



GRAD & SHOEMAKER

35951 Five Mile Road
Livonia, Michigan 48154

Telephone: (734) 462-6161
Fax: (734) 462-6059

Dear ,

Happy New Year from our team at Grad & Shoemaker.

If you received this correspondence by email, both the Organizer and Yes/No Questionnaire are now a fillable PDF and can be completed electronically. If you use the client portal, please upload the completed PDF with your tax documents. If you give us physical tax documents, please print and include it with your tax documents.

If you receive your organizer by email and would like it mailed, please call our office.

Please note we require the following before filing or sending you your completed tax return:

- 1) Signed 2023 Engagement Letter (Included in Tax Organizer and on our website)
- 2) Completed Yes/No Questionnaire (Included in Tax Organizer and a fillable PDF is also available on our website)
- 3) Payment of our fees
- 4) Signed electronic filing form 8879

Please provide us with your tax documents in any of the following manners:

- If you have an existing client portal from last year, upload your tax documents electronically to the portal which can be accessed at www.gradshoemaker.com. To request a new portal, please email contact@gradshoemaker.com or call 734-462-6161. You will receive an email notification once your portal has been established. **Please email us when you have uploaded all of your tax documents.**
- Drop off your tax documents in a sealed envelope during office hours or through the mail slot in our front door after hours.
- mail your tax documents to our office.

Tax Return Delivery:

If Tax Documents Dropped-off: We will prepare for pick up unless you specifically request electronic or mailed copy

If Tax Documents Uploaded to Portal: We will upload completed tax return to portal

**Please note we are able to only accommodate one type of tax return Delivery per client

We will be offering video call appointments, phone appointments and limited in-person

appointments. Appointments will be scheduled on a first come first serve basis based on our available appointment slots. If you would like an appointment, please call our office at (734) 462-6161 to schedule a date and time. If you choose to have a phone, video, or in-person appointment, we require you provide us with your tax documents at least 1 week prior to your appointment. **Please note that in-person appointment slots will be 45 minutes long and the minimum fee is \$250.**

We date each drop-off as it comes in. Tax returns are completed in the order in which drop-offs are received. If you upload your documents electronically, your drop-off date is when you have uploaded all tax documents.

Make sure to include the best phone number and email address for us to contact you. If you have any questions or concerns, please include them with your tax documents and we will address them. We may contact you by phone or email with additional questions. Please verify we have the correct bank information for direct deposit of any refunds or withdrawal of tax due, which is in the attached organizer.

Office hours from February 1 through February 12 as follows:

Monday - Friday: 8:00 am to 4:30 pm

Saturday: 10:00 am to 2:00 pm

Office hours from February 13 through April 15 as follows:

Monday, Wednesday, Friday: 8:00 am to 4:30 pm

Tuesday, Thursday: 8:00 am to 7:00 pm

Saturday: 10:00 am to 2:00 pm

Our fees will be based on the amount of time spent gathering information and preparing your tax return. We accept cash, check, and all major credit cards. Please note there is an additional charge to mail tax returns. Also, If you need more than one physical copy of your tax return or request an additional physical copy during the year, there will be a \$10 charge.

You must provide all applicable tax documentation by March 24 to guarantee tax return completion without extension. An extension of time to file is NOT an extension of time to pay. If you need to file an extension and owe money, you must pay the amount owed by April 15th or face penalties & interest.

To keep your sensitive data as confidential as possible, our staff will not be permitted to provide you any tax information over the phone.

Thank you for your continued support and trust in our firm and all our employees!

Questions

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

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change the bank account you want used for direct deposit or withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your dependents receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter for filing returns in 2023.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires and other disaster situations.	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,500?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase a rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new or previously owned Clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an ownership interest in any Publically Traded Partnerships?	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Did you receive any income considered to be nonemployee compensation?
- Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?
- Do you expect a large fluctuation in income, deductions, or withholding next year?
- Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services)?

Retirement Information

- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If yes, were any withdrawals due to a Federally declared disaster?
- If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2023?
- Did you receive any lump-sum payments from an employer pension, profit sharing or 401(k) plan?
- Did you make any Traditional or Roth IRA contributions?
- Did you make any qualified charitable distributions (QCD) during the year?
- Do you have an inherited IRA you received after 2018 for which the original owner was already taking Required Minimum Distributions before death?

Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?
- Did you make any contributions to Michigan MESP 529 plan?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

Health Care Information

- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?

- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year that occurred in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash charitable contributions?
- Did you make any noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year?.
- Did you pay any mortgage interest on an existing home loan?
- Did you incur interest expenses associated with any investment accounts you held?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$17,000 to any individual?
- If you are a business owner or receive contractor 1099 pay, did you utilize an area of your home for business purposes?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year, including furnace, A/C, exterior doors, exterior windows, home energy audits or insulation?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Are you an owner or do you control 25% of a company's ownership interest for a company registered with a secretary of state or similar office before January 1, 2024?
- Do you plan to become an owner or control at least 25% of a company's ownership interests for a company registered with a secretary of state or similar office for the first time after January 1, 2024?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: _____
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2023 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

NOTES/QUESTIONS:

Income: B1

Interest Income

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

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3

Seller Financed Mortgage Interest

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2023 _____ Amount received in 2022 _____

Income: B2

Dividend Income

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income

Other Income

Please provide copies of all supporting documentation.

State and local income tax refunds			2023 Information	Prior Year Information
			_____	_____
Alimony received	T/S	Agreement Date	2023 Information	Prior Year Information
	_____	_____	_____	_____
Unemployment compensation		Taxpayer	Spouse	Prior Year Information
Unemployment compensation repaid		_____	_____	_____
Social security benefits		_____	_____	_____
Medicare premiums to be reported on Schedule A		_____	_____	_____
Railroad retirement benefits		_____	_____	_____
T/S/J			2023 Information	Prior Year Information
Other Income:			_____	_____
_____			_____	_____
_____			_____	_____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Traditional IRA Contributions for 2023 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2023

Taxpayer

Spouse

Roth IRA Contributions for 2023 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2023

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2023 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2023 Information	Prior Year Information
___	_____	_____	_____
___	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2023.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	___
Mark if the move was due to service in the armed forces	___
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	___
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2023 Information	Prior Year Information
___	___/___/___	_____	_____	_____	_____

Street address

City, State and Zip code

*Enter the divorce/separation agreement date

Taxpayer

Spouse

Prior Year Information

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1

Medical and Dental Expenses

T/S/J		2023 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items (22 cents)	_____	_____

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2023 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2022 state and local income taxes paid in 2023	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2

Interest Expenses

T/S/J		2023 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	Payee's Name	SSN or EIN	2023 Information
—	_____	_____	_____
	Address	City	State Zip Code
	_____	_____	_____
T/S/J		2023 Information	Prior Year Information
—	Investment interest expense, other than on Sch K-1s:	_____	_____
	Refinancing Information: Refinance #1	Refinance #2	
T/S/J			
—	Recipient/Lender name	_____	_____
—	Total points paid at time of refinance	_____	_____
—	Date of refinance	_____	_____
—	Term of new loan (in months)	_____	_____
—	Reported on Form 1098 in 2023	_____	_____

Itemized: A3

Charitable Contributions

T/S/J		2023 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-St

Miscellaneous Deductions

T/S/J		2023 Information	Prior Year Information
—	Other expenses	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
	***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA		
T/S/J		2023 Information	Prior Year Information
—	Unreimbursed expenses***	_____	_____
—	Union dues, other than amounts reported on Form W-2***	_____	_____
—	Tax preparation fees***	_____	_____
—	Other expenses, subject to 2% AGI limitation***:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental***	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

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

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

NOTES/QUESTIONS:

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) [1]

Mark if you were married but living apart all year [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

Form section for Taxpayer and Spouse information including Social security number, first and last names, occupation, marital status, and contact information.

Present Mailing Address

Form section for Present Mailing Address including address, apartment number, city, state, postal code, zip code, foreign country name, and phone numbers.

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

Table with columns: First Name, Last Name, Date of Birth, Social Security No., Relationship, Months in home, Dep Codes, Care expenses paid for dependent.

Name of child who lived with you but is not your dependent [53]

Social security number of qualifying person [54]

Dependent Codes

- List of dependent codes including *Basic (1-8), **Other (1-3), and ***Months (77-99).

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [20]

Mobile telephone number _____ [12] _____ [21]

Mobile telephone #2 number _____ [13] _____ [22]

Pager number _____ [14] _____ [23]

Other: _____ [15] _____ [24]

Telephone number _____ [16] _____ [25]

Extension _____ [17] _____ [26]

Preferred method of contact: _____ [18] _____ [27]

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [18] _____ [27]

NOTES/QUESTIONS:

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

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____ [1]

Primary account:

Financial institution routing transit number _____ [3]
 Name of financial institution _____ [4]
 Your account number _____ [5]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [6]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [9]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [10]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Secondary account #1:

Financial institution routing transit number _____ [27]
 Name of financial institution _____ [28]
 Your account number _____ [29]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [30]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [31]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [32]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Secondary account #2:

Financial institution routing transit number _____ [33]
 Name of financial institution _____ [34]
 Your account number _____ [35]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [36]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [37]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [38]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [17] or Percent (xxx.xx) _____ [18]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [15] or Percent (xxx.xx) _____ [16]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]
 Owner's name (First Last) _____ [40] _____ [41]
 Co-owner or beneficiary (First Last) _____ [42] _____ [43]
 Mark if the name listed above is a beneficiary _____ [44]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [23] or Percent (xxx.xx) _____ [24]
 Owner's name (First Last) _____ [45] _____ [46]
 Co-owner or beneficiary (First Last) _____ [47] _____ [48]
 Mark if the name listed above is a beneficiary _____ [49]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing

____ [1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension)

____ [2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account

____ [9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN)

____ [7]

Spouse self-selected Personal Identification Number (PIN)

____ [8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____[1]
Identification number _____[3]
Issue date _____[4]
Expiration date (mm/dd/yyyy) _____[5]
Location of issuance (State issued only) _____[6]
Document number (New York only) _____[7]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____[10]
Identification number _____[12]
Issue date _____[13]
Expiration date (mm/dd/yyyy) _____[14]
Location of issuance (State issued only) _____[15]
Document number (New York only) _____[16]

NOTES/QUESTIONS:

If you have an overpayment of 2023 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2024 estimated tax liability _____ [53]

Do you expect a considerable change in your 2024 income? (Y, N) _____ [54]

If yes, please explain any differences: _____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2024? (Y, N) _____ [59]

If yes, please explain any differences: _____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2024 withholding? (Y, N) _____ [64]

If yes, please explain any differences: _____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2024? (Y, N) _____ [69]

If yes, please explain any differences: _____ [70]

_____ [71]

_____ [72]

_____ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) _____ [74]

2023 Federal Estimated Tax Payments

2022 overpayment applied to 2023 estimates _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	04/18/23	_____ [6]	_____ [7]	_____	_____
2nd quarter payment	06/15/23	_____ [8]	_____ [9]	_____	_____
3rd quarter payment	09/15/23	_____ [10]	_____ [11]	_____	_____
4th quarter payment	01/16/24	_____ [12]	_____ [13]	_____	_____
Additional payment		_____ [14]	_____ [15]	_____	_____

***Method of payment indicated in prior year**

EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
 Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J)

__ [1]

State postal code

__ [2]

Amount paid with 2022 return

_____ [3]

2022 overpayment applied to '23 estimates

_____ [4]

Treat calculated amounts as paid

__ [8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	_____ [10]	_____
2nd quarter payment	_____ [11]	_____ [12]	_____
3rd quarter payment	_____ [13]	_____ [14]	_____
4th quarter payment	_____ [15]	_____ [16]	_____
Additional payment	_____ [17]	_____ [18]	_____

2023 City Estimated Tax Payments

City #1		City #2	
City name	_____ [28]	City name	_____ [50]
Amount paid with 2022 return	_____ [31]	Amount paid with 2022 return	_____ [53]
2022 overpayment applied to '23 estimates	_____ [32]	2022 overpayment applied to '23 estimates	_____ [54]
Treat calculated amounts as paid	__ [36]	Treat calculated amounts as paid	__ [58]

Date Paid	Amount Paid	Date Paid	Amount Paid		
1st quarter payment	_____ [37]	_____ [38]	1st quarter payment	_____ [59]	_____ [60]
2nd quarter payment	_____ [39]	_____ [40]	2nd quarter payment	_____ [61]	_____ [62]
3rd quarter payment	_____ [41]	_____ [42]	3rd quarter payment	_____ [63]	_____ [64]
4th quarter payment	_____ [43]	_____ [44]	4th quarter payment	_____ [65]	_____ [66]

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name	_____ [72]	City name	_____ [94]
Amount paid with 2022 return	_____ [75]	Amount paid with 2022 return	_____ [97]
2022 overpayment applied to '23 estimates	_____ [76]	2022 overpayment applied to '23 estimates	_____ [98]
Treat calculated amounts as paid	__ [80]	Treat calculated amounts as paid	__ [102]

Date Paid	Amount Paid	Date Paid	Amount Paid		
1st quarter payment	_____ [81]	_____ [82]	1st quarter payment	_____ [103]	_____ [104]
2nd quarter payment	_____ [83]	_____ [84]	2nd quarter payment	_____ [105]	_____ [106]
3rd quarter payment	_____ [85]	_____ [86]	3rd quarter payment	_____ [107]	_____ [108]
4th quarter payment	_____ [87]	_____ [88]	4th quarter payment	_____ [109]	_____ [110]

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Please provide all copies of Form W-2.

2023 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__	[1]
Employer name _____	___	[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care)	__	[5]
Mark if this is your current employer	__	[6]
Mark if this is the last year for this employer	__	[9]
Federal wages and salaries (Box 1)	_____	[10]
Federal tax withheld (Box 2)	_____	[12]
Social security wages (Box 3) (If different than federal wages)	_____	[14]
Social security tax withheld (Box 4)	_____	[16]
Medicare wages (Box 5) (If different than federal wages)	_____	[18]
Medicare tax withheld (Box 6)	_____	[21]
SS tips (Box 7)	_____	[23]
Allocated tips (Box 8)	_____	[25]
Dependent care benefits (Box 10)	_____	[27]
Box 13 -		
Statutory employee	__	[29]
Retirement plan	__	[30]
Third-party sick pay	__	[31]
State postal code (Box 15)	__	[32]
State wages (Box 16) (If different than federal wages)	_____	[34]
State tax withheld (Box 17)	_____	[36]
Local wages (Box 18)	_____	[38]
Local tax withheld (Box 19)	_____	[40]
Name of locality (Box 20) _____	_____	[43]

	Control Totals	
--	-----------------------	--

Wages and Salaries #2

Please provide all copies of Form W-2.

2023 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__	[1]
Employer name _____	___	[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care)	__	[5]
Mark if this your current employer	__	[6]
Mark if this is the last year for this employer	__	[9]
Federal wages and salaries (Box 1)	_____	[10]
Federal tax withheld (Box 2)	_____	[12]
Social security wages (Box 3) (If different than federal wages)	_____	[14]
Social security tax withheld (Box 4)	_____	[16]
Medicare wages (Box 5) (If different than federal wages)	_____	[18]
Medicare tax withheld (Box 6)	_____	[21]
SS tips (Box 7)	_____	[23]
Allocated tips (Box 8)	_____	[25]
Dependent care benefits (Box 10)	_____	[27]
Box 13 -		
Statutory employee	__	[29]
Retirement plan	__	[30]
Third-party sick pay	__	[31]
State postal code (Box 15)	__	[32]
State wages (Box 16) (If different than federal wages)	_____	[34]
State tax withheld (Box 17)	_____	[36]
Local wages (Box 18)	_____	[38]
Local tax withheld (Box 19)	_____	[40]
Name of locality (Box 20) _____	_____	[43]

	Control Totals	
--	-----------------------	--

Interest Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts						
	2	Payer						
		Amounts						
	3	Payer						
		Amounts						
	4	Payer						
		Amounts						
	5	Payer						
		Amounts						
	6	Payer						
		Amounts						
	7	Payer						
		Amounts						
	8	Payer						
		Amounts						
	9	Payer						
		Amounts						
	10	Payer						
		Amounts						

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

Dividend Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code (**See codes below)	Ordinary Dividends	[2] Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer											
	Amounts											
2	Payer											
	Amounts											
3	Payer											
	Amounts											
4	Payer											
	Amounts											
5	Payer											
	Amounts											
6	Payer											
	Amounts											
7	Payer											
	Amounts											
8	Payer											
	Amounts											
9	Payer											
	Amounts											
10	Payer											
	Amounts											

**Dividend Codes
Blank = Other 3 = Nominee

State and local income tax refunds		2023 Information	Prior Year Information
		_____ [5]	_____

Alimony received	T/S	Agreement Date	2023 Information	Prior Year Information
	---	_____	_____ [3]	_____
	---	_____	_____ [3]	_____

**Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation**	_____ [9]	_____ [10]	_____ _____ _____ _____
Unemployment compensation federal withholding	_____ [9]	_____ [10]	
Unemployment compensation state withholding	_____ [9]	_____ [10]	
Unemployment compensation repaid	_____ [12]	_____ [13]	
Alaska Permanent Fund dividends	_____ [18]	_____ [19]	

		Self- Employment Income ? (Y, N)		2023 Information	Prior Year Information
T/S/J			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	_____ [15]	_____ _____
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	
---	---	---	_____	_____	

NOTES/QUESTIONS:

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)

__ [1]

State postal code

___ [3]

Social Security Benefits

2023 Information

Prior Year Information

If you received a Form SSA - 1099, please complete the following information:

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

_____ [7]

Prescription drug (Part D) premiums

_____ [9]

Net Benefits for 2023 (Box 3 minus Box 4) (Box 5)

_____ [12]

Voluntary Federal Income Tax Withheld (Box 6)

_____ [14]

Grey box for Prior Year Information with three horizontal lines.

Tier 1 Railroad Benefits

2023 Information

Prior Year Information

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2023 (Box 5)

_____ [22]

Federal Income Tax Withheld (Box 10)

_____ [25]

Medicare Premium Total (Box 11)

_____ [27]

Grey box for Prior Year Information with three horizontal lines.

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2023 or receive any prior year benefits in 2023. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

Five horizontal lines for additional information with labels [40] through [44] on the right.

NOTES/QUESTIONS:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2023	_____ [5]	_____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2023	_____ [5]	_____ [6]
Enter the nondeductible contribution amount made in 2024 for use in 2023	_____ [7]	_____ [8]
Traditional IRA basis	_____ [17]	_____ [18]
Value of all your traditional IRA's on December 31, 2023:	_____ [19]	_____ [20]
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Roth IRA

Please provide copies of any 1998 through 2022 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [29]	__ [30]
Enter the total Roth IRA contributions made for use in 2023	_____ [31]	_____ [32]
Enter the amount a 2023 Roth IRA conversion should be adjusted by	_____ [39]	_____ [40]
Enter the total contribution Roth IRA basis on December 31, 2022	_____ [43]	_____ [44]
Enter the total Roth IRA contribution recharacterizations for 2023	_____ [45]	_____ [46]
Enter the Roth conversion IRA basis on December 31, 2022	_____ [47]	_____ [48]
Value of all your Roth IRA's on December 31, 2023:	_____ [49]	_____ [50]
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTES/QUESTIONS:

Alimony Paid:

T/S	Date*	2023 Information	Prior Year Information
		[4]	
	Recipient name and SSN		
	Address		
	City, state and zip code		
	Recipient name and SSN		
	Address		
	City, state and zip code		
	Recipient name and SSN		
	Address		

* Date of divorce/separation agreement

	2023 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
	[6]	[7]	
Other adjustments:			
	[9]	[10]	

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J

2023 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

Form with 5 rows for medical and dental expenses, including line numbers [1] through [5].

Medical insurance premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

Form with 3 rows for medical insurance premiums, including line numbers [4] through [5].

Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

Form with 2 rows for long-term care premiums, including line numbers [7] through [8].

Prescription medicines and drugs:

Form with 3 rows for prescription medicines and drugs, including line numbers [10] through [11].

Form with 1 row for miles driven for medical items (22 cents), including line numbers [13] through [14].

Large vertical form area for prior year information with multiple horizontal lines.

Schedule A - Tax Expenses

T/S/J

2023 Information

Prior Year Information

State/local income taxes paid:

Form with 4 rows for state/local income taxes paid, including line numbers [18] through [19].

2022 state and local income taxes paid in 2023:

Form with 3 rows for 2022 state and local income taxes paid in 2023, including line numbers [21] through [22].

Real estate taxes paid:

Form with 3 rows for real estate taxes paid, including line numbers [24] through [25].

Personal property taxes:

Form with 2 rows for personal property taxes, including line numbers [27] through [28].

Other taxes, such as: foreign taxes and State disability taxes

Form with 3 rows for other taxes, including line numbers [30] through [31].

Sales tax paid on major purchases:

Form with 2 rows for sales tax paid on major purchases, including line numbers [36] through [37].

Sales tax paid on actual expenses:

Form with 3 rows for sales tax paid on actual expenses, including line numbers [39] through [40].

Large vertical form area for prior year information with multiple horizontal lines.

Control Totals

Form ID: A-1

T/S/J		2023 Interest Paid [2]	2023 Points Paid	Type*	Prior Year Information
	Home mortgage interest: From Form 1098				
[1]	_____	_____	_____	---	
---	_____	_____	_____	---	
---	_____	_____	_____	---	
---	_____	_____	_____	---	
---	_____	_____	_____	---	
---	_____	_____	_____	---	
---	_____	_____	_____	---	
---	_____	_____	_____	---	
---	_____	_____	_____	---	
---	_____	_____	_____	---	

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2023 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]	_____	_____	[5]	
	Address _____			
	City, state and zip code _____			

	Address _____			
	City, state and zip code _____			

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____
Refinancing Points paid in 2023 -
 Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2023 (Preparer use only) _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2023 _____

 Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2023 (Preparer use only) _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2023 _____

T/S/J		2023 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:		
[15]	_____	[16]	
---	_____	_____	
---	_____	_____	
---	_____	_____	
---	_____	_____	
---	_____	_____	
---	_____	_____	
---	_____	_____	
---	_____	_____	
---	_____	_____	

T/S/J 2023 Information Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

Table with 3 columns: T/S/J, 2023 Information, and Prior Year Information. Rows include sections for cash contributions (lines 2-11), volunteer miles (line 12), and noncash items (lines 13-22).

Miscellaneous Deductions

T/S/J 2023 Information Prior Year Information

Other expenses

Table with 3 columns: T/S/J, 2023 Information, and Prior Year Information. Rows include sections for other expenses (lines 12-14) and gambling losses (lines 15-16).

NOTES/QUESTIONS:

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J	2023 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[1] _____	[2] _____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Union dues, other than amounts reported on Form W-2:		
[4] _____	[5] _____	
_____	_____	
_____	_____	
_____	_____	
[7] Tax preparation fees	[8] _____	
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
[10] _____	[11] _____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
[13] Safe deposit box rental	[14] _____	
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
[16] _____	[17] _____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

NOTES/QUESTIONS:

2023 Information

Prior Year Information

Taxpayer

Spouse

Self-employed health insurance premiums: (Not entered elsewhere)

_____ [2]

_____ [3]

Gray box with three horizontal lines for prior year information.

Self-employed long-term care premiums: (Not entered elsewhere)

_____ [5]

_____ [6]

NOTES/QUESTIONS:

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) _____

Social security number _____