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2023 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2023 tax return.

To save you time, selected information from your 2022 tax return has been entered in this organizer. Please line through any information that does not apply to your 2023 tax return.

In some cases, 2022 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER



January 2024

Dear Client,

Enclosed is your tax organizer for the 2023 filing year. Please complete the information as soon as possible and return it to us along with all supporting documents. To save you time, selected information from your 2022 return has been entered within this organizer. These amounts are for comparison purposes only. You do not need to change these prior year amounts. Please line through any information which does not apply to your 2023 tax return.

In order to ensure your return is completed by the April 15, 2024, due date, we request that your tax information be submitted to us on or before **March 15, 2024**, however we would appreciate receiving your information as early as possible.

E file

When we prepare your returns, we are required to e-file each return unless it does not qualify. We will let you know if you do not qualify upon completion of your return preparation.

Direct Deposit

If you have chosen Direct Deposit as a method of refund in the past, your account information is on **Form 4A** of your organizer, please verify that this is still correct. Attach a voided check to the front of your organizer so we may obtain your account information if you are new to Direct Deposit or wish to use an account different from the prior year.

Portal

If you are currently receiving paper copies of your information from us and would like to begin receiving a digital copy of both your organizer and your tax return, you can sign up for our Portal, which is free of charge to all clients and provides a safe, secure place to log on and view all of your personal financial data we provide. It operates like online portals a bank would establish for you to view your account information. **The web address to launch the Portal is <https://www.clientaccess.com>. There is also a link to the Portal on our website.**

If interested, please call our office and ask for Stacey Helder and she will set up a portal for you.

Head of Household

If you are claiming head of household, we will need a written statement indicating your child(ren) lived with you greater than 180 days during 2023 (this includes time at college).

Personal Information for Efiling

In order for your returns to be accepted by the government, they are put through a series of checks and balances by the IRS' computer system. Therefore, we need you to complete and verify the following on your organizer:

Spellings of ALL names on the tax return must EXACTLY match those on your social security cards, this includes dependents. Your Social Security number is listed as "on file" for fraud prevention purposes and is in our system as the same number that printed on your prior year return.

Each return MUST have the full birth date of all taxpayers and dependents.

We will be using the same PIN number as used before. If you are a new client and did not e-file with us last year, we will be assigning your PIN number as the first five digits of your social security number. This PIN number does not provide anyone with access to your personal information; it is just for our records.

If you are claiming a dependent that could be filing a return and possibly claiming themselves, please verify they have not claimed themselves to avoid difficulty and delays in getting your return filed and accepted. If you have a refund coming, an issue such as this could delay your refund as much as 6 months.

ENGAGEMENT LETTER
MUST BE SIGNED BY BOTH SPOUSES AND RETURNED WITH ORGANIZER

Dear Client:

This letter is to confirm and specify the terms and objectives of our engagement with you and to clarify the nature and limitations of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2023 federal and applicable state and city income tax returns from information which you will furnish to us. This engagement letter does not cover the preparation of any financial statements, which if we are to provide, will be covered under a separate letter. However, if there are any other tax returns you expect us to prepare, such as gift and/or property, please inform us.

We are not investment counselors or brokers. Our advice concerning a particular investment shall be limited to advising you with regard to the tax ramifications of the investment based on documents and information that you provide us regarding the investment.

Completing the organizer will assist us in making sure you are well served for a reasonable fee. We will not audit or otherwise verify the information you submit; however, we may ask for clarification of some information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign the returns or the required e-file authorization form.

In addition, there are certain reporting requirements for having a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts in a foreign country. It is your responsibility to notify us of your foreign assets or affiliation to determine filing requirements.

If you report earnings on a **Schedule C or Schedule E**, you are responsible for the safeguarding of assets, the proper recording of transactions in the books of accounts, the substantial accuracy of the financial records, and the full and accurate disclosure to us of all relevant facts affecting the returns.

During 2020, 2021 and 2022 there are several stimulus credits, grants and benefits from various programs provided at the federal, state, and local levels including but not limited to the Paycheck Protection Program (PPP), Employee Retention Credit (ERC), and Health and Human Services benefits. You acknowledge that it is ultimately your responsibility to identify, apply for and report on any and all stimulus credits, grants and benefits that are available and hold Bredeweg & Zylstra, PLC and its owners and employees harmless regarding any and all claims on eligible stimulus programs of all types for 2020, 2021 and 2022, and any subsequent years, including but not limited to applications, compliance and reporting after these dates for programs in place during these years.

Rules are effective January 1, 2024 requiring many companies (including single-member LLCs) to report information about their beneficial owners to the Financial Crimes Enforcement Network (FinCEN). You are ultimately responsible for evaluating whether you qualify as a reporting company and for obtaining the beneficial ownership information and reporting it electronically through FinCEN's website.

You should retain all documents, canceled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You should also retain the client copy of all of your tax returns.

We may use outside datacenter hosting services to store and process data using cloud and/or remote technology and you acknowledge approval of our firm using and engaging such services and capabilities from third party providers.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to

discover defalcations or other irregularities, should any exist. The returns will be prepared solely from information provided to us without verification by us. Consequently, our communications cannot be used to avail applicable Internal Revenue Service penalties (Circular 230).

Your return(s) may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate amounts and information shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in the fees for preparation of the tax return(s).

Our fees for these services, and any additional tax and accounting matters that you require, will be billed based on the time spent on the engagement, the expertise and staff level of individuals assigned, and the type of work performed. All invoices are due and payable upon presentation. If you have minor children who are required to file federal or state income tax returns because of earned or investment income, we will prepare these returns based on the information you provide, generally for a fee of \$75 - \$100 per child.

Either party has the right to withdraw from any portion of the engagement at any time with written notice. You agree to compensate us for our fees through the date of withdrawal.

By signing, you are authorizing our firm to distribute to you periodic correspondence on our services and tax and accounting updates.

We appreciate the opportunity to be of service to you and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. Please return a signed copy of this letter with your completed organizer.

Bredeweg & Zylstra, PLLC

BREDEWEG & ZYLSTRA, PLC

I (We) agree with the terms described in this letter. All amounts and information provided for tax preparation can be substantiated by receipts, canceled checks, or other documents. The information I (we) provide to prepare the tax returns is true, correct, and complete to the best of my (our) knowledge.

| <i>Taxpayer</i> | | <i>Spouse</i> | |
|-----------------|-------|---------------|-------|
| Signature | _____ | Signature | _____ |
| Printed Name | _____ | Printed Name | _____ |
| Date | _____ | Date | _____ |

SIGNATURE REQUIRED FOR COMPLETION OF TAX RETURN

PLEASE READ AND COMPLETE

Below is a list of commonly missed items in compiling tax return information. Please review, complete, and mail this form along with the rest of the attached information.

General Information

1. **BOTH SPOUSES MUST READ AND SIGN THE ATTACHED ENGAGEMENT LETTER.**
2. Please make sure you have attached all of your W-2, 1099, and K-1 forms.
3. We are updating our client database with current email information, so please make sure your correct e-mail address is included on the front page of the organizer.
4. Please make sure the **full date of birth for you and your spouse** is included on **Form 3**.
5. Please include the **social security numbers and full date of birth of your children** on **Form 3A** and answer the related questions. If your child was on your return in the prior year, we have their social security number on file. All children born prior to December 1, 2023, must have a social security number. If your child is over 19 years old, indicate if a full-time student. **For all dependents, please indicate number of months they lived with you on page 3A of organizer. If you are claiming a dependent that could be filing a return and possibly claiming themselves, please verify they have not claimed themselves to avoid difficulty and delays in getting your return filed and accepted. If you have a refund coming, an issue such as this could delay your refund as much as 6 months.**
6. If you have received an **Identity Protection PIN** from the IRS, please include your 2023 PIN on **Form 3**.
7. If you will be residing at another address (i.e. winter home) during the months of January through April, please provide the address you would like us to mail your return:

Federal Information

1. Please include Form 1095-A you received from your health insurance company and any other information relevant to your **health insurance coverage**. Please complete **Form 2 and 2B** of the organizer to include this information.
2. If you purchased, sold or refinanced your residence or other real estate in 2023, please include a copy of the closing statement with your information.

January 2024

Dear Client:

Certified public accounting firms, like all providers of personal financial services, are required by law to inform clients of their policies regarding privacy of client information. Bredeweg & Zylstra, PLC has been and continues to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy. The information below will explain our overall commitment to privacy with respect to nonpublic personal financial information that our firm maintains about you.

Bredeweg & Zylstra, PLC Privacy Policy

Types of Nonpublic Personal Information We Collect

We collect nonpublic personal information about you that is provided to us by you or obtained by us with your authorization.

Parties to Whom We Disclose Information

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice without your permission, except as required or permitted by law (for instance, a subpoena) in which case we would notify you immediately. We provide information to our employees and with your permission, to third parties who need to know that information to assist us in providing services to you (banker, attorney, etc.). In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us. You can access our entire Privacy Policy on our website at BZCPAS.COM.

Bredeweg & Zylstra, PLC

BREDEWEG & ZYLSTRA, PLC

| | <u>Form</u> | | <u>Form</u> |
|--|--------------------|--|--------------------|
| Alimony Paid or Received | 13 | Gambling Winnings | 21 |
| Annuity Payments Received | 9A | Gifts | 34, 35 |
| Application of Refund | 20 | Health Savings Accounts | 13A |
| Business Income and Expenses | 6, 6A | Household Employment Taxes | 19 |
| Business Use of Home: | | Installment Sale Receipts | 7 |
| Business | 6D | Interest Income | 5A |
| Employee Business Expenses | 17B | Interest Paid | 14A |
| Farm | 12E | Investment Interest Expense | 14A |
| Itemized Deductions | 16A | IRA Contributions | 9 |
| Passthrough | 11B | IRA Distributions | 9 |
| Rental | 10E | Keogh Plan Contributions | 9A |
| Calendar | 33 | Medical and Dental Expenses | 14 |
| Casualty or Theft Losses | 16 | Ministerial Income | 13B |
| Child and Dependent Care Expenses | 18 | Miscellaneous Income and Adjustments | 13 |
| Consolidated Brokerage Statements: | | Miscellaneous Itemized Deductions | 16 |
| Interest Income & Foreign Information | 5E | Mortgage Interest Paid | 14A |
| Dividend Income & Foreign Information | 5F | Moving Expenses | 8 |
| Sales of Stocks, Securities, Capital Assets & Misc. Income | 5G | Partnership Income | 11 |
| Contributions | 15 | Pension Income | 9A |
| Dependent Information | 3A | Personal Information | 3 |
| Depreciable Property and Equipment: | | Railroad Retirement Benefits | 13 |
| Business | 6A | Real Estate Mortgage Investment Conduit Income (REMIC) ... | 11 |
| Employee Business Expenses | 17A | Rental and Royalty Income and Expenses | 10, 10A |
| Farm | 12B | Roth IRA Contributions/Conversions | 9 |
| Rental and Royalty | 10B | S Corporation Income | 11 |
| Direct Deposit Information | 4A | Sale of Stock, Securities and Other Capital Assets | 7 |
| Dividend Income | 5B | Sale of Your Home | 8 |
| Education Expenses | 18 | Savings Bond Purchases | 4B |
| Educator (Teacher) Expenses | 13A | SEP/SIMPLE Plan Contributions | 9A |
| Electronic Filing | 4 | Social Security Benefits | 13 |
| Employee Business Expenses | 17, 17A | State and Local Tax Refunds | 13 |
| Estate Income | 11 | Student Loan Interest | 13A |
| Farm Income and Expenses | 12, 12A, 12B | Taxes Paid | 14 |
| Federal, State and City Estimated Taxes | 20, 20A | Trust Income | 11 |
| Foreign Assets | 5C, 5D | Unemployment Compensation | 13 |
| Foreign Employment Information | 30, 30A, 30B | Vehicle/Other Listed Property Information: | |
| Foreign Housing Expenses | 30C | Business | 6B, 6C |
| Foreign Taxes | 32 | Employee Business Expenses | 17A |
| Foreign Travel and Workdays | 30D | Farm | 12C, 12D |
| Foreign Wages and Other Income | 31, 31A, 31B | Rental and Royalty | 10C, 10D |
| | | Partnership/S Corporation | 11A |
| | | Wages and Salaries | 3A |



The following questions pertain to the 2023 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

| | Yes | No |
|---|-----|----|
| Did your marital status change? | | |
| Are you married? | | |
| If Yes, do you and your spouse want to file separate returns? | | |
| If No, are you in a domestic partnership, civil union, or other state-defined relationship? | | |
| Can you or your spouse be claimed as a dependent by another taxpayer? | | |
| Did you or your spouse serve in the military or were you or your spouse on active duty? | | |

Dependents:

| | | |
|--|--|--|
| Were there any changes in dependents from the prior year? | | |
| Note: Include non-child dependents for whom you provided more than half the support. | | |
| Did you or your spouse pay for child care while you or your spouse worked or looked for work? | | |
| Do you have any children under age 18 with unearned income more than \$1,250? | | |
| Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,250? | | |
| Did you adopt a child or begin adoption proceedings? | | |
| Are any of your dependents non-U.S. citizens or non-U.S. residents? | | |

Healthcare:

| | | |
|---|--|--|
| Did you obtain healthcare coverage through the Marketplace? | | |
| If Yes, include all Forms 1095-A. | | |
| If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? | | |
| Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A? | | |
| Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return? | | |
| Are any of your dependents required to file a tax return? | | |



Healthcare (continued):

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? Yes No
- Were you eligible for employer-sponsored healthcare coverage?
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)?
If you received a distribution from an HSA, include all Forms 1099-SA.
- Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?
If you received a distribution from an MSA, include all Forms 1099-SA.
- Did you or your spouse receive any distributions from long-term care insurance contracts?
If Yes, include all Forms 1099-LTC.
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?
If Yes, how many months were you covered? _____
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?
If Yes, how many months were you covered? _____

Education:

- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?
- Did you or your spouse pay any student loan interest?
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?
If Yes, include all Forms 1099-Q.
If Yes, were the amounts withdrawn used for qualified tuition expenses?

Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.
- Did you or your spouse incur any casualty or theft losses?
- Did you or your spouse make any large purchases, such as motor vehicles and boats?
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.
_____ Gallons _____ Type
- Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?



Investments:

- | | Yes | No |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements. | | |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details. | | |
| Did you or your spouse close any open short sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement or Severance:

- | | | |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 73 and have money in an IRA or other retirement account without taking any distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make a qualified charitable distribution directly from an IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____ | | |

Personal Residence:

- | | | |
|---|--------------------------|--------------------------|
| Did your address change? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address. | | |
| If Yes, did you move to a different home because of a change in the location of your job? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$750,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Did you or your spouse take out a home equity loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA. | | |



Sale of Your Home:

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you sell your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive Form 1099-S? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include Form 1099-S. | | |
| Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse ever rent out the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse ever use any portion of the home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse sold a principal residence within the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both | | |

Gifts:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$17,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts to a trust for any amount? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or your spouse have a life insurance trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse forgive any indebtedness to any individual, trust or entity? | <input type="checkbox"/> | <input type="checkbox"/> |

Foreign Matters:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse create or transfer money or property to a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse own any foreign financial assets? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did the corporation cease to be an S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you or your spouse transfer any share of stock in the corporation? | <input type="checkbox"/> | <input type="checkbox"/> |



Miscellaneous:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,600 during the year for domestic services performed in or around your home to individuals who could be considered household employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive unreported tip income of \$20 or more in any month? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? | <input type="checkbox"/> | <input type="checkbox"/> |
| In 2023, did you or your spouse: (a) receive (as a reward, award, or compensation); (b) sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)? | <input type="checkbox"/> | <input type="checkbox"/> |
| In 2023, did you or your spouse receive Payroll Protection Program loan forgiveness or are you or your spouse seeking forgiveness? | <input type="checkbox"/> | <input type="checkbox"/> |
| If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness. Date (Mo/Da/Yr) _____ | | |
| If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness. Amount _____ | | |
| Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act? | <input type="checkbox"/> | <input type="checkbox"/> |

Additional state pages have been included at the back of the organizer and should be reviewed.



2023

Personal Information

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Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____ Does not expire

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____ Does not expire

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Are you a U.S. citizen or Green Card holder? Yes No

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

| TS | State | City | Code | PIN |
|----|-------|------|------|-----|
| | | | | |
| | | | | |

Tax Organizer Legend: Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



2023

Dependents and Wages

3A

Dependent Information:

| | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |
| H | | | | | | |

Did dependent have income over \$4,700?



| | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | Tax Withheld | | | | |
|----|-----------------|---------------|--------------|-------------|----------|-------|-------|
| | | | Federal | FICA/TIER 1 | Medicare | State | Local |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
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| | | | | | | | |



2023

Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return

Do not electronically file the state return(s)

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

| | | |
|----------------|--------------------------|--------------------------|
| | Yes | No |
| Taxpayer | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse | <input type="checkbox"/> | <input type="checkbox"/> |

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



2023

Direct Deposit and Withdrawal

4A

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2022, your account information is already included below.

| | |
|---|---|
| Would you like any refunds owed to you directly deposited? | Yes No |
| | <input type="checkbox"/> <input type="checkbox"/> |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. | |
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? | <input type="checkbox"/> <input type="checkbox"/> |

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

| | |
|---|---|
| Would you like any refunds owed to you directly deposited? | Yes No |
| | <input type="checkbox"/> <input type="checkbox"/> |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. | |
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? | <input type="checkbox"/> <input type="checkbox"/> |

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2023

Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

| TSJ | Name of Payer | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|--------------|---------------|---------------------------------------|----------------------------------|--|--|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |
| Total | | | | | |

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

| Code | Tax-Exempt Interest | 2022 Gross Dividends Amount |
|--------------|------------------------|-----------------------------------|
| A | | |
| B | | |
| C | | |
| D | | |
| E | | |
| F | | |
| G | | |
| H | | |
| I | | |
| J | | |
| K | | |
| L | | |
| M | | |
| N | | |
| Total | | |

Enter Any Additional Information:

| |
|--|
| |
| |
| |
| |
| |
| |

Note: List all items sold during the year on Form 7.



2023

Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

- Mutual fund transactions
- Exchange of any securities or investments for something other than cash
- Sales of inherited property
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale
- Commodity sales, short sales or straddles
- Reinvestment of the proceeds of gains in a qualified opportunity fund
- Sale of any investments in qualified opportunity funds
- Debts that became uncollectible
- Securities that became worthless
- Sale of any property where you will receive payments in future years

| Yes | No |
|-----|----|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| TSJ | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|-----|----------------------------------|----------|--------------------------|----------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

| | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

Installment Sales: **Do not include interest received in principal amount**

| TSJ | Property Description | Date Sold (Mo/Da/Yr) | 2023 Principal Received | 2022 Principal Received |
|-----|----------------------|----------------------|-------------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



2023

Pension, Annuity and Retirement Plan Information

9A

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

| TSJ | Name of Payer | 2023 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2022 Gross Distributions |
|-----|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?

Do you want to contribute the maximum amount allowed?

Taxpayer

| | |
|-----|----|
| Yes | No |
| | |
| | |

Spouse

| | |
|-----|----|
| Yes | No |
| | |
| | |

Contributions to:

Simplified employee pension

Defined benefit plan

Defined contribution plan

SIMPLE plan

2023 Amount

| |
|--|
| |
| |
| |
| |

2023 Amount

| |
|--|
| |
| |
| |
| |



2023

Partnership and S Corporation Business Expenses

11A

Activity Name: _____

Business Expenses: Enter all expenses at 100 percent

If not 100%, enter the percentage to apply to this business _____ %

| | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals | | |
| Entertainment (deductible only on some state returns) | | |

Other Business Expenses:

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals | | |
| Amount received for entertainment | | |

Vehicle:

If not 100%, enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service _____ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

| | 2023 | 2022 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |

Other Vehicle Expenses:

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |



2023

Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

Miscellaneous Income and Adjustments:

| | TSJ ____ | | TSJ ____ | |
|--|-------------|-------------|-------------|-------------|
| | 2023 Amount | 2022 Amount | 2023 Amount | 2022 Amount |
| Unemployment compensation received | | | | |
| Unemployment compensation repaid in 2023 | | | | |
| Social security benefits received | | | | |
| Social security benefits repaid in 2023 | | | | |
| Medicare premiums withheld | | | | |
| Tier 1 railroad retirement benefits received | | | | |
| Tier 1 railroad retirement benefits repaid in 2023 | | | | |
| Total lump sum social security received | | | | |
| Lump sum taxable social security | | | | |
| Other federal withholding | | | | |
| Other state withholding | | | | |

State and Local Income Tax Refunds:

| TSJ | State | City | Tax Year | Income Tax Refund | |
|-----|-------|------|----------|-------------------|-------|
| | | | | State | Local |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Income:

| TSJ | Nature and Source | 2023 Amount | 2022 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Alimony Paid or Received:

| TSJ | Recipient's Name | Recipient's Social Security Number | Date of Original Divorce or Separation (Mo/Da/Yr) | Date Divorce or Separation Agreement Modified (Mo/Da/Yr) | Alimony Received? | 2023 Amount | 2022 Amount |
|-----|------------------|------------------------------------|---|--|-------------------|-------------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



2023

Miscellaneous Adjustments

13A

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

| TS | 2023 Amount | 2022 Amount |
|----|-------------|-------------|
| | | |
| | | |

Health Savings Accounts (HSAs) Include all Forms 1099-SA

| TS | Description | 2023 Amount | 2022 Amount |
|----|--|-------------|-------------|
| | Contributions made for 2023 | | |
| | Distributions received from all HSAs in 2023 | | |

What type of coverage applies to your high deductible health plan? Self only Family

Were any HSA contributions listed above also shown on your Form W-2?

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

| | |
|-----|----|
| Yes | No |
| | |
| | |
| | |

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

| TSJ | Nature and Source | 2023 Amount | 2022 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



Medical and Dental Expenses:

- Prescription medicines and drugs
- Total medical insurance premiums paid *
- Long-term care expenses
- Total insurance reimbursement
- Number of miles traveled for medical care
- Personal protective equipment
- Lodging
- Doctors, dentists, etc.
- Hospitals
- Lab fees
- Eyeglasses and contacts

| TSJ | 2023 Amount | 2022 Amount |
|-----|-------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

- Taxpayer long-term care insurance premiums paid
- Spouse long-term care insurance premiums paid

| 2023 Amount | 2022 Amount |
|-------------|-------------|
| | |
| | |

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

| TSJ | Description | 2023 Amount | 2022 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Taxes Paid: Include copies of your tax bills

- Personal property taxes paid (include vehicle taxes)
- General sales taxes paid on specified items

| TSJ | 2023 Amount | 2022 Amount |
|-----|-------------|-------------|
| | | |
| | | |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2023 Amount | 2022 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Other Taxes Paid:

| TSJ | Description | 2023 Amount | 2022 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

If you purchased or sold your home in 2023, did you include any taxes from your closing statement in the amounts above? Yes No



2023

Itemized Deductions - Mortgage Interest and Points

Mortgage Questions for 2023:

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, enclose the closing statement.) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? _____ | | |
| Did you purchase a new home or sell your former home during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enclose the closing statements from the purchase and sale of your new and former homes. | | |
| If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? | <input type="checkbox"/> | <input type="checkbox"/> |

Home Mortgage Interest Paid To Financial Institutions:

| TSJ | Paid To | Did You Receive Form 1098? | | 2023 Amount | 2022 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Home Mortgage Interest Paid:

| TSJ | Paid To | | ID Number | 2023 Amount | 2022 Amount |
|-----|---------|---------|-----------|-------------|-------------|
| | Name | Address | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? | | 2023 Amount | 2022 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2023 Amount | 2022 Amount |
|-----|---------|-------------|-------------|
| | | | |
| | | | |
| | | | |



Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2023 Amount | 2022 Amount |
|-----|---|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| TSJ | Conservation Real Property | 2023 Amount | 2022 Amount |
|-----|----------------------------|-------------|-------------|
| | 100% limit | | |
| | 50% limit | | |

| TSJ | Description | 2023 Miles | 2022 Miles |
|-----|---|------------|------------|
| | Number of miles traveled performing volunteer work for qualified charitable organizations | | |

Noncash Contributions Totaling \$500 or Less: Include all documentation.

| TSJ | Description of Donated Property | 2023 Amount | 2022 Amount |
|-----|---------------------------------|-------------|-------------|
| | | | |
| | | | |

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

| TSJ | Property Description | Date Acquired | Date of Donation | Cost or Basis |
|-----|----------------------|---------------|------------------|---------------|
| A | | | | |
| B | | | | |
| C | | | | |

| | Fair Market Value (FMV) | Method Used to Determine FMV | Other Method Description | Method of Acquisition |
|---|-------------------------|------------------------------|--------------------------|-----------------------|
| A | | | | |
| B | | | | |
| C | | | | |

- 1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value
- 2 - Catalog 4 - Other (Describe)

- 1 - Gift 3 - Exchange
- 2 - Inheritance 4 - Purchase

| | Donee Organization Name | Donee Organization Address |
|---|-------------------------|----------------------------|
| A | | |
| B | | |
| C | | |



2023

Employee Business Expenses (Page 1 of 2)

TS: _____ Occupation: _____

Business Expenses: **Enter all expenses at 100 percent** **Include all documentation**

Occupation code _____

- | | | |
|--------------------------|--|--|
| 1 - Performing artist | 3 - Fee-basis state or local government official | 5 - Outside salesperson (Big Rapids, MI only) |
| 2 - Handicapped employee | 4 - National Guard or Reserve | |

If not 100%, enter the percentage to apply to Schedule A _____ %

| | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals | | |
| Entertainment (deductible only on some state returns) | | |

Other Business Expenses:

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

| | 2023 Amount | 2022 Amount |
|------------------------------------|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals | | |
| Amount received for entertainment | | |

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No



2023

Employee Business Expenses (Page 2 of 2)

17A

Vehicle: Include all documentation

If not 100%, please enter the percentage to apply to Schedule A _____ %

Description of vehicle _____

Date vehicle was placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

| | 2023 | 2022 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |

Other Vehicle Expenses:

| Description | 2023 Amount | 2022 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
 Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2022 but paid in 2023
 Employer-provided dependent care benefits that were forfeited in 2023
 2022 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
 Street address
 City, state, ZIP or postal code, and country
 Social security number OR
 Employer identification number
 Telephone number (California only)
 Provider was a household employee Yes No

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2023 | | |
| Expenses incurred and not paid in 2023 | | |

Provider 2:

Name
 Street address
 City, state, ZIP or postal code, and country
 Social security number OR
 Employer identification number
 Telephone number (California only)
 Provider was a household employee Yes No

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2023 | | |
| Expenses incurred and not paid in 2023 | | |

Qualifying Persons for Child/Dependent Care Expenses:

| First Name and Initial | Last Name | Social Security Number | Dis-abled | 2023 Expenses Incurred | 2022 Expenses Incurred |
|------------------------|-----------|------------------------|-----------|------------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

| First Name and Initial | Last Name | Social Security Number | 2023 Qualified Expenses |
|------------------------|-----------|------------------------|-------------------------|
| | | | |
| | | | |
| | | | |



2023

Federal Tax Payments

Refund Application:

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

| | | | | |
|--|--------------------------|-----|--------------------------|----|
| Refunded | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Applied to your 2024 estimated tax liability | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Federal Estimated Tax Payments:

| | |
|---------------------------------|------------------|
| 2023 1st Quarter Estimate | (Due 04-18-2023) |
| 2023 2nd Quarter Estimate | (Due 06-15-2023) |
| 2023 3rd Quarter Estimate | (Due 09-15-2023) |
| 2023 4th Quarter Estimate | (Due 01-16-2024) |

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--------------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |

2022 overpayment applied to 2023 estimate

Tax Planning Information for Tax Year 2024:

Do you expect any of the following to occur in 2024?

| | Yes | No |
|---|--------------------------|--------------------------|
| A change in your marital status | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

| |
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2023

State and City Tax Payments

20A

State and City Estimated Tax Payments:

| TSJ ____ State/City _____ | | |
|------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2023 1st Quarter Estimate

2023 2nd Quarter Estimate

2023 3rd Quarter Estimate

2023 4th Quarter Estimate

If you have an overpayment of 2023 taxes, do you
want the excess applied to your 2024 estimated tax liability? Yes No

2022 overpayment applied to 2023 estimate

Balance of prior year(s)' tax paid in 2023 plus
amount paid with 2022 extensions

Estimated tax payments for 2022 paid in 2023

State and City Estimated Tax Payments:

| TSJ ____ State/City _____ | | |
|------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2023 1st Quarter Estimate

2023 2nd Quarter Estimate

2023 3rd Quarter Estimate

2023 4th Quarter Estimate

If you have an overpayment of 2023 taxes, do you
want the excess applied to your 2024 estimated tax liability? Yes No

2022 overpayment applied to 2023 estimate

Balance of prior year(s)' tax paid in 2023 plus
amount paid with 2022 extensions

Estimated tax payments for 2022 paid in 2023

State and City Estimated Tax Payments:

| TSJ ____ State/City _____ | | |
|------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2023 1st Quarter Estimate

2023 2nd Quarter Estimate

2023 3rd Quarter Estimate

2023 4th Quarter Estimate

If you have an overpayment of 2023 taxes, do you
want the excess applied to your 2024 estimated tax liability? Yes No

2022 overpayment applied to 2023 estimate

Balance of prior year(s)' tax paid in 2023 plus
amount paid with 2022 extensions

Estimated tax payments for 2022 paid in 2023



2023

Foreign Wages and Other Income (Page 1 of 2)

Foreign Questions for 2023:

- If you will be outside the U.S., do you want an automatic extension if you qualify?
- Will any tax due be paid with the extension?
- If you were working outside the U.S., did you terminate your foreign employment in 2023?
- Did you have foreign income derived from sources within designated "Boycott Activities"?
- If Yes, provide all information pertaining to the boycott activities.

| Yes | No |
|-----|----|
| | |
| | |
| | |
| | |

Foreign Source Wages and Salaries:

Include all copies of your current year Forms W-2 or other wage statements

TS _____ Employer name

Employer address

Employer city

Employer state

Employer ZIP

Employer foreign country

| | 2023 Amount | 2022 Amount |
|---|-------------|-------------|
| Base wages | | |
| Federal tax withheld | | |
| FICA withheld | | |
| Medicare tax withheld | | |
| Days in foreign country before foreign assignment | | |
| Days in foreign country after foreign assignment | | |
| Days in U.S. while on foreign assignment | | |

Allowances and Reimbursements:

| | 2023 Amount | 2022 Amount |
|--|-------------|-------------|
| Cost of living and overseas differential | | |
| Moving expense reimbursement | | |
| Family | | |
| Education | | |
| Home leave | | |
| Quarters | | |
| Bonus | | |
| Stock option - current year | | |
| Foreign tax reimbursement | | |
| Survivor's insurance | | |
| Automobile | | |
| Hardship premium | | |
| Home gross salary | | |
| Tax adjustment - current year | | |
| Gross up | | |
| Mobility premium | | |
| Relocation allocation | | |
| Wire transfer allowance | | |
| Home housing allowance | | |
| Home gross entitlement | | |
| Home net entitlement | | |
| Variable pay awards | | |
| Miscellaneous | | |
| Imputed tax preparation fees | | |
| Home country pension cost | | |
| 401(k) reductions | | |



2023

General Information:

Enter your school district name

Form with checkboxes for various questions: Are you hemiplegic, paraplegic, or quadriplegic? Are you totally and permanently disabled? Are you deaf? Did you receive pension or retirement benefits from employment with a governmental agency that was not covered by the federal SSA? Were you born after 1956, retired as of January 1, 2013, and received benefits from SSA exempt employment? Are you blind and own your own homestead? Are you a veteran with a service-connected disability or a surviving spouse of such a veteran? Are you a surviving spouse of a veteran deceased in service? Are you a pensioned veteran, a surviving spouse of such a veteran, or on active military duty? Are you a surviving spouse of a nondisabled or nonpensioned veteran of the Korean War, World War II, or World War I? How many of your dependents: Are deaf? Are blind or disabled? Are qualified disabled veterans? Were stillborn and for which you received a Certificate of Stillbirth from MDHHS? Did you incur expenses related to the Historic Preservation Tax Credit? Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

Form with tables for Taxpayer and Spouse residency dates. Taxpayer table with columns From (Mo/Da/Yr) and To (Mo/Da/Yr). Spouse table with columns From (Mo/Da/Yr) and To (Mo/Da/Yr). Questions: If you did not live in Michigan for all of 2023, enter the dates you did live in Michigan. Enter the state names other than Michigan where you had income.

Education Savings:

Did you or your spouse make any contributions to a Michigan Education Savings Program or Michigan 529 Advisor Plan account? Yes No. If Yes, enter the following:

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2023 Amount Contributed.



2023

Home Heating Credit:

County _____

Are heating costs currently included in your rent payments? Yes No

Do you want your name and address referred to other government assistance programs? Yes No

Do you and/or your spouse receive Supplemental Security Income (SSI)? Yes No

If you and/or your spouse live in one of the following care facilities, please indicate which one:

Nursing home, adult foster care home, home for the aged or substance abuse center _____

How much were you billed for heat between 11/1/22 - 10/31/23?

Number of persons sharing the home who are eligible to file a claim _____

Are there any dependents being claimed on the return who do not qualify for the home heating credit? Yes No

Are there members of the household other than the taxpayer, spouse, and dependents being claimed on the return who qualify for the home heating credit? Yes No

If Yes, provide the following:

Is the household member a U.S. citizen or qualified alien?

| Name | Social Security Number | Age | Yes or No |
|-------|------------------------|-------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Household Resources:

Enter the amount you received for:

Child support and foster care payments

Worker's compensation, veteran's disability compensation and veteran's pension benefits

Strike pay, SUB pay, long-term disability benefits and income protection insurance benefits

Trade Act of 1974 (TRA) benefits

Gifts or expenses paid on your behalf

| Other Household Resources | Amount |
|---------------------------|--------|
| _____ | _____ |
| _____ | _____ |

Enter Any Additional Michigan Information:

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