01/18/2024

RLB CPA's, Inc.
1600 Lexington Ave
Mansfield, OH 44907-2907

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2023 Client Organizer

RLB CPA's, Inc.
1600 Lexington Ave
Mansfield, OH 44907-2907
419-756-3400

Dear

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2023 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2022 personal income tax return.

Enter 2023 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

Enter 2023 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please delete it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

Please answer all applicable questions and use the Notes to Preparer screen to enter additional information not provided in the Tax Organizer. The Notes to Preparer screen is also available for any questions that you may have for our office.

You will also need to provide the following information:
- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, payment card or third party network transactions, etc.
- Brokerage statements showing investment transactions for stocks, bonds, digital assets, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements and receipts supporting qualified educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- Statements from U.S. Department of Education supporting federal student loan forgiveness.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- All Forms 1099-QA and/or 5498-QA related to ABLE (Achieving a Better Life Experience) account.
- All Forms 1099-H related to Health Coverage Tax Credit (HCTC) advance payments.
- Statements supporting deductions for mortgage interest (Forms 1098), taxes, and charitable contributions (including any Form 1098-C).
- Statements supporting the receipt, exchange, sale, use, or any other disposition of a digital asset
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.

- Six-digit Identity Protection PIN for use during calendar year 2023, if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

The IRS doesn't ***initiate*** contact with taxpayers by email, phone, text messages or social media channels to request personal or financial information. This includes requests for PIN numbers, passwords or similar access information for credit cards, banks or other financial accounts. Phishing is a scam typically carried out through unsolicited email and/or websites that pose as legitimate sites and lure unsuspecting victims to provide personal and financial information. If you receive such an email from the IRS, forward the email as-is to phishing@irs.gov. Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS. Additional information can be found at:
<https://www.irs.gov/privacy-disclosure/report-phishing>.

Thank you for the opportunity to serve you.

Sincerely,

RLB CPA's, Inc.

Personal Information

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]

	Taxpayer	Spouse
Social security number	____[4]	____[5]
First name	____[6]	____[7]
Last name	____[8]	____[9]
Occupation	____[10]	____[11]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	____[12]	____[14]
Mark if dependent of another taxpayer	____[15]	____[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	____[17]	
Mark if legally blind	____[20]	____[21]
Date of birth	____[22]	____[24]
Date of death	____[26]	____[27]
Work/daytime telephone number/ext number	____[28] ____[29]	____[30] ____[31]
Home/evening telephone number	____[32]	____[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	____[34]	

Present Mailing Address

Address ____[40]

Apartment number ____[41]

City, state postal code, zip code ____[42] ____[43] ____[44]

Foreign country name ____[46]

Foreign phone number ____[49]

In care of addressee ____[51]

Dependent Information

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

First Name[52]	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes *	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

***Basic**
- **1 = Child who lived with you**
- **2 = Child who did not live with you due to divorce/separation**
- **3 = Other dependent**
- **4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)**
- **5 = Qualifying child for Earned Income Credit only**
- **6 = Children who lived with you, but do not qualify for Earned Income Credit**
- **7 = Children who lived with you, but do not qualify for Child Tax Credit**
- **8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit**

****Other**
- **1 = Student (Age 19 - 23)**
- **2 = Disabled dependent**
- **3 = Dependent who is both a student and disabled**

*****Months**
- **77 = Reported on odd year return**
- **88 = Reported on even year return**
- **99 = Not reported on return**

Client Contact Information

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

NOTES/QUESTIONS:

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. __[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]

Electronic Filing

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:

Identity Authentication

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:

Estimated Taxes

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:

2023 State Estimated Tax Payments

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 name ______________[28]
Amount paid with 2022 return + ______________[31]
2022 overpayment applied to '23 estimates + ______________[32]
Treat calculated amounts as paid __[36]

	Date Paid	Amount Paid
1st quarter payment	______[37]	+ ______[38]
2nd quarter payment	______[39]	+ ______[40]
3rd quarter payment	______[41]	+ ______[42]
4th quarter payment	______[43]	+ ______[44]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

City #2

City name ______________[50]
Amount paid with 2022 return + ______________[53]
2022 overpayment applied to '23 estimates + ______________[54]
Treat calculated amounts as paid __[58]

	Date Paid	Amount Paid
1st quarter payment	______[59]	+ ______[60]
2nd quarter payment	______[61]	+ ______[62]
3rd quarter payment	______[63]	+ ______[64]
4th quarter payment	______[65]	+ ______[66]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

City #3

City name ______________[72]
Amount paid with 2022 return + ______________[75]
2022 overpayment applied to '23 estimates + ______________[76]
Treat calculated amounts as paid __[80]

	Date Paid	Amount Paid
1st quarter payment	______[81]	+ ______[82]
2nd quarter payment	______[83]	+ ______[84]
3rd quarter payment	______[85]	+ ______[86]
4th quarter payment	______[87]	+ ______[88]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

City #4

City name ______________[94]
Amount paid with 2022 return + ______________[97]
2022 overpayment applied to '23 estimates + ______________[98]
Treat calculated amounts as paid __[102]

	Date Paid	Amount Paid
1st quarter payment	______[103]	+ ______[104]
2nd quarter payment	______[105]	+ ______[106]
3rd quarter payment	______[107]	+ ______[108]
4th quarter payment	______[109]	+ ______[110]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

	Control Totals +		Form ID: St Pmt

Wages and Salaries #1

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 [1] Income	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

	Control Totals +		Form ID: B-1

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

	Control Totals +		

Form ID: D

Sales of Stocks, Securities, and Other Investment Property

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

Did you have any securities become worthless during 2023? (Y, N) __[9]

Did you have any debts become uncollectible during 2023? (Y, N) __[10]

Did you have any commodity sales, short sales, or straddles? (Y, N) __[11]

Did you exchange any securities or investments for something other than cash? (Y, N) __[13]

Did you receive, sell, exchange, or otherwise dispose of any financial interest in any digital assets? (Y, N) __[4]

T/S/J	Description of Property [1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
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	Control Totals +		**Form ID: D**

Other Income

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

	T/S	Agreement Date	2023 Information	Prior Year Information
Alimony received	___	___	+ ____ [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]	

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

NOTES/QUESTIONS:

	Control Totals +		Form ID: Income

Gambling Winnings #1

Please provide all copies of Form W-2G.

	2023 Information		Prior Year Information
Taxpayer/Spouse (T, S)	__	[1]	
Payer name		[3]	
State postal code		[4]	
Mark if professional gambler		[9]	
Reportable winnings **(Box 1)**	+	[11]	
Date won **(Box 2)**		[13]	
Type of wager **(Box 3)**		[15]	
Federal withholding **(Box 4)**	+	[17]	
Transaction **(Box 5)**		[19]	
Race **(Box 6)**		[21]	
Identical wager winnings **(Box 7)**	+	[23]	
Cashier **(Box 8)**		[25]	
Taxpayer identification number **(Box 9)**		[27]	
Window **(Box 10)**		[28]	
First ID **(Box 11)**		[30]	
Second ID **(Box 12)**		[31]	
Payer's state ID no. **(Box 13)**		[32]	
State winnings **(Box 14)**	+	[33]	
State withholding **(Box 15)**	+	[35]	
Local winnings **(Box 16)**	+	[37]	
Local withholding **(Box 17)**	+	[39]	
Name of locality **(Box 18)**		[42]	

	Control Totals +	

Gambling Winnings #2

Please provide all copies of Form W-2G.

	2023 Information		Prior Year Information
Taxpayer/Spouse (T, S)	__	[1]	
Payer name		[3]	
State postal code		[4]	
Mark if professional gambler		[9]	
Reportable winnings **(Box 1)**	+	[11]	
Date won **(Box 2)**		[13]	
Type of wager **(Box 3)**		[15]	
Federal withholding **(Box 4)**	+	[17]	
Transaction **(Box 5)**		[19]	
Race **(Box 6)**		[21]	
Identical wager winnings **(Box 7)**	+	[23]	
Cashier **(Box 8)**		[25]	
Taxpayer identification number **(Box 9)**		[27]	
Window **(Box 10)**		[28]	
First ID **(Box 11)**		[30]	
Second ID **(Box 12)**		[31]	
Payer's state ID no. **(Box 13)**		[32]	
State winnings **(Box 14)**	+	[33]	
State withholding **(Box 15)**	+	[35]	
Local winnings **(Box 16)**	+	[37]	
Local withholding **(Box 17)**	+	[39]	
Name of locality **(Box 18)**		[42]	

	Control Totals +	

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

		2023 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		__[3]	
State postal code		___[6]	
Gross distributions received **(Box 1)**	+	__[8]	
Taxable amount received **(Box 2a)**	+	__[10]	
Federal withholding **(Box 4)**	+	__[12]	
Distribution code **(Box 7)**		__[15]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[17]	
State withholding **(Box 14)**	+	__[18]	
Local withholding **(Box 17)**	+	__[20]	
Amount of rollover	+	__[22]	
Mark if distribution was due to a pre-retirement age disability		__[24]	

	Control Totals +	

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

		2023 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		__[3]	
State postal code		___[6]	
Gross distributions received **(Box 1)**	+	__[8]	
Taxable amount received **(Box 2a)**	+	__[10]	
Federal withholding **(Box 4)**	+	__[12]	
Distribution code **(Box 7)**		__[15]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[17]	
State withholding **(Box 14)**	+	__[18]	
Local withholding **(Box 17)**	+	__[20]	
Amount of rollover	+	__[22]	
Mark if distribution was due to a pre-retirement age disability		__[24]	

	Control Totals +	

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

		2023 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		__[3]	
State postal code		___[6]	
Gross distributions received **(Box 1)**	+	__[8]	
Taxable amount received **(Box 2a)**	+	__[10]	
Federal withholding **(Box 4)**	+	__[12]	
Distribution code **(Box 7)**		__[15]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[17]	
State withholding **(Box 14)**	+	__[18]	
Local withholding **(Box 17)**	+	__[20]	
Amount of rollover	+	__[22]	
Mark if distribution was due to a pre-retirement age disability		__[24]	

	Control Totals +	

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

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]	

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]	

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.

____[40]
____[41]
____[42]
____[43]
____[44]

NOTES/QUESTIONS:

	Control Totals +		**Form ID: SSA-1099**

Traditional IRA

	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:

Keogh, SEP, SIMPLE Contributions

Preparer use only

Business activity or profession name ____________________ [3]
Taxpayer/Spouse (T, S) __[4]
State postal code ____[5]
Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) __[6]
Plan contribution rate. Enter in xx.xx format (Limitation percentage) ________[7]
Enter the total amount of contributions made to a Keogh plan in 2023 + ____________________[8]
Enter the total amount of contributions made to a Solo 401(k) plan in 2023 + ____________________[9]
Enter the total amount of contributions made to a SEP plan in 2023 + ____________________[10]
Enter the total amount of contributions made to a SARSEP plan in 2023 + ____________________[11]
Enter the total amount of contributions made to a defined benefit plan in 2023 + ____________________[12]
Enter the total amount of contributions made to a profit-sharing plan in 2023 + ____________________[13]
Enter the total amount of contributions made to a money purchase plan in 2023 + ____________________[14]
Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2023 + ____________________[15]
Enter the total amount of contributions to a SIMPLE IRA plan in 2023 + ____________________[16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2023 + ____________________[17]
Enter the amount of catch-up contributions made to a SIMPLE Plan in 2023 + ____________________[18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2023 + ____________________[19]
Enter the amount of elective deferrals designated as Roth contributions in 2023 + ____________________[20]

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			
__[1]		+	[2]	
__		+		
__		+		
__		+		
__		+		
__		+		
	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.**			
__[4]		+	[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.)**			
__[7]		+	[8]	
__		+		
	Prescription medicines and drugs:			
__[10]		+	[11]	
__		+		
__		+		
__[13]	Miles driven for medical items (22 cents)		[14]	

Schedule A - Tax Expenses

T/S/J		2023 Information		Prior Year Information
	State/local income taxes paid:			
__[18]		+	[19]	
__		+		
__		+		
__		+		
__		+		
	2022 state and local income taxes paid in 2023:			
__[21]		+	[22]	
__		+		
__		+		
	Real estate taxes paid:			
__[24]		+	[25]	
__		+		
__		+		
	Personal property taxes:			
__[27]		+	[28]	
__		+		
	Other taxes, such as: foreign taxes and State disability taxes			
__[30]		+	[31]	
__		+		
__		+		
	Sales tax paid on major purchases:			
__[36]		+	[37]	
__		+		
	Sales tax paid on actual expenses:			
__[39]		+	[40]	
__		+		
__		+		

	Control Totals +		Form ID: A-1

Interest Expenses

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]	
__		+	
__		+	
__		+	
__		+	
__		+	
__		+	
__		+	

	Control Totals +		Form ID: A-2

Charitable Contributions

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.

__[2] ________ + ________[3] ________

__[5] Volunteer miles driven ________[6] ________

Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

__[8] ________ + ________[9] ________

Miscellaneous Deductions

T/S/J | 2023 Information | Prior Year Information

Other expenses

__[12] ________ + ________[13] ________

Gambling losses: (Enter only if you have gambling income)

__[15] ________ + ________[16] ________

NOTES/QUESTIONS:

	Control Totals +		Form ID: A-3

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) __[1]
Donated property description ________________ [4]
Name of donee organization ________________ [5]
Address of donee organization ________________ [6]
City ________________ [7]
State postal code __[8]
Zip code ________ [9]
Date contributed ________ [10]
Date acquired by donor ________ [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis +________ [13]
Fair market value +________ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ________________ [16]

	Control Totals +	

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) __[1]
Donated property description ________________ [4]
Name of donee organization ________________ [5]
Address of donee organization ________________ [6]
City ________________ [7]
State postal code __[8]
Zip code ________ [9]
Date contributed ________ [10]
Date acquired by donor ________ [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis +________ [13]
Fair market value +________ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ________________ [16]

	Control Totals +	

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) __[1]
Donated property description ________________ [4]
Name of donee organization ________________ [5]
Address of donee organization ________________ [6]
City ________________ [7]
State postal code __[8]
Zip code ________ [9]
Date contributed ________ [10]
Date acquired by donor ________ [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis +________ [13]
Fair market value +________ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ________________ [16]

	Control Totals +	

Schedule C - General Information

☐ **Preparer use only**

	2023 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__[2]	
Employer identification number	______[3]	
Business name	______[5]	
Principal business/profession	______[6]	
Business code	______[12]	______
Business address, if different from home address on Organizer Form ID: 1040		
Address	______[15]	
City/State/Zip	______[16] ____[17] ______[18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	__[19]	__
If other:	______[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	__[22]	__
If other enter explanation:	______[24]	
Enter an explanation if there was a change in determining your inventory:	______[25]	
Did you "materially participate" in this business? (Y, N)	__[26]	__
If not, number of hours you did significantly participate	____[28]	____
Mark if you began or acquired this business in 2023	__[30]	
Did you make any payments in 2023 that require you to file Form(s) 1099? (Y, N)	__[31]	__
If "Yes", did you or will you file all required Forms 1099? (Y, N)	__[33]	__
Mark if this business is considered related to qualified services as a minister or religious worker	__[35]	__
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	__[37]	__
Medical insurance premiums paid by this activity	+ ______[40]	______
Long-term care premiums paid by this activity	+ ______[44]	______
Amount of wages received as a statutory employee	+ ______[47]	

Business Income

	2023 Information	Prior Year Information
Gross receipts and sales		
______	+ ______[52]	______
______	+ ______	______
______	+ ______	______
______	+ ______	______
Returns and allowances	+ ______[55]	______
Other income:		
______	+ ______[57]	______
______	+ ______	______
______	+ ______	______
______	+ ______	

Cost of Goods Sold

	2023 Information	Prior Year Information
Beginning inventory	+ ______[59]	______
Purchases	+ ______[61]	______
Labor:		
______	+ ______[63]	______
______	+ ______	______
Materials	+ ______[65]	______
Other costs:		
______	+ ______[67]	______
______	+ ______	______
______	+ ______	______
______	+ ______	______
Ending inventory	+ [69]	

	Control Totals +		Form ID: C-1

Schedule C - Expenses

Preparer use only

Principal business or profession ______

		2023 Information		Prior Year Information
Advertising	+		[6]	
Car and truck expenses	+		[8]	
Commissions and fees	+		[10]	
Contract labor	+		[12]	
Depletion	+		[14]	
Depreciation	+		[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):				
	+		[18]	
	+			
Insurance (Other than health):				
	+		[20]	
	+			
Interest:				
Mortgage (Paid to banks, etc.)				
	+		[22]	
	+			
	+			
Other:				
	+		[24]	
	+			
Legal and professional services	+		[26]	
Office expense	+		[29]	
Pension and profit sharing:				
	+		[31]	
	+			
Rent or lease:				
Vehicles, machinery, and equipment	+		[33]	
Other business property	+		[35]	
Repairs and maintenance	+		[37]	
Supplies	+		[39]	
Taxes and licenses:				
	+		[41]	
	+			
	+			
	+			
	+			
Travel and meals:				
Travel	+		[43]	
Meals (Enter 100% subject to 50% limitation)	+		[45]	
Meals (Enter 100% subject to DOT 80% limit)	+		[47]	
Meals (Fully deductible)	+		[49]	
Utilities	+		[51]	
Wages (Less employment credit):				
	+		[53]	
	+			
Other expenses:				
	+		[55]	
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			

	Control Totals +		Form ID: C-2

Auto Worksheet

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession ____ [3]

Vehicles

Vehicle 1 - Date placed in service ____ [4]
Description ____ [5]
Comments ____

Vehicle 2 - Date placed in service ____ [9]
Description ____ [10]
Comments ____

Vehicle 3 - Date placed in service ____ [14]
Description ____ [15]
Comments ____

Vehicle 4 - Date placed in service ____ [19]
Description ____ [20]
Comments ____

Vehicle Questions

If you used your automobile for work purposes, answer the following questions:

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
Was the vehicle available for off-duty personal use? (Y, N)	__[60]	_	__[62]	_	__[64]	_	__[66]	_
Was another vehicle available for personal use? (Y, N)	__[68]	_	__[70]	_	__[72]	_	__[74]	_
Do you have evidence to support your deduction? (Y, N)	__[76]	_	__[78]	_	__[80]	_	__[82]	_
Is this evidence written? (Y, N)	__[84]	_	__[86]	_	__[88]	_	__[90]	_

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	[32]		[34]		[36]		[38]	
Commuting miles	[40]		[42]		[44]		[46]	
Business miles	[48]		[50]		[52]		[54]	
Parking fees	+ [92]		+ [94]		+ [96]		+ [98]	
Tolls	+ [100]		+ [102]		+ [104]		+ [106]	
Gasoline	+ [108]		+ [110]		+ [112]		+ [114]	
Oil	+ [116]		+ [118]		+ [120]		+ [122]	
Repairs	+ [124]		+ [126]		+ [128]		+ [130]	
Maintenance	+ [132]		+ [134]		+ [136]		+ [138]	
Tires	+ [140]		+ [142]		+ [144]		+ [146]	
Car washes	+ [148]		+ [150]		+ [152]		+ [154]	
Insurance	+ [156]		+ [158]		+ [160]		+ [162]	
Interest	+ [164]		+ [166]		+ [168]		+ [170]	
Registration	+ [172]		+ [174]		+ [176]		+ [178]	
Licenses	+ [180]		+ [182]		+ [184]		+ [186]	
Property taxes	+ [188]		+ [190]		+ [192]		+ [194]	
Other vehicle expenses	+ [196]		+ [198]		+ [200]		+ [202]	
Vehicle rentals	+ [204]		+ [206]		+ [208]		+ [210]	
Inclusion amt (Preparer only)	[212]		+ [214]		+ [216]		+ [218]	
Depreciation	+ [220]		+ [222]		+ [224]		+ [226]	

	Control Totals +		Form ID: Auto

Rent and Royalty Property - General Information

Preparer use only

	2023 Information	Prior Year Information
Description	____ [2]	
Taxpayer/Spouse/Joint (T, S, J) __ [3] State postal code	____ [5]	
Physical address: Street	____ [6]	
City, state, zip code	____ [7] ____ [8] ____ [9]	
Foreign country	____ [11]	
Foreign province/county	____ [12]	
Foreign postal code	____ [13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)	__ [14]	
Description of other type (Type code #8)	____ [15]	
Did you make any payments in 2023 that require you to file Form(s) 1099? (Y,N)	__ [16]	__
If "Yes", did you or will you file all required Forms 1099? (Y, N)	__ [18]	__
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	____ [20]	
Percentage of ownership if not 100%	____ [22]	
Business use percentage, if not 100% (Not vacation home percentage)	____ [24]	

Rent and Royalty Income

Rents and royalties	2023 Information	Prior Year Information
____	+ ____ [33]	____
____	____	____

Rent and Royalty Expenses

	2023 Information	Percent if not 100%	Prior Year Information
Advertising	+ ____ [35]	____ [36]	____
Auto	+ ____ [38]	____ [39]	____
Travel	+ ____ [41]	____ [42]	____
Cleaning and maintenance	+ ____ [44]	____ [45]	____
Commissions:			
____	+ ____ [47]	____ [49]	____
____	+ ____	____	____
Insurance:			
____	+ ____ [50]	____ [52]	____
____	+ ____	____	____
Legal and professional fees	+ ____ [54]	____ [55]	____
Management fees:			
____	+ ____ [57]	____ [59]	____
____	+ ____	____	____
Mortgage interest paid to banks, etc (Form 1098)			
____	+ ____ [60]	____ [62]	____
____	+ ____	____	____
Other mortgage interest	+ ____ [63]	____ [65]	____
Qualified mortgage insurance premiums	+ ____ [66]	____ [67]	____
Other interest:			
____	+ ____ [69]	____ [71]	____
____	+ ____	____	____
Repairs	+ ____ [72]	____ [73]	____
Supplies	+ ____ [75]	____ [76]	____
Taxes:			
____	+ ____ [78]	____ [80]	____
____	+ ____	____	____
Utilities	+ ____ [81]	____ [82]	____
Depreciation	+ ____ [84]	____ [85]	____
Depletion	+ ____ [87]	____ [88]	____
Other expenses:			
____	+ ____ [90]	____	____
____	+ ____	____	____
____	+ ____	____	____
	+		

	Control Totals +		

Preparer use only

Description

Refinancing Points

Preparer - Enter on Screen Rent

	2023 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name	[92]	
Date of refinance		
Total # Payments		
Reported on 1098 in 2023		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2023		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2023		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		

Vacation Home Information

Preparer - Enter on Screen Rent-3

	2023 Information	Prior Year Information
Number of days home was used personally	[5]	
Number of days home was rented	[7]	
Number of day home owned, if not 365	[9]	
Carryover of disallowed operating expenses into 2023	+ [21]	
Carryover of disallowed depreciation expenses into 2023	+ [22]	

Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	+ [25]	+ [26]	+ [27]
Short-term capital		+ [28]	+ [29]
Long-term capital		+ [30]	+ [31]
28% rate capital		+ [32]	+ [33]
Section 1231 loss	+ [34]	+ [35]	+ [36]
Ordinary business gain/loss	+ [37]	+ [38]	+ [39]
Section 179	+ [40]	+ [41]	+ [42]

NOTES/QUESTIONS:

	Control Totals +		Form ID: Rent-2

	2023 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			
	+ [2]	+ [3]	
	+	+	
Self-employed long-term care premiums: (Not entered elsewhere)			
	+ [5]	+ [6]	
	+	+	

NOTES/QUESTIONS:

ACA - Health Insurance Marketplace Statement #1

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____________[6]
Marketplace-assigned policy number **(Box 2)** ____________[7]
Policy issuer's name **(Box 3)** ____________[2]

Part III Household Information -

	A. 2023 Monthly Premium Amount	Prior Year Information	B. 2023 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2023 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ ______[12]	______	+ ______[25]	+ ______[38]	______
February	+ ______[13]	______	+ ______[26]	+ ______[39]	______
March	+ ______[14]	______	+ ______[27]	+ ______[40]	______
April	+ ______[15]	______	+ ______[28]	+ ______[41]	______
May	+ ______[16]	______	+ ______[29]	+ ______[42]	______
June	+ ______[17]	______	+ ______[30]	+ ______[43]	______
July	+ ______[18]	______	+ ______[31]	+ ______[44]	______
August	+ ______[19]	______	+ ______[32]	+ ______[45]	______
September	+ ______[20]	______	+ ______[33]	+ ______[46]	______
October	+ ______[21]	______	+ ______[34]	+ ______[47]	______
November	+ ______[22]	______	+ ______[35]	+ ______[48]	______
December	+ ______[23]	______	+ ______[36]	+ ______[49]	______
Annual total	+ ______[24]		+ ______[37]	+ ______[50]	

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____________[6]
Marketplace-assigned policy number **(Box 2)** ____________[7]
Policy issuer's name **(Box 3)** ____________[2]

Part III Household Information -

	A. 2023 Monthly Premium Amount	Prior Year Information	B. 2023 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2023 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ ______[12]	______	+ ______[25]	+ ______[38]	______
February	+ ______[13]	______	+ ______[26]	+ ______[39]	______
March	+ ______[14]	______	+ ______[27]	+ ______[40]	______
April	+ ______[15]	______	+ ______[28]	+ ______[41]	______
May	+ ______[16]	______	+ ______[29]	+ ______[42]	______
June	+ ______[17]	______	+ ______[30]	+ ______[43]	______
July	+ ______[18]	______	+ ______[31]	+ ______[44]	______
August	+ ______[19]	______	+ ______[32]	+ ______[45]	______
September	+ ______[20]	______	+ ______[33]	+ ______[46]	______
October	+ ______[21]	______	+ ______[34]	+ ______[47]	______
November	+ ______[22]	______	+ ______[35]	+ ______[48]	______
December	+ ______[23]	______	+ ______[36]	+ ______[49]	______
Annual total	+ ______[24]		+ ______[37]	+ ______[50]	

Control Totals +

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

		2023 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of Trustee		____[4]	
State postal code		____[2]	
Indicate type of health or medical savings account:			
HSA		__[6]	
Archer MSA		__[7]	
MA (Medicare Advantage) MSA		__[9]	
Total HSA/MSA contributions made for 2023 (Enter all amounts contributed, including through employer cafeteria plans)	+	____[10]	____
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)		__[12]	
Number of months in qualified high deductible health plan in 2023		____[13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount		__[14]	
Total HSA/MSA contribution to be made for 2023	+	____[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+	____[16]	____
Excess contributions for 2022 taken as constructive contributions for 2023	+	____[19]	____
Rollover contribution (Form 5498-SA, Box 4)	+	____[21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+	____[24]	____
Enter compensation from employer maintaining high deductible health plan	+	____[27]	____
If self-employed, enter earned income from business under which plan was established	+	____[31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2023? (Y, N) __[33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

		2023 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of Trustee		____[4]	
State postal code		____[2]	
Gross distributions received **(Box 1)**	+	____[7]	____
Earnings on excess contributions **(Box 2)**	+	____[9]	____
Distribution code **(Box 3)**		__[11]	
Fair Market Value on date of death **(Box 4)**	+	____[12]	
Box 5 -			
HSA		__[13]	
Archer MSA		__[14]	
MA MSA		__[15]	
All distributions were used to pay unreimbursed qualified medical expenses		__[17]	_
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2023	+	____[19]	____
Withdrawal of excess contributions by the due date of the return	+	____[21]	____
Amount of distribution rolled over for 2023	+	____[23]	____
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+	____[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/22	+	____[27]	____
For HSA accounts:			
Was the high deductible health plan coverage started in 2022 and in effect for the month of December 2022? (Y, N)		__[29]	
Was the high deductible health plan coverage ended before 12/31/23? (Y, N)		__[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

		2023 Information	Prior Year Information
Name of the insured chronically ill individual		____[39]	
Social security number of insured		____[40]	
Gross long-term care (LTC) benefits paid **(Box 1)**	+	____[42]	____
Accelerated death benefits paid **(Box 2)**	+	____[44]	____
Check one **(Box 3)**			
Per diem		__[46]	
Reimbursed amount		__[47]	
Qualified contract **(Box 4)**		__[48]	
Check, if applicable **(Box 5)**			
Chronically ill		__[49]	
Terminally ill		__[50]	
Are there other individuals who received LTC payments during 2023? (Y, N)		__[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		__[53]	
Number of days during the long-term care period		____[54]	
Cost incurred for qualified long-term care services during the long-term care period	+	____[55]	

NOTES/QUESTIONS:

Child and Dependent Care Expenses

Please enter all amounts paid in 2023 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2022 employer-provided dependent care benefits used during 2023 grace period	+ ______ [3]	+ ______ [4]
Employer-provided dependent care benefits that were forfeited in 2023	+ ______ [5]	+ ______ [6]
Total qualified expenses incurred in 2023		______ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	______ [10]	______ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		______ [12]

Business name of provider ______
First and last name of provider ______ ______
Street address of provider ______
City, State and Zip code ______ ___ ______
Social security number OR Employer identification number ______
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) ___
Amount paid to care provider in 2023 + ______ [7]
Foreign province or state of provider ______
Foreign country and Foreign postal code of provider ______ ______

Business name of provider ______
First and last name of provider ______ ______
Street address of provider ______
City, State and Zip code ______ ___ ______
Social security number OR Employer identification number ______
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) ___
Amount paid to care provider in 2023 + ______
Foreign province or state of provider ______
Foreign country and Foreign postal code of provider ______ ______

Business name of provider ______
First and last name of provider ______ ______
Street address of provider ______
City, State and Zip code ______ ___ ______
Social security number OR Employer identification number ______
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) ___
Amount paid to care provider in 2023 + ______
Foreign province or state of provider ______
Foreign country and Foreign postal code of provider ______ ______

Business name of provider ______
First and last name of provider ______ ______
Street address of provider ______
City, State and Zip code ______ ___ ______
Social security number OR Employer identification number ______
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) ___
Amount paid to care provider in 2023 + ______
Foreign province or state of provider ______
Foreign country and Foreign postal code of provider ______ ______

Business name of provider ______
First and last name of provider ______ ______
Street address of provider ______
City, State and Zip code ______ ___ ______
Social security number OR Employer identification number ______
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) ___
Amount paid to care provider in 2023 + ______
Foreign province or state of provider ______
Foreign country and Foreign postal code of provider

	Control Totals +		Form ID: 2441

Student Loan Interest Paid

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. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2023. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender		2023 Interest Paid		Prior Year Information
__	________	+	________	[1]	________
__	________	+	________		________
__	________	+	________		________
__	________	+	________		

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) __[8]
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit) __
Student's social security number ____________
Student's first name ____________
Student's last name ____________

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution

Institution's federal identification number ____________[8]
Institution's name ____________
Institution's street address ____________
Institution's city, state, zip code ____________ ___ ____________

Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2023.
Enter the amount actually paid during 2023.

	2023 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) **(Box 1)**	+ ____________[8]	____________
Educational institution changed its reporting method for 2023 **(Box 3)**	__	
Adjustments made for a prior year **(Box 4)**	____________	
Scholarships or grants **(Box 5)**	____________	
Adjustments to scholarships or grants for a prior year **(Box 6)**	____________	
Box 1 or 2 includes amounts for an academic period beginning January - March 2024 **(Box 7)**	__	
At least half-time student **(Box 8)**	__	
Graduate student **(Box 9)** (1=Yes, 2=No)	__	
Insurance contract reimbursement/refund **(Box 10)**	____________	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	____________	
American Opportunity Tax Credit (AOTC) disqualifier 1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2023	__	

NOTES/QUESTIONS:

	Control Totals +		Form ID: Educ3

Form ID: OH

Ohio General Information

Enter your current Ohio county of residence ____________________[1]
School district number __________]

Use Tax

Purchases subject to use tax ____________________[3]

Contributions

Amount of charitable contributions you wish to make to:

Military injury relief fund ____________[4]
Nature preserves and scenic rivers ____________[5]
Wildlife species and endangered wildlife ____________[6]
Ohio History Fund ____________[7]
Breast and cervical cancer project ____________[8]
Wishes for sick children ____________[9]

Credits

	Taxpayer	Spouse
Displaced worker training expenses for 12-month period since loss of job	____________[10]	____________[11]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

Part-year residency dates:	Taxpayer	Spouse
From	____________[12]	____________[14]
To	____________[13]	____________[15]

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)	____[16]	____[17]
State of residency while not a resident of Ohio	______[18]	______[19]
If foreign, enter country of residency	______[20]	______[21]

NOTES/QUESTIONS: