ORGANIZER Page 1 Tax Organizer 2023 1040 US Tax Return Appointment GRAFF, LTD. 10159 Wayzata Blvd. Ste.100, Date: Minnetonka, MN 55305 Time: Telephone number: (763) 427-2542 Location: Fax number: E-mail address: This tax organizer will assist you in gathering information necessary for the preparation of your 2023 tax return. Please enter all pertinent 2023 information. NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement. NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement. CLIENT INFORMATION Taxpayer First name and initial.... Last name..... Title/suffix..... Social security number... Occupation..... Date of birth (m/d/y).... Date of death (m/d/y).... 1=blind..... Home phone..... Work phone..... Work extension.... Cell phone..... E-mail address. In care of..... Street address.... Apartment number. Address City. . . . . . . . . . . . . . . . . State..... ZIP code..... **DEPENDENTS** Dependent No. Dependent No. First name....... Last name..... Title/suffix..... Date of birth (m/d/y).... Date of death (m/d/y) .... Date of adoption (m/d/y) Social security number... Relationship..... Months lived at home... Dependent No. Dependent No. First name..... Last name..... Title/suffix..... Date of birth (m/d/y).... Date of death (m/d/y) .... Date of adoption (m/d/y) .

Social security number...

Relationship.....

Months lived at home....

| 23                | 1040   | US  | Tax Org   | nanizer  |               |  |             |
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|                   |  | Pleas   | e enter all p   | ertinent 2023 info   | rmatio        | n. If you have attache   | ed          |
|                   | O  |   |   | n item, check the  | box ar        | nd do not enter a 2023   | amount.     |
|                   | GES, SALAF   | RIES AND  | TIPS  |  |               |  |             |
| Emplo             | oyer name:   |   |   |  |               | 2023 Amount  | 2022 Amount |
| Η.                |  |   |   |  |               |  |             |
| Η.                |  |   |   |  |               | Attach Forms W-2   |             |
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| Payer             | name:  |   |   |  | _             |  |             |
| Ш.                |  |   |   |  |               |  |             |
| Ш.                |  |   |   |  | — I           |  |             |
| Щ.                |  |   |   |  | '             | Attach Forms 1099-IN   | IT          |
| Н.                |  |   |   |  | — 1           |  |             |
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| וואום             | DEND INCO  | ME  |   |  |               |  |             |
|                   | name:  | IVIL  |   |  |               |  |             |
|                   | name.  |   |   |  |               |  |             |
| П                 |  |   |   |  |               |  |             |
| _                 |  |   |   |  |               |  |             |
|                   |  |   |   |  | —  ,          | Attach Forms 1099-DI   | IV          |
|                   |  |   |   |  |               | Attach Forms 1099-DI   | IV          |
| PEN               | SIONS, IRA   | AND GAN   | /BLING INC  | OME  |               | Attach Forms 1099-DI   |             |
|                   | SIONS, IRA   | AND GAN   | IBLING INC  | OME  | = <br>= <br>= | Attach Forms   |             |
|                   |  | AND GAN   | IBLING INC  | OME  | = <br>=       |  |             |
|                   |  | AND GAN   | IBLING INC  | OME  |               | Attach Forms   |             |
| Payer             | name:  |   |   | OME  |               | Attach Forms   |             |
| Payer             | winnings not re  | eported on V  | /-2G  |  |               | Attach Forms   |             |
| Payer             | winnings not re  | eported on V  | /-2G  |  |               | Attach Forms   |             |
| Payer             | Winnings not re<br>Total gambling  | eported on V<br>losses  | J-2G<br>DRMS - INC  | OME  |               | Attach Forms   |             |
| Payer             | Winnings not re<br>Total gambling<br>ER GOVER!<br>Form 1099-B -  | eported on V I losses  NMENT FO Sales of sto  | J-2G<br>DRMS - INC  | OME<br>e transaction history)  |               | Attach Forms   |             |
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| OTH               | Winnings not re<br>Total gambling<br>ER GOVER!<br>Form 1099-B -<br>Form 1099-MIS<br>Form 1099-K -  | eported on V<br>losses<br>NMENT FC<br>Sales of sto<br>SC - Miscella<br>Merchant ca  | J-2G  | OME<br>transaction history)  |               | Attach Forms<br>1099-R & W-2G  |             |
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| OTH Taxpa Spous   | Winnings not re Total gambling ER GOVER! Form 1099-B - Form 1099-K - Form 1099-S - Form 1099-G - ayer: Form SSA-109 Form 1099-Q (5) Form 1099-QA/ se: Form SSA-109   | eported on V losses  NMENT FC Sales of sto SC - Miscella Merchant ca Sales of rea  State tax re Unemploym 529 Plan) 5498-QA (AB                       | J-2G  | OME transaction history) rty network payments and the closing statement          |               | Attach Forms<br>1099-R & W-2G<br>Attach<br>Attach Forms 1099             |             |
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ORGANIZER Tax Organizer US 2023 1040 MISCELLANEOUS INCOME Taxpayer: Alimony received Spouse: Alimony received Other: RETIREMENT PLAN CONTRIBUTIONS 2023 Amount 2022 Amount Taxpayer: Traditional IRA contributions (1=maximum) Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) . . . . . Spouse: Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) . . . . . OTHER GOVERNMENT FORMS - DEDUCTIONS Attach Forms 1098 Form 1098-T - Tuition and related expenses ..... AFFORDABLE CARE ACT Attach Forms 1095 Form 1095-A - Health Insurance Marketplace Statement ADJUSTMENTS TO INCOME Taxpayer: Other adjustments to income: Alimony paid - Recipient name & SSN ..... Spouse: Self-employed health insurance premiums ..... Educator expenses ..... Other adjustments to income: Alimony paid - Recipient name & SSN ...... MEDICAL AND DENTAL EXPENSES Prescription medicines and drugs ..... Doctors, dentists and nurses..... Hospitals and nursing homes ..... Insurance premiums ..... Insurance reimbursement ..... Out-of-pocket lodging and transportation expenses ...... Number of medical miles..... Other: **TAXES PAID** 

State income taxes - 1/23 payment on 2022 state estimate

| TAX   | ES PAID (c  | ontinued)  |  | 2023 Amount                        | 2022 Amount |
|---|---|--|--|------------------------------------|-------------|
|   | · ·   | -  | 2 state extension  |                                    |             |
|   | income taxes -  | •  |  |                                    |             |
|   |   | •  | years and/or to other states   |                                    |             |
|   |   |  | ment on 2022 city/local estimate   |                                    |             |
| -   |   |  | th 2022 city/local extension   |                                    |             |
| _   |   | •  | th 2022 city/local return  |                                    |             |
| _   |   |  | ept autos and special items)   |                                    |             |
|   |   |  | es   |                                    |             |
|   | •   | •  | urn  |                                    |             |
|   | •   |  | above  |                                    |             |
|   |   |  | ft, and other special items  |                                    |             |
|   |   |  | dence  |                                    |             |
|   |   |  | for investment   |                                    |             |
|   |   |  |  |                                    |             |
|   |   |  | uding automobile fees in some states)  | Attach Tax Notice                  |             |
|   | REST PAII   | -  | ,  |                                    |             |
| Home  | mortgage inte   | erest and poir   | nts paid:  |                                    |             |
|   | 3 3   | '  | '  | A44 - als F 1000                   |             |
| $\Box$  |   |  |  | Attach Forms 1098                  |             |
| Home m  | nortgage interest i   | not on Form 1098   | (include name, SSN, & address of payee):   |                                    |             |
|   | 3 0   |  |  |                                    |             |
|   |   |  |  |                                    |             |
| Points  | not reported  | on Form 1098   | 3:   |                                    |             |
|   |   |  |  |                                    |             |
|   |   |  |  |                                    |             |
| Invoct  | mont interest   | (interest on n   | parain accounts):  |                                    |             |
| Invest  | ment interest   | (interest on n   | nargin accounts):  |                                    |             |
| Passiv  |   |  | nargin accounts):  |                                    |             |
| Passiv<br>CAS   | ve interest  H CONTRII : No deduction   | BUTIONS  n is allowed for  | <u> </u>   |                                    |             |
| Passiv<br>CASI<br>NOTE  | ve interest  H CONTRII  : No deduction from the dor   | BUTIONS  n is allowed for the showing to the showin | or cash or check contributions unless the do<br>the name of the organization, contribution o   |                                    |             |
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| Passiv CASI NOTE  Volunt  | ve interest  H CONTRII  : No deduction from the dor  teer expenses er of charitabl  | BUTIONS  n is allowed for the  | or cash or check contributions unless the do<br>the name of the organization, contribution of<br>et)   |                                    |             |
| Passiv CASI NOTE  Volunt Numbe NON  | ve interest H CONTRII : No deduction from the dor teer expenses er of charitabl CASH CON  | BUTIONS  n is allowed for the control of the contro | or cash or check contributions unless the dotthe name of the organization, contribution of the organization.   | late(s), and contribution amount(s | 5).         |
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| 2023 | 1040  | US                      | Miscellaneous Questions  |  |  |  |  |  |  |  |
|------|---|-------------------------|--|--|--|--|--|--|--|--|
|      | If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary. |                         |  |  |  |  |  |  |  |  |
| YES  | NO  | Did your r              | marital status change during the year?   |  |  |  |  |  |  |  |
|      |   | Did your a              | Did your address change during the year?   |  |  |  |  |  |  |  |
|      |   | Could you               | be claimed as a dependent on another person's tax return?  |  |  |  |  |  |  |  |
|      |   | Were ther               | re any changes in dependents?  |  |  |  |  |  |  |  |
|      |   | Did you a               | nd your dependents have health care coverage for the full-year?  |  |  |  |  |  |  |  |
|      |   | Did you re              | eceive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.                          |  |  |  |  |  |  |  |
|      |   | Did you re              | eceive unreported tip income of \$20 or more in any month?   |  |  |  |  |  |  |  |
|      |   | Did you re              | eceive any disability income?  |  |  |  |  |  |  |  |
|      |   | Did you b               | uy or sell any stocks, bonds or other investment property?   |  |  |  |  |  |  |  |
|      |   | Did you p               | urchase, sell, or refinance your principal home or second home, or did you take a home equity loan?                    |  |  |  |  |  |  |  |
|      |   | Did you m<br>energy so  | nake any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell ources? |  |  |  |  |  |  |  |
|      |   | Did you re              | eceive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?                            |  |  |  |  |  |  |  |
|      |   | Did you tr              | ransfer or rollover any amount from one retirement plan to another?  |  |  |  |  |  |  |  |
|      |   | Did you co              | onvert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?   |  |  |  |  |  |  |  |
|      |   | Did you, y<br>vocationa | your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or I school? |  |  |  |  |  |  |  |
|      |   | Did you in              | ncur a loss because of damaged or stolen property?   |  |  |  |  |  |  |  |
|      |   | Did you us              | se your car on the job (other than to and from work)?  |  |  |  |  |  |  |  |
|      |   | May the If              | RS discuss your tax return with your preparer?   |  |  |  |  |  |  |  |
|      |   | Was your                | home rented out or used for business?  |  |  |  |  |  |  |  |
|      |   | Were you                | notified or audited by either the IRS or the State taxing agency?  |  |  |  |  |  |  |  |
|      |   | At any tim              | ne during the tax year, did you: receive or sell, exchange, gift, or otherwise dispose of digital asset?               |  |  |  |  |  |  |  |
|      |   |                         |  |  |  |  |  |  |  |  |
|      |   |                         |  |  |  |  |  |  |  |  |
|      |   |                         |  |  |  |  |  |  |  |  |
|      |   |                         |  |  |  |  |  |  |  |  |
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| NIZER           | 1040                                | LIC  | Direc                           | t Dana      | oit 0 Fotir  | notoo (C   | - 10                    | 40 FC)   |                                 | Page |
|-----------------|-------------------------------------|--|---------------------------------|-------------|--|--|-------------------------|--|---------------------------------|------|
| 23              | 1040                                | US   | Direc                           | т реро      | sit & Estir  | nates (F   | -orm 10                 | 40 ES)   |                                 | 3,   |
| DIRE            | CT DEPO                             | SIT / ELI                                  |                                 |             | all pertinent 2 MENT (3)   | 2023 inforn  | mation.                 |  |                                 |      |
| =direct         | t deposit of fed<br>ronic payment o | eral tax refur<br>of balance du            | nd into bank<br>ue              | account     |  |  |                         |  |                                 |      |
|                 | K INFORM                            |  |                                 |             |  |  |                         |  |                                 |      |
| Name of Bank    |                                     |  | ercent to<br>Deposit<br>(xx.xx) | Routing Num | ber  | Account N  | lumber                  | Type of<br>Account<br>(Table 1)                            | Type of<br>Invest.<br>(Table 2) |      |
|                 |                                     |  |                                 |             |  |  |                         |  |                                 |      |
| 2023            | ESTIMATE                            | ED TAX /                                   | 1040-ES                         | 6 (6)       |  |  |                         |  |                                 |      |
| eder<br>Overpay | al<br>yment applied f               | rom 2022                                   |                                 | Amo         | unt Paid   | Da   | ate Paid                | TS   | 2023<br>Voucher Amo             | ount |
|                 | rter payment<br>arter payment       |  | <del></del>                     |             |  |  |                         |  |                                 |      |
| rd qua          | rter payment                        |  |                                 |             |  |  |                         |  |                                 |      |
|                 | Additional Es<br>Tax Paym           |  |                                 |             |  |  |                         |  |                                 |      |
|                 | th extension spouse SSN if jo       |  | <del></del>                     |             |  |  |                         |  |                                 |      |
| State           |                                     |  |                                 | Amo         | unt Paid   | Da   | ate Paid                | TS   | 2023<br>Voucher Amo             | ount |
| . ,             | ment applied from                   |  |                                 |             |  |  |                         |  |                                 |      |
| nd qua          | irter payment                       |  |                                 |             |  |  |                         |  |                                 |      |
|                 | rter payment                        |  |                                 |             |  |  |                         |  |                                 |      |
| '               |                                     |  |                                 |             |  |  |                         |  |                                 |      |
|                 | Additional Es<br>Tax Paym           | timated<br>ents                            |                                 |             |  |  |                         |  |                                 |      |
| Paid wit        | h extension                         |  |                                 |             |  |  |                         |  |                                 |      |
|                 |                                     |  | _                               |             |  |  |                         |  |                                 |      |
|                 | 1                                   | Type of Acc<br>1 = Savings<br>2 = Checking |                                 |             | 1 = Checking or sav<br>2 = Taxpayer's IRA<br>3 = Spouse's IRA (r<br>4 = Health savings a<br>5 = Archer MSA | ings (default)<br>(next year limits)<br>ext year limits) | 7 = Other<br>8 = Taxpay | dell savings acco<br>yer's IRA (curren<br>e's IRA (current | it year limits)                 |      |

|   | · |     |    |
|---|---|-----|----|
|   |   |     |    |
|   |   |     |    |
| Do you expect your 2024 withholding to be different from 2023?  If "yes" explain any differences: |   | Yes | No |
|   |   |     |    |
|   |   |     |    |
|   |   |     |    |
|   |   |     |    |
|   |   |     |    |
|   |   |     |    |

7.1

**ORGANIZER** Wages, Pensions, Gambling Winnings 10, 13.1, 13.2 US 2023 1040 Please enter all pertinent 2023 amounts & attach all W-2, W-2G and 1099-R forms. Last year's amounts are provided for your reference. WAGES, SALARIES, TIPS (10) Wages, Tips, Other 1=retirement Tax Withheld plan (Box 13) Social Name of Employer (Box c) Federal Medicare State Local Compensation No Security (Box 17) (Box 19) 2022 (Box 2) (Box 6) 1=spouse (Box 1) (Box 4) Wages PENSIONS, IRA DISTRIBUTIONS (13.1) Distribution code #2 Tax Withheld Value of Taxable Gross Distribution code #1 all IRAs Amount (Box 2a) Distribution Name of Payer Federal State 2022 at No 1=IRA/SEP/SIMPLE (Box 1) (Box 4) (Box 14) 12/31/23 Distribution 1=spouse GAMBLING WINNINGS (W-2G) (13.2) Tax Withheld **Gross Winnings** Name of Payer 1=spouse 2022 (Box 1) No Federal (Box 4) State (Box 15) Local (Box 17) Winnings **GAMBLING LOSSES & WINNINGS (NON W-2G)** (13.2)2023 Amount TS 2022 Amount Total gambling losses..... Winnings not reported on Form W-2G . . . . . . .

10, 13.1, 13.2

2023 1040 US Interest & Dividend Income 11, 12

Please enter all pertinent 2023 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

# **INTEREST INCOME (11)**

|     | Name of Paver   | 1 |                                       | Interest Income                     | Tax-Exem                          | pt Interest                 | Early<br>Withdrawal            |                    |                  |
|-----|---|---|---------------------------------------|-------------------------------------|-----------------------------------|-----------------------------|--------------------------------|--------------------|------------------|
| No. | Name of Payer (also enter SSN & address for seller-financed mortgage)  1=ta 2=s |   | Banks,<br>S&Ls, C/Us,<br>etc. (Box 1) | Seller-<br>Financed<br>Mtg. (Box 1) | U.S. Bonds,<br>T-Bills<br>(Box 3) | Total<br>Municipal<br>Bonds | In-state<br>Municipal<br>Bonds | Penalty<br>(Box 2) | 2022<br>Interest |
|     |   |   |                                       |                                     |                                   |                             |                                |                    |                  |
|     |   |   |                                       |                                     |                                   |                             |                                |                    |                  |
|     |   |   |                                       |                                     |                                   |                             |                                |                    |                  |
|     |   |   |                                       |                                     |                                   |                             |                                |                    |                  |
|     |   |   |                                       |                                     |                                   |                             |                                |                    |                  |
|     |   |   |                                       |                                     |                                   |                             |                                |                    |                  |
|     |   |   |                                       |                                     |                                   |                             |                                |                    |                  |
|     |   |   |                                       |                                     |                                   |                             |                                |                    |                  |
|     |   |   |                                       |                                     |                                   |                             |                                |                    |                  |
|     |   |   |                                       |                                     |                                   |                             |                                |                    |                  |
|     |   |   |                                       |                                     |                                   |                             |                                |                    |                  |
|     |   |   |                                       |                                     |                                   |                             |                                |                    |                  |

# **DIVIDEND INCOME (12)**

|     |               | 1_taypayo | _                                       | Di                                 | vidend Incor                               | me                            |                           | Tax-Exem                    | pt Interest                           | Foreign                        |                   |
|-----|---------------|-----------|---|------------------------------------|--|-------------------------------|---------------------------|-----------------------------|---------------------------------------|--------------------------------|-------------------|
| No. | Name of Payer | 2=spouse  | Total Ordinary<br>Dividends<br>(Box 1a) | Qualified<br>Dividends<br>(Box 1b) | Total Capital<br>Gain Distrib.<br>(Box 2a) | SubSection<br>199A<br>(Box 5) | U.S. Bonds<br>(% or amt.) | Total<br>Municipal<br>Bonds | In-state<br>Muni-bonds<br>(% or amt.) | Foreign<br>Tax Paid<br>(Box 7) | 2022<br>Dividends |
|     |               |           |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |           |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |           |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |           |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |           |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |           |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |           |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |           |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |           |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |           |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     | •             |           |   |                                    | •  | •                             | •                         |                             |                                       |                                |                   |

2023 1040 US Miscellaneous Income 14.1

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

| MISCELLANEOUS INCOME  | 2023 A   |        | 2022 Amount |        |  |
|---|----------|--------|-------------|--------|--|
|   | Taxpayer | Spouse | Taxpayer    | Spouse |  |
| Social security benefits (SSA-1099, box 5)  |          |        |             |        |  |
| Medicare premiums paid (SSA-1099)   |          |        |             |        |  |
| 1=treat Medicare premiums paid as SE health ins.  |          |        |             |        |  |
| Tier 1 RR retirement benefits (RRB-1099, box 5)   |          |        |             |        |  |
| 1=lump-sum election for SS benefits   |          |        |             |        |  |
| Alimony received  |          |        |             |        |  |
| Taxable scholarships and fellowships  |          |        |             |        |  |
| Jury duty pay   |          |        |             |        |  |
| Household employee income not on W-2  |          |        |             |        |  |
| Excess minister's allowance   |          |        |             |        |  |
| Alaska permanent fund dividends   |          |        |             |        |  |
| Income from rental of personal property   |          |        |             |        |  |
| Activity not engaged in for profit income   |          |        |             |        |  |
| Olympic & Paralympic medals & USOC prize money.   |          |        |             |        |  |
| Prizes and awards   |          |        |             |        |  |
| Stock Options   |          |        |             |        |  |
| Strike or lockout benefits (other than bona fide gifts)   |          |        |             |        |  |
|   |          |        |             |        |  |
| Non-tuition fellowship and stipend payments entered above to include as taxable compensation for IRA purposes |          |        |             |        |  |
| Wages earned while incarcerated not on W-2  |          |        |             |        |  |
| Income subject to S/E tax: (1099-NEC, box 1)  |          |        |             |        |  |
|   |          |        |             |        |  |
|   |          |        |             |        |  |
|   |          |        |             |        |  |
|   |          |        |             |        |  |
|   |          |        |             |        |  |
|   |          |        |             |        |  |
| Other income (1099-MISC, box 3, 8)  |          |        |             |        |  |
| ether moonie (1077 mies, box 6, 6)  |          |        |             |        |  |
|   |          |        |             |        |  |
| <del></del>   |          |        |             |        |  |
|   |          |        |             |        |  |
|   |          |        |             |        |  |
|   |          |        |             |        |  |
|   |          |        |             |        |  |
| Form 1099-K   |          |        |             |        |  |
| _   |          |        |             |        |  |
| Amount of sale proceeds from Form 1099-K for  |          |        |             |        |  |
| personal item(s) sold at a loss   |          |        |             |        |  |
| Amount from Form 1099-K that was incorrectly reported   |          |        |             |        |  |
| TAX WITHHELD (not entered elsewhere)  |          |        |             |        |  |
| Federal income tax withheld   |          |        |             |        |  |
| State income tax withheld   |          |        |             |        |  |
|   |          |        |             |        |  |
| Local income tax withheld   |          |        |             |        |  |

| JITO, IIIILLIT |      |    |   | rage r- |
|----------------|------|----|---|---------|
| 2023           | 1040 | US | State & Local Tax Refunds / Unemployment Compensation | 14.2    |

Please add, change or delete 2023 information as appropriate. Be sure to attach all 1099-G forms.

# STATE AND LOCAL TAX REFUNDS / UNEMPLOYMENT COMPENSATION (Form 1099-G)

| ONLIVIPL | OTIVIENT COMPENSATION (FORM 1099-G)  2023 1099-G Amount        |
|----------|--|
|          | Name of payer  |
|          | 1=spouse.  |
|          | Unemployment compensation:                                     |
|          | Total received (Box 1)   |
|          | 2023 Overpayment repaid  |
|          | State and local refunds:                                       |
|          | State and local income tax refund, credit or offsets (Box 2) . |
|          | 1=city or local income tax refund                              |
|          | Tax year for box 2 if not 2022 (Box 3)                         |
|          | Federal income tax withheld (Box 4)                            |
| No.      | RTAA payments (Box 5)  |
|          | Taxable grants:  |
|          | Federal taxable amount (Box 6)                                 |
|          | State taxable amount, if different                             |
|          | Farm amounts:  |
|          | Agriculture payments (Box 7)                                   |
|          | 1=agriculture payments are from conservation reserve program   |
|          | Market gain (Box 9)  |
|          | Number of farm   |
|          | 1=box 2 is trade or business income (Box 8)                    |
|          | State income tax withheld (Box 11)                             |
|          |  |
|          | Name of payer  |
|          | 1=spouse   |
|          | Unemployment compensation:                                     |
|          | Total received (Box 1)   |
|          | 2023 Overpayment repaid  |
|          | State and local refunds:                                       |
|          | State and local income tax refund, credit or offsets (Box 2) . |
|          | 1=city or local income tax refund                              |
|          | Tax year for box 2 if not 2022 (Box 3)                         |
|          | Federal income tax withheld (Box 4)                            |
| No.      | RTAA payments (Box 5)  |
|          | Taxable grants:  |
|          | Federal taxable amount (Box 6)                                 |
|          | State taxable amount, if different                             |
|          | Farm amounts:  |
|          | Agriculture payments (Box 7)                                   |
|          | 1=agriculture payments are from conservation reserve program   |
|          | Market gain (Box 9)  |
|          | Number of farm   |
|          | 1=box 2 is trade or business income (Box 8)                    |
|          | 1=box 2 is tidde of business income (box 6)                    |
|          | State income tax withheld (Box 11)                             |

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2023 1040 US Capital Gains & Losses (Schedule D)

If you sold any stocks, bonds, or other investment property in 2023, please list the pertinent information for each sale below or provide a spreadsheet file with this information. Be sure to attach all 1099-B forms and brokerage statements.

| Quantity | Description of Property<br>(Box 1a) | Date<br>Acquired<br>(Box 1b)              | Date Sold<br>(Box 1c)   | Sales Price<br>(gross or net)<br>(Box 1d)  | Cost or Basis<br>(Box 1e)   | Blank=basis rep.<br>to IRS, 1=nonrec.<br>security (Box 3, 5)  | Expenses of Sale<br>(if gross sales<br>price entered)  | Federal Income<br>Tax Withheld<br>(Box 4)  |
|----------|-------------------------------------|---|---|--|---|---|--|--|
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          |                                     |   |   |  |   |   |  |  |
|          | Quantity                            | Quantity Description of Property (Box 1a) | Quantity Description of Property (Box 1a)  Date Acquired (Box 1b)  Date Acquired (Box 1b) | Quantity  Description of Property (Box 1a)  Date Acquired (Box 1c)  Date Sold (Box 1c) | Quantity Description of Property (Box 1a)  Date One (Box 1c)  Acquired (Box 1c)  Acquired (Box 1c)  Sales or net (Box 1d)  Acquired (Box 1c)  Sales or net (Box 1d)  Sales or net (Box 1d) | Quantity Description of Property (Box 1a) Date Sold (Box 1c) Sales Price (gross or net (Box 1d)) Cost or Basis (Box 1e) | Duantity  Description of Property (Box 1a)  Date Acquired (Box 1b)  Date Sold (Box 1c)  Sales Price (goss rice) (goss rice) (gos and)  Cost or Basis (Box 1c)  Date Sold (Box 1c)  Date Sold (Box 1c)  Sales price (gos rice) (gos and)  Cost or Basis (Box 1c)  Date Sold | Date   Date   Date   Date   Date   Clear   C |

Page 16

| 2023 | 1040 | US | Adjustments to Income | 24 |
|------|------|----|-----------------------|----|

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

| TRADITIONAL IRA CONTRIBUTIONS  | 2023 Amount |        | 2022 Am  | ount   |
|--|-------------|--------|----------|--------|
|  | Taxpayer    | Spouse | Taxpayer | Spouse |
| IRA contributions you made or expect to make (1=maximum) (\$6,500/\$7,500 if 50 or older)                                  |             |        |          |        |
| 1=covered by plan, 2=not covered   |             |        |          |        |
| ROTH IRA CONTRIBUTIONS   |             |        |          |        |
| Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)  Contributions made to date |             |        |          |        |
| SEP, SIMPLE AND QUALIFIED PLANS  | (KEOGH)     |        |          |        |
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)   |             |        |          |        |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)   |             |        |          |        |
| Defined benefit contributions you expect to make   |             |        |          |        |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)  |             |        |          |        |
| Individual 401k: SE elective deferrals (except Roth) (1=max.)  |             |        |          |        |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum)  |             |        |          |        |
| Employer matching rate if not .03 (.xxxx)  |             |        |          |        |
| 1=nonelective contributions (2%)   |             |        |          |        |
| ADJUSTMENTS TO INCOME  |             | _      |          |        |
| Self-employed health insurance:  |             |        |          |        |
| Total premiums (excluding long-term care) Long-term care premiums  |             |        |          |        |
| Student loan interest paid (1098-E, box 1)   |             |        |          |        |
| Educator expenses (kindergarten thru grade 12) Jury duty pay given to employer   |             |        |          |        |
| Attorney fees and court costs for unlawful discrimination claims   |             |        |          |        |
| Attorney fees and court costs paid in connection with an IRS award for information on tax law violations                   |             |        |          |        |
| Contributions by certain chaplains to section 403(b) plans  Reforestation amortization and expenses                        |             |        |          |        |
| Repayment of supplemental unemployment benefits  |             |        |          |        |
| Expenses from rental of personal property  |             |        |          |        |
| Other adjustments to income:   |             | _      |          |        |
|  |             |        |          |        |
|  |             |        |          |        |

| SICOMINIZER |      |    |                       | rage 17      |
|-------------|------|----|-----------------------|--------------|
| 2023        | 1040 | US | Adjustments to Income | <b>24</b> p2 |

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

# **ADJUSTMENTS TO INCOME**

| Alimony paid:                     | Taxpayer  | <u> </u> | Spouse |           |
|-----------------------------------|-----------|----------|--------|-----------|
| Date of divorce or sep. agreement |           |          |        |           |
| Recipient's first name            |           |          |        |           |
| Recipient's last name             |           |          |        |           |
| Recipient's SSN                   |           |          |        |           |
| Amount paid                       | 2022 amt: |          |        | 2022 amt: |

**24** p2

2023 1040 US Itemized Deductions 25

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

#### MEDICAL AND DENTAL EXPENSES

| Prescription medicines and drugs  Doctors, dentists and nurses  Hospitals and nursing homes  Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)  Long-term care premiums - taxpayer  Long-term care premiums - spouse  Insurance reimbursement (enter as a positive number)  Lodging and transportation:  Out-of-pocket expenses  Medical miles driven  Other medical and dental expenses: |  |
|---|--|
| Hospitals and nursing homes Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) Long-term care premiums - taxpayer Long-term care premiums - spouse Insurance reimbursement (enter as a positive number) Lodging and transportation: Out-of-pocket expenses Medical miles driven  |  |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)  Long-term care premiums - taxpayer  Long-term care premiums - spouse  Insurance reimbursement (enter as a positive number)  Lodging and transportation:  Out-of-pocket expenses  Medical miles driven  |  |
| Long-term care premiums - taxpayer  Long-term care premiums - spouse  Insurance reimbursement (enter as a positive number)  Lodging and transportation:  Out-of-pocket expenses  Medical miles driven   |  |
| Long-term care premiums - spouse  Insurance reimbursement (enter as a positive number)  Lodging and transportation:  Out-of-pocket expenses  Medical miles driven   |  |
| Insurance reimbursement (enter as a positive number)  Lodging and transportation:  Out-of-pocket expenses  Medical miles driven   |  |
| Lodging and transportation:  Out-of-pocket expenses  Medical miles driven   |  |
| Out-of-pocket expenses  |  |
| Medical miles driven  |  |
| \ <u>\</u>  |  |
| Other medical and dental expenses:  |  |
|   |  |
|   |  |
|   |  |
|   |  |
| TAXES PAID (State and local withholding and 2023 estimates are automatic.)  |  |
| State income taxes - 1/23 payment on 2022 state estimate  |  |
| State income taxes - paid with 2022 state return extension  |  |
| State income taxes - paid with 2022 state return  |  |
| State income taxes - paid for prior years and/or to other state   |  |
| City/local income taxes - 1/23 payment on 2022 city/local estimate  |  |
| City/local income taxes - paid with 2022 city/local extension   |  |
| City/local income taxes - paid with 2022 city/local return  |  |
| SALES AND USE TAXES PAID  |  |
| State and local sales taxes (except autos and special items)  |  |
| Use taxes paid on 2023 purchases  |  |
| Use taxes paid with 2022 state return   |  |
| Sales tax on autos not included above   |  |
| Sales tax on boats, aircraft, other special items   |  |
| OTHER TAXES PAID  |  |
| Real estate taxes - principal residence:  |  |
|   |  |
|   |  |
| Real estate taxes - held for investment :   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Personal property taxes (including auto fees in some states. Provide a copy of tax notice)  |  |
| Foreign income taxes  |  |
| Other taxes:  |  |
|   |  |

2023 1040 US Itemized Deductions (continued) 25 p2

| ome mortgage int. (Box 1) and points (Box 2) reported on Form 1098:   | 2023 Amount  | TS                     | 2022 Amount           |
|---|--|------------------------|-----------------------|
|   |  |                        |                       |
|   |  |                        |                       |
| Home mortgage interest not reported on Form 1098:   |  |                        |                       |
| Payee's name  |  |                        |                       |
| Payee's SSN or FEIN   |  |                        |                       |
| Payee's street address  |  |                        |                       |
| Payee's city  |  |                        |                       |
| Payee's state   |  |                        |                       |
| Payee's ZIP code  |  |                        |                       |
| Payee's region  |  |                        |                       |
| Payee's postal code   |  |                        |                       |
| Payee's country  Amount paid  |  |                        |                       |
|   |  |                        |                       |
| Points not reported on Form 1098:   |  |                        |                       |
|   |  |                        |                       |
|   |  |                        |                       |
| nvestment interest (interest on margin accounts):   |  |                        |                       |
| ,   |  |                        |                       |
|   |  |                        |                       |
|   |  |                        |                       |
|   | home are deductible over the   | ne life of             | the mortgage.         |
| NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limits)   | donor maintains a bank reco<br>date(s), and contribution an            | ord, or a              | written communication |
| NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution   | donor maintains a bank reco<br>date(s), and contribution an            | ord, or a              | written communication |
| Churches, schools, hospitals, and other charitable organizations (60% limita  | donor maintains a bank reco<br>date(s), and contribution an            | ord, or a              | written communication |
| NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limits)   | donor maintains a bank reco<br>date(s), and contribution an            | ord, or a              | written communication |
| NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limits)   | donor maintains a bank reco<br>date(s), and contribution an            | ord, or a              | written communication |
| NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limits)   | donor maintains a bank reco<br>date(s), and contribution an            | ord, or a              | written communication |
| NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limits)   | donor maintains a bank reco<br>date(s), and contribution an            | ord, or a              | written communication |
| NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check:  | donor maintains a bank reco<br>date(s), and contribution an            | ord, or a              | written communication |
| NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check:  Volunteer expenses (out-of-pocket)  | donor maintains a bank reco<br>date(s), and contribution an            | ord, or a              | written communication |
| NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution thurches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain | donor maintains a bank reco<br>date(s), and contribution an<br>ation): | ord, or a<br>nount(s). | written communication |
| NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution hurches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles   | donor maintains a bank reco<br>date(s), and contribution an<br>ation): | ord, or a<br>nount(s). | written communication |
| NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution hurches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain  | donor maintains a bank reco<br>date(s), and contribution an<br>ation): | ord, or a<br>nount(s). | written communication |
| NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain | donor maintains a bank reco<br>date(s), and contribution an<br>ation): | ord, or a<br>nount(s). | written communication |
| NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain | donor maintains a bank reco<br>date(s), and contribution an<br>ation): | ord, or a<br>nount(s). | written communication |
| NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution thurches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain | donor maintains a bank reco<br>date(s), and contribution an<br>ation): | ord, or a<br>nount(s). | written communication |
| NOTE: Points paid on loans other than to buy, build, or improve your main For these types of loans also provide the dates and lives of the loan CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution churches, schools, hospitals, and other charitable organizations (60% limits Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain | donor maintains a bank reco<br>date(s), and contribution an<br>ation): | ord, or a<br>nount(s). | written communication |

**25** <sub>p2</sub>

Page 20 ORGANIZER

| 3  | 1040 US Itemized Deductions (continued)  |   |                 |                        |   |                              | 25                           |                           |                                |                           |                                |                     |
|--|--|---|-----------------|------------------------|---|------------------------------|------------------------------|---------------------------|--------------------------------|---------------------------|--------------------------------|---------------------|
|  | Please er  | nter all pe                               | ertine          | nt 202                 | 3 amo   | unts. La                     | st year's aı                 | nounts are                | e provided                     | d for you                 | ır referenc                    | e.                  |
|  | NCASH C  |   |                 |                        |   |                              |                              |                           |                                |                           |                                |                     |
| NOTE   | :Use Sheet 2 that are not  | 6 if total no<br>in <i>good</i> us        | ncash<br>ed con | contribut<br>dition or | tions are<br>better.  | e over \$500<br>In addition, | . No deduction a deduction f | is allowed for any item w | or contributio<br>vith minimal | ns of cloth<br>monetary v | ning and house<br>value may be | ehold items denied. |
|  | imitation (see   |   |                 |                        |   |                              |                              |                           | mount                          | TS                        | 2022 Am                        |                     |
|  |  |   |                 |                        |   |                              |                              | 20237                     | inount                         |                           | 2022 7(11)                     | ount                |
|  |  |   |                 |                        |   |                              |                              |                           |                                |                           |                                |                     |
| -  |  |   |                 |                        |   |                              |                              |                           |                                |                           |                                |                     |
| 30% li   | imitation (see   | e above):                                 |                 |                        |   |                              |                              |                           |                                |                           |                                |                     |
|  |  |   |                 |                        |   |                              |                              |                           |                                |                           |                                |                     |
| -  |  |   |                 |                        |   |                              |                              |                           |                                |                           |                                |                     |
| -  |  |   |                 |                        |   |                              |                              |                           |                                |                           |                                |                     |
| 30% c  | apital gain p  | roperty (gift                             | s of ca         | pital gai              | n propei  | rty to 50% I                 | imit orgs.):                 |                           |                                |                           |                                |                     |
| -  |  |   |                 |                        |   |                              |                              |                           |                                |                           |                                |                     |
| -  |  |   |                 |                        |   |                              |                              |                           |                                |                           |                                |                     |
|  |  |   |                 |                        |   |                              |                              |                           |                                |                           |                                |                     |
| 20% c  | capital gain p   | roperty (gift                             | s of ca         | pital gai              | n propei  | rty to non-5                 | 0% limit orgs.               | ):                        |                                |                           |                                |                     |
| -  |  |   |                 |                        |   |                              |                              |                           |                                |                           |                                |                     |
| -  |  |   |                 |                        |   |                              |                              |                           |                                |                           |                                |                     |
|  |  |   |                 |                        |   |                              |                              |                           |                                |                           |                                |                     |
|  | ATE MISO   |   |                 |                        |   |                              | IG TO TA                     | X CUTS                    | & JOBS                         | ACT (su                   | ubject to 2% <i>F</i>          | AGI limit)          |
| Union  | and professi   | onal dues.                                |                 |                        |   |                              |                              |                           | & JOBS                         | ACT (su                   | ubject to 2% A                 | AGI limit)          |
| Jnion  | and professi   | onal dues.                                |                 |                        |   |                              |                              |                           | & JOBS                         | ACT (su                   | ubject to 2% /                 | AGI limit)          |
| Jnion  | and professi   | onal dues.                                |                 |                        |   |                              |                              |                           | & JOBS                         | ACT (su                   | ubject to 2% <i>F</i>          | AGI limit)          |
| Jnion  | and professi   | onal dues.                                |                 |                        |   |                              |                              |                           | & JOBS                         | ACT (su                   | ubject to 2% A                 | AGI limit)          |
| Jnion  | and professi   | onal dues.                                |                 |                        |   |                              |                              |                           | & JOBS                         | ACT (su                   | ubject to 2% A                 | AGI limit)          |
| Jnion<br>Other<br>orofes   | and professi   | onal dues .<br>d employee<br>riptions, em |                 |                        |   |                              |                              |                           | & JOBS                         | ACT (su                   | ubject to 2% A                 | AGI limit)          |
| Jnion<br>Other<br>profes   | and professi<br>unreimburse<br>sional subsci   | onal dues .<br>d employee<br>riptions, em |                 |                        |   |                              |                              |                           | & JOBS                         | ACT (su                   | ubject to 2% A                 | AGI limit)          |
| Jnion<br>Other<br>profes   | and professi<br>unreimburse<br>sional subsci   | onal dues .<br>d employee<br>riptions, em |                 |                        |   |                              |                              |                           | & JOBS                         | ACT (su                   | ubject to 2% A                 | AGI limit)          |
| Jnion<br>Other<br>orofes   | and professi<br>unreimburse<br>sional subsci   | onal dues .<br>d employee<br>riptions, em |                 |                        |   |                              |                              |                           | & JOBS                         | ACT (su                   | ubject to 2% A                 | AGI limit)          |
| Jnion<br>Other<br>orofes   | and professi<br>unreimburse<br>sional subsci   | onal dues .<br>d employee<br>riptions, em |                 |                        |   |                              |                              |                           | & JOBS                         | ACT (su                   | ubject to 2% A                 | AGI limit)          |
| Union Other  | and profession unreimbursetsional subscription and subscr | onal dues . d employee riptions, em       | expen           | ses (uni               | forms ar  | nd protectiv                 | e clothing,<br>n edu. expens |                           | & JOBS                         | ACT (su                   | ubject to 2% A                 | AGI limit)          |
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| Union Other profes  Invest  Tax re Safe c  | and profession unreimbursetsional subscription and subscription and subscription and subscription and subscription are expensed to the subscription and subscription and subscription are subscription and subscription are subscri | d employee riptions, em                   | e expen         | ses (united agen       | forms and acceptance of the control | nd protectiv<br>and certain  | e clothing,<br>n edu. expens |                           | & JOBS                         | ACT (su                   | ubject to 2% A                 | AGI limit)          |
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| Union Other profes  Invest  Tax re Safe c  | and profession unreimbursetsional subscription and subscription and subscription and subscription and subscription are expensed to the subscription and subscription and subscription are subscription and subscription are subscri | d employee riptions, em                   | e expen         | ses (united agen       | forms and acceptance of the control | nd protectiv<br>and certain  | e clothing,<br>n edu. expens |                           | & JOBS                         | ACT (st                   | ubject to 2% A                 | AGI limit)          |

|      | ı    |    |                                 | · · · · · · · · · · · · · · · · · · · |
|------|------|----|---------------------------------|---------------------------------------|
| 2023 | 1040 | US | Itemized Deductions (continued) | 25 p4                                 |

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

| THER MISCELLANEOUS DEDUCTIONS | 2023 Amount | TS | 2022 Amount |
|-------------------------------|-------------|----|-------------|
| ate tax, section 691(c)       |             |    |             |
| er miscellaneous deductions:  |             |    |             |
|                               |             |    |             |
|                               | _           |    |             |
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|                               | _           |    |             |
|                               | _           |    |             |
|                               |             |    |             |

2023 1040 US Itemized Deductions (continued) 25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- 1. Total home equity debt exceeded \$100,000 at any time during 2023 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
- 2. Total home acquisition debt exceeded \$750,000 at any time during 2023 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

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

|  | 2023 Amou | unt T | ΓS | 2022 Amount |
|--|-----------|-------|----|-------------|
| Fair market value of the property on the date that the last debt was secured.    |           |       |    |             |
| dome acquisition and grandfather debt on the date that the last debt was secured |           |       |    |             |
| LOAN INFORMATION   |           |       |    |             |
| oan #1   |           |       |    |             |
| Lender's name  |           |       |    |             |
| Form (see table)   |           |       |    |             |
| Number of form   |           |       |    |             |
| 1=taxpayer, 2=spouse, blank=joint  |           |       |    |             |
| Interest paid  |           |       |    |             |
| Points paid  |           |       |    |             |
| Total principal paid   |           |       |    |             |
| Lump sum principal payment (if paid off)   |           |       |    |             |
| Months outstanding (if not 12)   |           |       |    |             |
| 1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)      |           |       |    |             |
| Home acquisition debt balance - beginning of year                                |           |       |    |             |
| Home acquisition debt borrowed in 2023   |           |       |    |             |
| Home equity debt balance - beginning of year                                     |           |       |    |             |
| Home equity debt borrowed in 2023  |           |       |    |             |
| Grandfather debt balance - beginning of year                                     |           |       |    |             |
| oan #2   |           | '     |    |             |
| Lender's name  |           |       |    |             |
| Form (see table)   |           |       |    |             |
| Number of form   |           |       |    |             |
| 1=taxpayer, 2=spouse, blank=joint  |           |       |    |             |
| Interest paid  |           |       |    |             |
| Points paid.   |           |       |    |             |
| Total principal paid   |           |       |    |             |
| Lump sum principal payment (if paid off)   |           |       |    |             |
| Months outstanding (if not 12)   |           |       |    |             |
| 1=home acquisition debt incurred after 12/15/17 (blank=10/13/87 - 12/15/17)      |           |       |    |             |
| Home acquisition debt balance - beginning of year                                |           |       |    |             |
| Home acquisition debt borrowed in 2023   |           |       |    |             |
| Home equity debt balance - beginning of year                                     |           |       |    |             |
| Home equity debt borrowed in 2023  |           |       |    |             |
| Grandfather debt balance - beginning of year                                     |           |       |    |             |
| Form   |           |       |    |             |
| 1 = Schedule A (defat<br>2 = Business use of h<br>3 = Schedule E                 |           |       |    |             |

**Itemized Deductions (continued)** US  $25_{\ p5\ cont}$ 2023 1040

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

### **LOAN INFORMATION (continued)**

| Loan #3   | 2023 Amount | TS | 2022 Amount |
|---|-------------|----|-------------|
| Lender's name                                     |             |    |             |
| Form (see table)                                  |             |    |             |
| Number of form                                    |             |    |             |
| 1=taxpayer, 2=spouse, blank=joint                 |             |    |             |
| Interest paid                                     |             |    |             |
| Points paid                                       |             |    |             |
| Total principal paid                              |             |    |             |
| Lump sum principal payment (if paid off)          |             |    |             |
| Months outstanding (if not 12)                    |             |    |             |
| 1=home acquisition debt incurred after 12/15/17   |             |    |             |
| Home acquisition debt balance - beginning of year |             |    |             |
| Home acquisition debt borrowed in 2023            |             |    |             |
| Home equity debt balance - beginning of year      |             |    |             |
| Home equity debt borrowed in 2023                 |             |    |             |
| Grandfather debt balance - beginning of year      |             |    |             |
| Loan #4   |             |    |             |
| Lender's name                                     |             |    |             |
| Form (see table)                                  |             |    |             |
| Number of form                                    |             |    |             |
| 1=taxpayer, 2=spouse, blank=joint                 |             |    |             |
| Interest paid                                     |             |    |             |
| Points paid                                       |             |    |             |
| Total principal paid                              |             |    |             |
| Lump sum principal payment (if paid off)          |             |    |             |
| Months outstanding (if not 12)                    |             |    |             |
| 1=home acquisition debt incurred after 12/15/17   |             |    |             |
| Home acquisition debt balance - beginning of year |             |    |             |
| Home acquisition debt borrowed in 2023            |             |    |             |
| Home equity debt balance - beginning of year      |             |    |             |
| Home equity debt borrowed in 2023                 |             |    |             |
| Grandfather debt balance - beginning of year      |             |    |             |

#### Form

1 = Schedule A (default) 2 = Business use of home 3 = Schedule E

2023 1040 US Noncash Contributions (Form 8283)

If your total noncash contributions are in excess of \$500 in 2023, please complete the information below for each donee using the following guidelines:

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

|          | Name of ch  | naritable organization (donee)  | Г        |   |
|----------|---|---|----------|---|
|          |   | ess   | <u> </u> |   |
|          |   |   |          |   |
|          | _   |   | -        |   |
|          |   |   |          |   |
|          |   | 2=joint   |          |   |
|          |   |   | <u> </u> |   |
|          | Property de   | escription (other than vehicle)   | -        |   |
| No.      | 7   | Identification number (VIN)   |          |   |
| NO.      |   | Year (yyyy)   |          |   |
|          |   | Make and model  |          |   |
|          | - · · ·   | Condition and mileage   |          |   |
|          |   | ntribution (m/d/y)  |          |   |
|          |   | red by donor (m/y)  |          |   |
|          |   | ed by donor (Table 1 or describe)   |          |   |
|          |   | st or basis   |          |   |
|          |   | t value   | _        |   |
|          | Method use  | ed to determine FMV (Table 2 or desc  | ribe)    |   |
| No.      | State ZIP code 1=spouse, 2 Property de  Vehicle  Date of con Date acquire How acquire Donor's cos Fair market | 2=joint scription (other than vehicle) ldentification number (VIN) Year (yyyy) Make and model Condition and mileage tribution (m/d/y) ed by donor (m/y) ed by donor (Table 1 or describe) t or basis value d to determine FMV (Table 2 or describe) |          |   |
|          | I.  |   |          |   |
| <u> </u> |   |   |          |   |
|          | How Pro   | operty was Acquired   | 2        | Method Used to Determine FMV                                      |
|          | 1 = Purchase  | 3 = Inheritance<br>4 = Exchange   |          | = Appraisal 3 = Catalog<br>Thrift shap value 4 = Comparable sales |
|          | 2 = Gift  | Lacharige   | 2 =      | = Thrift shop value 4 = Comparable sales                          |
|          |   |   | 1        | For other methods, see IRS Pub. 561.                              |

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2023 1040 US Health Savings Accounts (8889) 32.1

Please enter all pertinent 2023 amounts & attach all 1099-SA forms. Last year's amounts are provided for your reference.

#### **HSA CONTRIBUTIONS**

NOTE:Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2023, a high deductible health plan is one with an annual deductible that is not less than \$1,500 for self-only coverage or \$3,000 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$7,500 for self-only coverage or \$15,000 for family coverage.

|  | 2023 An  | nount  | 2022 Am  | nount  |
|--|----------|--------|----------|--------|
|  | Taxpayer | Spouse | Taxpayer | Spouse |
| 1=self-only coverage, 2=family coverage  |          |        |          |        |
| HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum) |          |        |          |        |
| Contributions included above that were made after you became eligible for Medicare   |          |        |          |        |
| Contributions made to date   |          |        |          |        |
| HSA DISTRIBUTIONS  |          |        |          |        |
| Total HSA distribution received (1099-SA, box 1)   |          |        |          |        |
| Distributions included above that were rolled over to another HSA  |          |        |          |        |
| Total unreimbursed qualified medical expenses  |          |        |          |        |

| 23             | 1040                      | US                            | Child and De                            | pendent Care                           | Expenses (F                              | orm 2441)                                 | 33.1,33                  |
|----------------|---------------------------|-------------------------------|---|--|--|---|--------------------------|
| ease e<br>paid | nter all pe<br>for the ca | ertinent 2023<br>re of one or | 3 information. Last<br>more dependents  | year's amounts ar<br>enabling you to w | e provided for you<br>ork or attend scho | ur reference. You tool to qualify for the | must have<br>nis credit. |
| DED            |                           |                               | VDENCEC (22.1)                          | 2023 A                                 | Amount                                   | 2022 Amou                                 | nt                       |
| DEP            | ENDEN                     | I CARE E.                     | XPENSES (33.1)                          | Taxpayer                               | Spouse                                   | Taxpayer                                  | Spouse                   |
| -              |                           | •                             | d but not paid in 2023                  |  |  |   |                          |
| Employ         | yer-provided              | benefits forfeit              | ed in 2023                              |  |  |   |                          |
| DED            | CONC A                    | ND EVDE                       | NCEC OLIALIEVI                          | NC FOR DEDE                            | NDENT CARE C                             | PDEDIT                                    |                          |
| PER            |                           |                               | NSES QUALIFYI                           |  | NDENT CARE C                             | KEDII                                     |                          |
|                |                           |                               |   |  |  |   |                          |
|                |                           |                               |   |  |  |   |                          |
|                | -                         |                               | l/y)                                    |  |  |   |                          |
| No.            |                           | •                             | ımber                                   |  |  |   |                          |
|                | Qu                        | alified depende               | ent care expenses in 2023               |  |  |   |                          |
|                |                           |                               | oled at the time care was provid        | ···                                    |  | 2022 amt:                                 |                          |
|                |                           | •                             | t                                       |  |  |   |                          |
|                |                           | 3p0u3e, 2-j0iii               | • | •                                      |  |   |                          |
|                | Fir                       | st name                       |   |  |  |   |                          |
|                | Las                       | st name                       |   |  |  |   |                          |
|                | Tit                       | le or suffix                  |   |  |  |   |                          |
|                | Da                        | te of birth (m/d/             | y)                                      |  |  |   |                          |
| No.            | So                        | cial security nur             | mber                                    |  |  |   |                          |
|                | Qu                        | alified depende               | nt care expenses                        |  |  |   |                          |
|                | inc                       | curred and paid               | in 2023                                 |  |  | 2022 amt:                                 |                          |
|                |                           | =                             | oled at the time care was provid        |  |  |   |                          |
|                | 1=                        | spouse, 2=joint               |   |  |  |   |                          |
| PER            | Na                        | me of provider                | IIZATIONS PRO                           |  | 33.2)                                    |   |                          |
|                | Cit                       | у                             |   |  |  |   |                          |
|                |                           |                               |   |  |  |   |                          |
| N              |                           |                               |   |  |  |   |                          |
| No.            |                           |                               |   |  |  |   |                          |
|                |                           | 0 1                           | e                                       |  |  |   |                          |
|                |                           | 0                             | Jan (CCN) on FINI                       |  |  |   |                          |
|                |                           |                               | nber (SSN or EIN)                       |  |  | 2022 omt.                                 |                          |
|                |                           | iourii paiu io c              | are provider in 2023                    |  |  | 2022 amt:                                 |                          |
|                |                           | spouse, 2=join                | •                                       |  |  |   |                          |

33.1,33.2

| 3  | 1040  | US   | Education Credits   |  | No.                                     |   |
|--|---|--|---|--|---|---|
| ı  | Please con<br>your                          | nplete the<br>spouse, o                          | information below if you paid qua<br>or your dependents enrolled in an<br>Last year's amounts are provide | lified education expens<br>accredited postsecond<br>ed for your reference. | es in 2023 for you<br>lary institution. | ı |
| STU  | DENT IN                                     | FORMAT   | TION  |  |   |   |
| =taxp                                      | oayer, 2=spou                               | se   |   |  |   |   |
|  |   |  |   |  |   |   |
|  |   |  |   |  |   |   |
|  |   |  | ed  |  |   |   |
|  | ·   |  |   |  |   |   |
| 023 (or<br>t an el                         | the first 3 months                          | of 2024 if the qua<br>a qualified progran        | for at least one academic period that began in lifted expenses were made in 2023)                         |  |   |   |
|  | •   |  | secondary education before 2023 023 , of a felony for possession or distribution                          |  |   |   |
| estuder<br>f a cont                        | nt was convicted, be<br>trolled substance . | efore the end of 2                               | 023 , of a felony for possession or distribution  |  |   |   |
| (IP co<br>=202)<br>=202)<br>=202)<br>edera | de  | was NOT received with received with om Form 1098 | Box 7 completed                           |  |   |   |
|  |   |  |   |  |   |   |
|  |   |  |   |  |   |   |
|  |   |  |   |  |   |   |
| State.                                     |   |  |   |  |   |   |
|  |   |  | had   |  |   |   |
|  | 3 Form 1098-T                               |  | Box 7 completed   |  |   |   |
|  |   |  | Box 7 completed   |  |   |   |
|  |   |  | B-T   |  |   |   |
| QUA  | LIFIED EI                                   | DUCATIO  | N EXPENSES  | 2023 Amount  | 2022 Amoun                              |   |
| ualified                                   | I tuition & fees paid                       | d in 2023 (net of re                             | efund or assistance, & not entered elsewhere)   |  | 2022 / 1110411                          |   |
| Books                                      | & supplies req                              | uired to be pur                                  | chased from institution   |  |   |   |
|  |   |  |   |  |   |   |
| mour                                       | nt of prior year                            | refund or assis                                  | stance *  |  |   |   |

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|      |      |    |                                     |     | 1490 23 |
|------|------|----|-------------------------------------|-----|---------|
| 2023 | 1040 | US | Report of Foreign Bank & Fin. Accts | No. | 82 1    |

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

| INFORMATION ON FINANCIAL ACCOUNTS   | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| 1=spouse  |             |             |
| Type of account: 1=bank account, 2=securities account, or specify                           |             |             |
| Maximum value of account (-1 if unknown)  |             |             |
| Financial institution:  |             | •           |
| Name of institution (Line 1) (mandatory)  |             |             |
| Name of institution (Line 2)  |             |             |
| Mailing address   |             |             |
| Account number  |             |             |
| City  |             |             |
| State   |             |             |
| ZIP/postal code   |             |             |
| Country (if not US)   |             |             |
| Accounts owned jointly:   |             |             |
| Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer) |             |             |
| Principal joint owner:  |             | <b>'</b>    |
| Taxpayer identification number, if not joint filer  |             |             |
| TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown  |             |             |
| Last name.  |             |             |
| First name  |             |             |
| Middle initial  |             |             |
| Address   |             |             |
| City.   |             |             |
| State   |             |             |
| ZIP/postal code   |             |             |
| Country (if not US)   |             |             |
| Accounts where filer has no financial interest:   |             |             |
| Last name or org. name (mandatory)  |             |             |
| First name.   |             |             |
| Middle initial  |             |             |
| Taxpayer identification number  |             |             |
| TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown.  |             |             |
| Address   |             |             |
| City  |             |             |
| State.  |             |             |
| ZIP/postal code   |             |             |
| Country (if not US)   |             |             |
| Filer's title   |             |             |