a Dependent . . . . .  
Presidential Election Fund (\$3) . . . . .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation . . . . .  
E-mail address . . . . .  
State of Residence as of 12/31 . . . . .  
County of Residence as of 12/31 . . . . .  
School District as of 12/31 . . . . .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sales tax rate of locality in 2023 . . . . . %

\_\_\_\_\_ %

If Part Year, Period of Residency . . . . . to . . . . .

\_\_\_\_\_ to \_\_\_\_\_

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type . . . . .  Driver's license OR  State Issued ID  Driver's license OR  State Issued ID

ID number . . . . . \_\_\_\_\_

ID issuing state . . . . . \_\_\_\_\_

ID issue date . . . . . \_\_\_\_\_

ID expiration date . . . . . \_\_\_\_\_

## Filing Status

Status on 2022 return :

Status as of 12/31/2023 :  
Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately  
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_
- 5 Qualifying surviving spouse (QSS) Year spouse died \_\_\_\_\_

## Taxpayer's Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If address is in a foreign country, enter that country . . . . .

Foreign province/county . . . . . Foreign postal code \_\_\_\_\_

If a bona fide resident of a U.S. territory, enter territory . . . . .

## Preparer's Information

Preparer's name Robert H Bowers, E.A.

Firm's name Bowers & Associates, Inc.

Street 8616 La Tijera Blvd., Suite #504

City Los Angeles State CA Zip Code 90045

## Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign \_\_\_\_\_ Date \_\_\_\_\_

here \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Questions

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### **Personal Information**

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- 2 Did you purchase or sell your principal residence or did your address change?
- 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2023?
- 5 Were either you or your spouse in the military or National Guard?
- 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
- 7 Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### **Dependents**

- 1 Are there any changes in your dependents from last year?
- 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,250 in investment income?
- 3 Did you pay education expenses for your dependent children?
- 4 Did anyone in your family receive a scholarship of any kind during 2023?
- 5 Did you pay any dependent care expenses for a child or a parent?
- 6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
- 7 Are all of your dependents either US residents or citizens?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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### **Health Care Coverage**

- 1 Did you or a member of your family have minimum essential coverage in 2023? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.) REQUIRED FOR CALIFORNIA RESIDENTS.

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### **Income (In 2023, did you or your spouse have any of the following?)**

- 1 Wages? (include form(s) W-2)
- 2 Non-employee compensation? (include form(s) 1099-NEC)
- 3 Miscellaneous Income? (include form(s) 1099-MISC)
- 4 Interest income? (include form(s) 1099-INT)
- 5 Dividend income? (include form(s) 1099-DIV)
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
- 8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
- 9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 10 Disability income? (include form(s) W-2 or 1099)
- 11 Unemployment compensation? (include form(s) 1099-G)
- 12 Alimony?
- 13 Did you receive tip income NOT reported to your employer?
- 14 Did you receive payments from a Long-Term Care insurance contract?
- 15 Did you barter your services for goods or services from someone else?
- 16 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 17 Did you receive employer-provided adoption benefits for a previous year?
- 18 Did you cash in any U.S. savings bonds?
- 19 Did you make a loan to someone at an interest rate below market rate?
- 20 Did you receive a housing allowance for ministerial services you provided?
- 21 Did you receive any income not reported in this Organizer?
- 22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 23 Did you receive, sell, send, exchange, or otherwise acquire/dispose any financial interest in any digital asset? (i.e. Bitcoin)

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### **Foreign Reporting**

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### **Retirement & Other Plans**

- 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
- 2 Did you rollover a retirement plan distribution into another plan?
- 3 Did you convert a traditional IRA to a Roth IRA?
- 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- 5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
- 6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
- 7 Did you make any contributions to an HSA (Health Savings Account) in 2023?
- 8 Did you receive a qualified disaster distribution in 2023?
- 9 Did you receive an early distribution for a qualified birth or adoption distribution?

Yes	No	<b><u>Purchases, Sales, Gains and Losses</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	2 Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you receive Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you sell any assets using the installment method?
<input type="checkbox"/>	<input type="checkbox"/>	9 Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	10 Did you purchase a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did you purchase a new vehicle, aircraft or boat?
<input type="checkbox"/>	<input type="checkbox"/>	14 Did you purchase any electric vehicles?
<input type="checkbox"/>	<input type="checkbox"/>	15 Did you purchase any electric vehicles where the dealer retained the credit?
<input type="checkbox"/>	<input type="checkbox"/>	16 Did any debts become uncollectible during 2023?
<input type="checkbox"/>	<input type="checkbox"/>	17 Did any security become worthless during 2023?
<input type="checkbox"/>	<input type="checkbox"/>	18 Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes	No	<b><u>Business and Rental Property Income &amp; Deductions</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1 If you own rental property, do you qualify as a Real Estate Professional?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you sell any part of an existing business, or sell business assets?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you remove any of your business assets for personal use?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you use part of your home for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you make any contributions to a Keogh or a self-employed SEP plan for 2023?
<input type="checkbox"/>	<input type="checkbox"/>	8 Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>	<input type="checkbox"/>	9 If you or your spouse are self-employed, are either of you covered under an employer's health plan?
<input type="checkbox"/>	<input type="checkbox"/>	10 Did you purchase any furniture or equipment for your business?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you make any improvements to your rental properties?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you receive income from raising animals or crops?

Yes	No	<b><u>Other Deductions</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2023?
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2023?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>	<input type="checkbox"/>	9 Did you refinance a mortgage or take out a home equity loan during 2023?
<input type="checkbox"/>	<input type="checkbox"/>	10 Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you or your spouse pay any educational expenses for yourselves?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did you make any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	14 Did you pay alimony?
<input type="checkbox"/>	<input type="checkbox"/>	15 Did you donate non-cash donations?
<input type="checkbox"/>	<input type="checkbox"/>	16 Did you donate a vehicle?

Yes	No	<b><u>Miscellaneous</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you make gifts of more than \$17,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you engage the service of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	4 Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	5 Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2023?
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?

8 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

**Yes** **No** **Return preparation and filing**

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account:  Checking  Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return  Credit card

Installment Agreement

Direct debit (please provide a voided blank check)

Type of account:  Checking  Savings

3 Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name \_\_\_\_\_ Phone Number \_\_\_\_\_ Personal identification Number (5 digit PIN) \_\_\_\_\_



Name \_\_\_\_\_

SSN \_\_\_\_\_

**Federal, State and Local Estimated Taxes Paid**

**Federal Estimates**

Enter Payment Information	Filer and/or Joint Payments			Spouse Only Payments	
	Date Paid	Amount		Date Paid	Amount
1 Overpayment from last year . . . . .			1		
2 First quarter payment . . . . .			2		
3 Second quarter payment . . . . .			3		
4 Third quarter payment . . . . .			4		
5 Fourth quarter payment . . . . .			5		
6 _____			6		
7 _____			7		

**State Estimates**

Enter two-letter state abbreviation	State	State	State	State				
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year . . . . .	1							
2 First quarter payment . . . . .	2							
3 Second quarter payment . . . . .	3							
4 Third quarter payment . . . . .	4							
5 Fourth quarter payment . . . . .	5							
6 _____	6							
7 _____	7							
8 _____	8							

**Local Estimates**

Enter locality name	Locality	Locality	Locality	Locality				
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year . . . . .	1							
2 First quarter payment . . . . .	2							
3 Second quarter payment . . . . .	3							
4 Third quarter payment . . . . .	4							
5 Fourth quarter payment . . . . .	5							
6 _____	6							
7 _____	7							
8 _____	8							



Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

<b>"X"</b> <b>if</b> <b>spouse</b>	<b>Employer's Name</b>	<b>Box 1</b> <b>Wages, Tips</b> <b>Other Comp</b>	<b>Box 2</b> <b>Federal Income</b> <b>Tax Withheld</b>	<b>Box 16</b> <b>State</b> <b>Wages</b>	<b>Box 17</b> <b>State Income</b> <b>Tax Withheld</b>
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
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<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Retirement Income

#### 1099-R Information

<b>"X" if spouse</b>		<b>Payer's Name</b>	<b>Box 1 Gross Distribution</b>	<b>Box 4 Federal Income Tax Withheld</b>	<b>Box 16 State Distribution</b>	<b>Box 14 State Income Tax Withheld</b>
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
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<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box:  Filer  Spouse

#### General Information

Employer Identification Number \_\_\_\_\_ (do not enter Social Security Number)

Principal business or profession \_\_\_\_\_

Business name . . . . . \_\_\_\_\_

Business address . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country . . . . . \_\_\_\_\_

Foreign Province/State . . . . . \_\_\_\_\_ Postal Code \_\_\_\_\_

#### General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method . . . . .  Cash  Accrual  Other - (Specify) \_\_\_\_\_
- 2 Did you "materially participate" in this business?  Yes  No
- 3 Check ('X') if you started or acquired this business in 2023.
- 4 Did you make any payments in 2023 that would require you to file Form(s) 1099?  Yes  No

#### Business Income

\* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

- 5 \_\_\_\_\_ 5
- 6 \_\_\_\_\_ 6
- 7 \_\_\_\_\_ 7
- 8 \_\_\_\_\_ 8
- 9 \_\_\_\_\_ 9
- 10 \_\_\_\_\_ 10
- 11 \_\_\_\_\_ 11
- 12 \_\_\_\_\_ 12
- 13 \_\_\_\_\_ 13
- 14 \_\_\_\_\_ 14
- 15 Income reported on 1099 MISC . . . . . 15
- 16 Gross amount of payment card/third party network transactions from Form 1099-K . . . . . 16
- 17 Professional gambler winnings from Form W2-G . . . . . 17
- 18 Gross installment sales less cost of goods sold . . . . . 18
- 19 Returns and allowances . . . . . 19
- 20 Other income . . . . . 20

	Current Year Amount	Prior Year Amount
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

#### Inventory (Enter "X" where applicable)

- 21 Method(s) used to value closing inventory . . . . .  Cost  Lower of cost or market  Other
- 22 Any change in determining quantities, costs, or valuations between opening and closing inventory?  Yes  No

- 23 Inventory at the beginning of year . . . . . 23
- 24 Purchases less cost of items withdrawn for personal use . . . . . 24
- 25 Cost of labor . . . . . 25
- 26 Materials and supplies . . . . . 26
- 27 Other Costs . . . . . 27
- 28 Inventory at end of year . . . . . 28

	Current Year Amount	Prior Year Amount
23		
24		
25		
26		
27		
28		

#### Assets Placed in Service This Year

Description:

- A \_\_\_\_\_ A
- B \_\_\_\_\_ B
- C \_\_\_\_\_ C
- D \_\_\_\_\_ D
- E \_\_\_\_\_ E
- F \_\_\_\_\_ F
- G \_\_\_\_\_ G

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Self-Employed Business Expenses Cont. (Schedule C)**

Expenses		Current Year Amount	Prior Year Amount
29	Advertising . . . . .		
30	Contract labor . . . . .		
31	Commissions and fees . . . . .		
32	Depletion . . . . .		
33	Employee benefit programs (other than on line 39) . . . . .		
34	Insurance (other than health) . . . . .		
<b>Interest:</b>			
35	Mortgage (paid to banks, etc.) . . . . .		
36	Other . . . . .		
37	Legal and professional services . . . . .		
38	Office expense . . . . .		
39	Pension and profit-sharing plans . . . . .		
<b>Rent or Lease:</b>			
40	Machinery rental or lease . . . . .		
41	Equipment rental or lease . . . . .		
42	_____ . . . . .		
43	_____ . . . . .		
44	_____ . . . . .		
	Other business property rental or lease		
45	_____ . . . . .		
46	_____ . . . . .		
47	_____ . . . . .		
48	Repairs and maintenance . . . . .		
49	Supplies (not included in inventory cost of goods sold) . . . . .		
50	Taxes and licenses . . . . .		
<b>Travel and Meals:</b>			
Travel			
51	_____ . . . . .		
52	_____ . . . . .		
53	_____ . . . . .		
54	_____ . . . . .		
Meals			
55	Enter "X" in the box if subject to DOT hours of service limits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
56	Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied . . . . .		
Meals subject to percentage limitation			
57	_____ . . . . .		
58	_____ . . . . .		
59	_____ . . . . .		
60	_____ . . . . .		
61	_____ . . . . .		
Meals not subject to percentage limitation (100% allowed)			
62	_____ . . . . .		
63	_____ . . . . .		
64	_____ . . . . .		
65	_____ . . . . .		
66	Utilities . . . . .		
67	Wages . . . . .		
<b>Other Expenses:</b>			
68	_____ . . . . .		
69	_____ . . . . .		
70	_____ . . . . .		
71	_____ . . . . .		
72	_____ . . . . .		
73	_____ . . . . .		
74	_____ . . . . .		
75	_____ . . . . .		
76	_____ . . . . .		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

Name \_\_\_\_\_

SSN \_\_\_\_\_

Home Office Number \_\_\_\_\_

Description of Home Office \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check ("X") box:  Daycare

### Home Office Expenses

**Area of Home**

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples . . . . . 1

2 Total area of home . . . . . 2

**Daycare only - Part of Home Used Nonexclusively for Daycare**

3 Multiply days used for daycare during year by hours used per day . . . . . 3

4 Enter total hours home was available for daycare during year . . . . . 4

**Expenses related to entire home including business portion (Indirect)**

5 Casualty losses . . . . . 5

6 Excess mortgage interest . . . . . 6

7 Excess real estate taxes . . . . . 7

8 Insurance . . . . . 8

9 Rent . . . . . 9

10 Repairs and maintenance . . . . . 10

11 Utilities . . . . . 11

12 Other Expenses:

a \_\_\_\_\_ 12a

b \_\_\_\_\_ 12b

c \_\_\_\_\_ 12c

d \_\_\_\_\_ 12d

e \_\_\_\_\_ 12e

**Business Allocation:**

Business 1: \_\_\_\_\_

Business 2: \_\_\_\_\_

Business 3: \_\_\_\_\_

Business 4: \_\_\_\_\_

Current Year Amount	Prior Year Amount




Current Year Allocation %	Prior Year Allocation %

**Business:** \_\_\_\_\_

**Additional expenses related to business portion only (Direct)**

13 Casualty losses . . . . . 13

14 Excess mortgage interest . . . . . 14

15 Excess real estate taxes . . . . . 15

16 Insurance . . . . . 16

17 Rent . . . . . 17

18 Repairs and maintenance . . . . . 18

19 Utilities . . . . . 19

20 Other Expenses:

a \_\_\_\_\_ 20a

b \_\_\_\_\_ 20b

c \_\_\_\_\_ 20c

d \_\_\_\_\_ 20d

e \_\_\_\_\_ 20e

Current Year Amount	Prior Year Amount


Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Property Description \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country \_\_\_\_\_

Foreign Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

	Current Year Info	Prior Year Info
<b>1a</b> Owner of property (Enter Filer, Spouse, or Joint) . . . . .		
<b>1b</b> Enter property type number (1 to 8) . . . . .	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
<b>2</b> Enter "X" if you actively participated? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . .	<input type="text"/>	<input type="text"/>
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . .	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
<b>4</b> Royalty received . . . . .		
<b>5</b> Rent received . . . . .		
<b>a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . .		
<b>b</b> Rental use percentage for property used partially for personal use only . . . . .		
<b>6</b> Other Income . . . . .		

Property Expense	Current Year Amounts	Prior Year Amounts
<b>7</b> Advertising . . . . .		
<b>8</b> Cleaning and maintenance . . . . .		
<b>9</b> Commissions . . . . .		
<b>10</b> Insurance . . . . .		
<b>11</b> Legal and other professional fees . . . . .		
<b>12</b> Management fees . . . . .		
<b>13 a</b> Qualified mortgage interest paid to banks, etc. . . . .		
<b>b</b> Other mortgage interest paid to banks, etc. . . . .		
<b>14</b> Other interest . . . . .		
<b>15</b> Repairs . . . . .		
<b>16</b> Supplies . . . . .		
<b>17 a</b> Real estate taxes . . . . .		
<b>b</b> Other Taxes . . . . .		
<b>18</b> Utilities . . . . .		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
<b>A</b> Description: _____		
<b>B</b> _____		
<b>C</b> _____		
<b>D</b> _____		
<b>E</b> _____		
<b>F</b> _____		
<b>G</b> _____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

### Other Expenses (Schedule E)

**Other Expenses:**

19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

**Travel Expenses:**

27 \_\_\_\_\_  
28 \_\_\_\_\_  
29 \_\_\_\_\_  
30 \_\_\_\_\_  
31 \_\_\_\_\_  
32 \_\_\_\_\_  
33 \_\_\_\_\_  
34 \_\_\_\_\_

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

**Meals Expenses:**

35 \_\_\_\_\_  
36 \_\_\_\_\_  
37 \_\_\_\_\_  
38 \_\_\_\_\_  
39 \_\_\_\_\_  
40 \_\_\_\_\_  
41 \_\_\_\_\_  
42 \_\_\_\_\_

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		



Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

**Vehicle Information (Schedule E)**

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Social Security and Railroad Retirement

**Filer**

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 4
- 5 Enter the total amount of Medicare B Premiums withheld. . . . . 5
- 6 Enter the total amount of Medicare D Premiums withheld. . . . . 6

Current Year Amount	Prior Year Amount

**Spouse**

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 10
- 11 Enter the total amount of Medicare B Premiums withheld. . . . . 11
- 12 Enter the total amount of Medicare D Premiums withheld. . . . . 12


Name \_\_\_\_\_

SSN \_\_\_\_\_

**Additional Income**

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Refund from state . . . . .				
2	Unemployment compensation . . . . .				
3	Other income (Prizes and Awards, etc.) . . . . .				
4	Scholarships and fellowships . . . . .				
5	Income from rental of personal property, if not in the business of renting such property . . . . .				
6	Net operating loss carryover (negative no.) . . . . .				
7	Canceled debts (1065 K-1) . . . . .				
8	_____				
9	_____				
10	_____				
11	Other income not provided for in this Organizer				

**Adjustments to Income**

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Educator expenses . . . . .				
2	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .				
3	Health Savings account deduction . . . . .				
4	Moving expenses (members of armed forces) . . . . .				
5	Self-employed SEP, SIMPLE, or other qualified plans . . . . .				
6	Self-employed health insurance deduction . . . . .				
7	Penalty on early withdrawal of savings . . . . .				
8	Alimony paid . . . . .				
9	IRA contribution . . . . .				
10	Student loan interest deduction . . . . .				
11	Tuition and fees (Total education expenses) . . . . .				
12	Foreign housing deduction . . . . .				
13	Jury duty pay given to your employer . . . . .				
14	Reforestation amortization . . . . .				
15	Repayment of sub-pay under the Trade Act of 1974 . . . . .				
16	Contributions to Section 501(c)(18)(D) pension plans . . . . .				
17	Attorney fees and court costs paid for actions involving certain unlawful discrimination claims, but only to the extent of gross income from such actions . . . . .				
18	Expenses from the rental of personal property but were not in the business of renting such property . . . . .				
19	Contributions by chaplains to section 403(b) plans . . . . .				
20	Archer MSA deduction . . . . .				
21	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the amount of the award includible in your gross income . . . . .				
22	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money . . . . .				
23	Excess deductions on termination of an estate/trust - Section 67(e) expenses . . . . .				
24	_____				
25	_____				
26	_____				
27	_____				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### IRA and Other Contribution Information

#### Traditional IRA Contributions

**Filer**

- 1 Enter total traditional IRA contributions made for 2023 . . . . . 1
- 2 Enter contributions, on line 1, made after 12/31/2023 and before 04/15/2024 . . . . . 2
- 3 Enter value of all traditional IRAs on 12/31/2023 . . . . . 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2024 . . . . . 4

Current Year Amount	Prior Year Amount

**Spouse**

- 5 Enter total traditional IRA contributions made for 2023 . . . . . 5
- 6 Enter contributions, on line 5, made after 12/31/2023 and before 04/15/2024 . . . . . 6
- 7 Enter value of all traditional IRAs on 12/31/2023 . . . . . 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2024 . . . . . 8


#### Roth IRA Contributions

**Filer**

- 1 Enter 2023 Roth IRA contributions . . . . . 1
- 2 Enter value of all Roth IRAs on 12/31/2023 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2023 Roth IRA contributions . . . . . 3
- 4 Enter value of all Roth IRAs on 12/31/2023 . . . . . 4


#### SIMPLE IRA

**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2023 . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2023 . . . . . 2

--	--

#### Education (Coverdell ESA)

**Filer**

- 1 Enter 2023 Coverdell ESA contributions . . . . . 1
- 2 Enter value of the Coverdell ESA on 12/31/2023 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2023 Coverdell ESA contributions . . . . . 3
- 4 Enter value of the Coverdell ESA on 12/31/2023 . . . . . 4


#### Other

**Filer**

- 1 Repayment of qualified reservist distributions . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Repayment of qualified reservist distributions . . . . . 2

--	--

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Medical and Dental - Itemized Deductions

		Current Year Amount	Prior Year Amount
<b>1</b>	Prescription medications . . . . .		
<b>2</b>	Fees for doctors, dentists, etc. . . . .		
<b>3</b>	Fees for hospitals, clinics, etc. . . . .		
<b>4</b>	Lab and X-ray fees . . . . .		
<b>5</b>	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. . . . .		
<b>6</b>	Medical equipment and supplies . . . . .		
<b>7</b>	Medical mileage (number of miles driven)		
<b>8</b>	Medical parking, tolls and local transportation . . . . .		
<b>9</b>	Lodging for medical purposes . . . . .		
<b>10</b>	Health/Dental/Other ins. premiums (do not include self-employed plans) . . . .		
<b>11</b>	Long Term Care insurance premiums (taxpayer) . . . . .		
<b>12</b>	Long Term Care insurance premiums (spouse) . . . . .		
<b>13</b>	Expenses to stop smoking . . . . .		
<b>14</b>	Health insurance premiums - coverage established under your business (1) . . .		
<b>15</b>	Health insurance premiums - coverage established under your business (2) . . .		
<b>16</b>	Long Term Care insurance premiums - coverage est. under your business (1) . .		
<b>17</b>	Long Term Care insurance premiums - coverage est. under your business (2) . .		
<b>18</b>	_____		
<b>19</b>	_____		
<b>20</b>	_____		
<b>21</b>	_____		
<b>22</b>	Insurance reimbursement for any medical and dental expense listed above		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Taxes - Itemized Deductions

		Current Year Amount	Prior Year Amount
<b>Real Estate Taxes</b>			
23	Principal residence . . . . .	23	
24	Real estate taxes from Schedule E properties . . . . .	24	
<b>Real Estate Not Held For Investment</b>			
25	_____	25	
26	_____	26	
27	_____	27	
28	_____	28	
29	_____	29	
<b>Real Estate Held For Investment</b>			
30	_____	30	
31	_____	31	
32	_____	32	
33	_____	33	
34	_____	34	
<b>Personal property taxes</b>			
35	Non-business portion of vehicle personal property taxes . . . . .	35	
36	_____	36	
37	_____	37	
38	_____	38	
39	_____	39	
40	_____	40	
<b>Non-Personal Property Taxes</b>			
41	K1 (1065) - Other deductions/taxes . . . . .	41	
42	K1 (1120S) - Other deductions/taxes . . . . .	42	
43	K1 (1041) - Other deductions/taxes . . . . .	43	
44	Foreign Taxes . . . . .	44	
45	From Schedule E properties . . . . .	45	
46	_____	46	
47	_____	47	
48	_____	48	

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest - Itemized Deductions****Home Mortgage Interest and Points Reported on Form 1098**

**49** Lender \_\_\_\_\_ **49**  
**50** Lender \_\_\_\_\_ **50**  
**51** Lender \_\_\_\_\_ **51**  
**52** Lender \_\_\_\_\_ **52**

Current Year Amount	Prior Year Amount

**Home Mortgage Interest Not Reported on Form 1098**

**53** Name: \_\_\_\_\_ **53**  
Address: \_\_\_\_\_  
SSN: \_\_\_\_\_

--	--

**54** Mortgage insurance premiums paid on 2023 acquisition indebtedness for principal residence . . . . . **54**

--	--

**Refinancing Points**

**55** Description . . . . . **55**  
Points paid . . . . .  
Date of loan . . . . .  
Total number of scheduled loan payments . . . . .  
Number of payments made in 2023 . . . . .  
**56** Description . . . . . **56**  
Points paid . . . . .  
Date of loan . . . . .  
Total number of scheduled loan payments . . . . .  
Number of payments made in 2023 . . . . .  
**57** Description . . . . . **57**  
Points paid . . . . .  
Date of loan . . . . .  
Total number of scheduled loan payments . . . . .  
Number of payments made in 2023 . . . . .  
**58** Description . . . . . **58**  
Points paid . . . . .  
Date of loan . . . . .  
Total number of scheduled loan payments . . . . .  
Number of payments made in 2023 . . . . .


**59** Investment interest paid . . . . . **59**

--	--

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

(State use only)

	Filer		Spouse	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
60 Union and professional dues . . . . . 60				
61 Professional subscriptions . . . . . 61				
62 Uniform and protective clothing . . . . . 62				
63 Job search costs . . . . . 63				
64 _____ 64				
65 _____ 65				
66 _____ 66				
67 _____ 67				
68 _____ 68				
69 _____ 69				

### Certain Miscellaneous Deductions - Itemized Deductions

(State use only)

	If investment related enter "X"	Current Year Amount	Prior Year Amount
70 Tax preparation fees . . . . . 70			
71 Certain attorney and accounting fees . . . . . 71			
72 Safe deposit box rental . . . . . 72			
73 IRA Custodial fees . . . . . 73			
74 Investment counsel and advisory fees . . . . . 74			
75 Losses on deposits in insolvent or bankrupt financial institutions . . . . . 75			
76 Convenience fees paid with credit or debit card for federal taxes in 2023 . . . . . 76			
77 _____ 77			
78 _____ 78			
79 _____ 79			
80 _____ 80			
81 _____ 81			
82 _____ 82			
83 _____ 83			
84 _____ 84			
85 _____ 85			
86 _____ 86			

### Other Miscellaneous Deductions

87 Federal estate tax on income in respect of a decedent . . . . . 87		
88 Amortizable bond premiums on bonds acquired before 10/23/86 . . . . . 88		
89 Gambling losses (if gambling income) . . . . . 89		
90 Repayment of income . . . . . 90		
91 From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . . 91		
92 Certain unrecovered investment in a pension . . . . . 92		
93 _____ 93		
94 _____ 94		
95 _____ 95		
96 _____ 96		
97 _____ 97		
98 _____ 98		



Name \_\_\_\_\_

SSN \_\_\_\_\_

# Charity - Itemized Deductions

*\* Total contributions \$500 or less. See Non-Cash Charity if over \$500.*

Current Year Amount	Prior Year Amount

1 Gifts To Charity Other Than By Cash or Check\* . . . . . 1

2 Total Miles driven for charitable activities . . . . . 2

3 Parking fees, tolls and local transportation for charitable activities . . . . . 3

## Gifts To Charity By Cash or Check

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____
29	_____
30	_____
31	_____
32	_____
33	_____
34	_____
35	_____
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37	_____
38	_____
39	_____
40	_____
41	_____

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Name \_\_\_\_\_

SSN \_\_\_\_\_

### Noncash Charitable Contributions (Total of Contributions more than \$500)

**Information on Donated Property**

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
<b>1</b>	Name Address City State Zip Code	
<b>2</b>	Name Address City State Zip Code	
<b>3</b>	Name Address City State Zip Code	
<b>4</b>	Name Address City State Zip Code	
<b>5</b>	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Employee Business Expenses

Enter "X" in one box:  Filer  Spouse

Occupation in which you incurred the expenses \_\_\_\_\_

Enter "X" if expenses incurred while working as a reservist, performing artist or fee-based gov't official

**IMPORTANT: Per TCJA updates only reservists, qualified performing artists, fee-basis gov't officials, and employees with impairment-related work expenses can deduct the following business expenses on the federal return. All others, enter information below for certain applicable states that allow the deduction(s).**

		Current Year Amount	Prior Year Amount
<b>Meals</b>			
1	Meals . . . . .		
2	Enter "X" in the box if subject to DOT hours of service limits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Travel Expenses</b>			
3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work. . . . .		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals . . . . .		
<b>Other Employment Related Expenses</b>			
5	Business gifts . . . . .		
6	Employment related education expenses . . . . .		
7	Trade publications . . . . .		
8	_____		
9	_____		
10	_____		
11	_____		
12	_____		
<b>Employer Reimbursements</b>			
13	Enter employer reimbursements reported under code "L" in box 12 of Form W-2 . . . . .		
14	Enter other employer reimbursements not reported to you in box 1 of Form W-2 . . . . .		
15	Enter the total expense for meals and entertainment for the period covered by the reimbursements . . . . .		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Occupation in which you incurred these expenses \_\_\_\_\_

**Vehicle Information - Unreimbursed Employee Business Expenses**

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Average daily roundtrip commuting miles . . . . . 6				
7	Parking fees and tolls . . . . . 7				
8	Vehicle Interest . . . . . 8				
9	Vehicle Personal Property tax . . . . . 9				

**Actual Expenses**

10	Gasoline, oil and repairs . . . . . 10				
11	Vehicle Insurance . . . . . 11				
12	Vehicle registration fees . . . . . 12				
13	Vehicle lease or rental . . . . . 13				
14	_____ 14				
15	Value of employer-provided vehicle (if 100% is included in W-2) . . . . . 15				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Average daily roundtrip commuting miles . . . . . 6				
7	Parking fees and tolls . . . . . 7				
8	Vehicle Interest . . . . . 8				
9	Vehicle Personal Property tax . . . . . 9				

**Actual Expenses**

10	Gasoline, oil and repairs . . . . . 10				
11	Vehicle Insurance . . . . . 11				
12	Vehicle registration fees . . . . . 12				
13	Vehicle lease or rental . . . . . 13				
14	_____ 14				
15	Value of employer-provided vehicle (if 100% is included in W-2) . . . . . 15				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2022 and paid in 2023 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

#### Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	February . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	March . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	April . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	May . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	June . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	July . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	August . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	September . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	October . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	November . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	December . . . . .	_____

#### Non-Dependent Information and Qualifying Expenses

First Name	Last Name	Birthdate	SSN	Check if non-dependent was over age 12 and disabled	Amount incurred and paid in 2023
1 _____	_____	_____	_____	<input type="checkbox"/>	_____
2 _____	_____	_____	_____	<input type="checkbox"/>	_____
3 _____	_____	_____	_____	<input type="checkbox"/>	_____
4 _____	_____	_____	_____	<input type="checkbox"/>	_____

#### Persons or Organizations Who Provided the Care

Name	Address	SSN/EIN	Amount incurred and paid in 2023
1 Business: First: _____ Last: _____ State: _____ Zip: _____	City: _____	SSN: _____ EIN: _____	_____
2 Business: First: _____ Last: _____ State: _____ Zip: _____	City: _____	SSN: _____ EIN: _____	_____
3 Business: First: _____ Last: _____ State: _____ Zip: _____	City: _____	SSN: _____ EIN: _____	_____
4 Business: First: _____ Last: _____ State: _____ Zip: _____	City: _____	SSN: _____ EIN: _____	_____
5 Business: First: _____ Last: _____ State: _____ Zip: _____	City: _____	SSN: _____ EIN: _____	_____



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Household Employment Taxes

Enter "X" in one box:

Filer

Employer Identification Number \_\_\_\_\_

Spouse

A household employee, generally, does not include spouse, children, parents or a person under age 18.

### Social Security, Medicare, and Income Taxes

Enter "X" in the appropriate boxes

1 Did you pay ANY ONE household employee cash wages of \$2,600 or more in 2023? . . . 1  Yes  No  
If yes, skip to line 4.

2 Did you withhold Federal income tax during 2023 for any household employees? . . . . . 2  Yes  No  
If yes, skip to line 5.

3 Did you pay TOTAL cash wages of \$1,000 or more in ANY calendar QUARTER  
of 2022 or 2023 to household employees? . . . . . 3  Yes  No

	Current Year Amount	Prior Year Amount
4 Enter the total amount of wages paid to all employees, who were each paid in excess of \$2,600 during the year. . . . . 4		
5 Total Federal income tax withheld . . . . . 5		

Unemployment Tax - If wages above were in excess of \$1,000 in any one quarter, include the following information:

Enter "X" in the appropriate boxes

6 Did you pay unemployment contributions to only one state? . . . . . 6  Yes  No

7 Did you pay all state unemployment contributions by April 18, 2024? . . . . . 7  Yes  No

8 Were all wages that are taxable for federal unemployment also taxable  
for your state unemployment tax? . . . . . 8  Yes  No

If you checked the "Yes" box on ALL the lines above, complete Section A. Otherwise complete Section B.

### Section A

9 Name of State where you paid unemployment contributions . . . . . 9	
10 State reporting number as shown on State unemployment return . . . . . 10	
11 Amount of contributions paid to the State unemployment fund . . . . . 11	
12 Total cash wages subject to FUTA . . . . . 12	

### Section B

	State Unemployment	State Unemployment
13 Name of State where you paid unemployment contributions . . . . . 13		
14 State reporting number as shown on State unemployment return . . . . . 14		
15 Wages, subject to state unemployment tax, reported to State . . . . . 15		
16 State experience rate . . . . . 16		
17 State experience rate period a. From . . . . . 17a		
b. To . . . . . 17b		
18 Amount of contributions paid to the State unemployment fund . . . . . 18		