Affordable Tax Service 845 N Fern Creek Ave Orlando, FL 32803

2022 Client Organizer

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This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature	Date
Spouse signature	Date

Affordable Tax Service 845 N Fern Creek Ave Orlando, FL 32803 407-930-5083

Dear:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2022 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2021 personal income tax return.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number could display as ***-**-6789, an account number as *******6789, and a date of birth as **/**/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. Do not indicate any changes to your data on your Tax Organizer. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2022 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

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

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, digital assets, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements and receipts supporting qualified educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- Statements from U.S. Department of Education supporting federal student loan forgiveness.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit
- All Forms 1099-QA and/or 5498-QA related to ABLE (Achieving a Better Life Experience) account
- All Forms 1099-H related to Health Coverage Tax Credit (HCTC) advance payments.
- Statements supporting deductions for mortgage interest (Forms 1098), taxes, and charitable contributions (including any Form 1098-C).
- Statements supporting the receipt, exchange, sale, use, or any other disposition of a digital asset
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Six-digit Identity Protection PIN for use during calendar year 2022, if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.

- A copy of your income tax return from last year, if not prepared by this office.

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

Thank you for the opportunity to serve you.

Sincerely,

Affordable Tax Service

Questions

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

		Yes	No
Pe	ersonal Information		
	Did your marital status change during the year?		
	If yes, explain:		
	Did you live separately from your spouse during the last six months of the year?		
	Do you have a separate decree, instrument, or agreement and are not living in the		
	same household by the end of the year? Did your address change from last year?	H	H
	Can you be claimed as a dependent by another taxpayer?	_	_
	Did you change any bank accounts, or did routing transit numbers (RTN) and/or	_	_
	bank account number change for existing bank accounts that have been used		
	to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority	_	
	during the tax year?		
	Do you, your spouse (if applicable), and any dependents have a taxpayer		
	identification number (SSN, ITIN, or ATIN)? Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been	_	_
	a victim of identity theft? If yes, attach the IRS letter for filing returns in 2022.		
	Did you reside in or operate a business in a Federally declared disaster area?		
	The Federally declared disaster areas include victims of hurricanes, tropical storms,		
	floods, as well as wildfires.		
α	OVID 10 Information		
U	OVID-19 Information Did you receive State and Local Fiscal Recovery Funds (SLFR) under a program to		
	support those negatively impacted by the COVID-19 pandemic for helping you with		
	your mortgage insurance and/or home purchases, such as funds to pay some or all		
	of the down payment and closing costs associated with your purchase of a home?		
	Did you receive a Paycheck Protection Program (PPP) loan?		
	If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?		
	Are you a telecommuting employee that was required to "shelter in place" due to	_	_
	local COVID-19 protocols while working in a state that was not your home state? Did you pay emergency sick leave wages to a household employee?		
	Did you pay emergency sick leave wages to a household employee? Did you pay emergency family leave wages to a household employee?	ä	ö
	Did you receive any special unemployment benefits or compensation under the	_	_
	Coronavirus Relief Act during the year?		
	ependent Information		
	Were there any changes in dependents from the prior year?		
	If yes, explain:		
	unearned income in excess of \$2,300?		
	Do you have dependents who must file a tax return?		
	Did you provide over half the support for any other person(s) other than your		
	dependent children during the year?		
	Did you pay for child care while you worked, looked for work, or while a	_	_
	full-time student? Is there any other person(s) who lived with you more than half the year but not		
	Is there any other person(s) who lived with you more than half the year but not claimed by you last year?		
	Did you pay any expenses related to the adoption of a child during the year?	=	
	If you are divorced or separated with child(ren), do you have a divorce decree		_
	or other form of separation agreement which establishes custodial responsibilities?		

Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter for use during 2022	0	-
Purchases, Sales and Debt Information Did you start a new business or purchase rental property during the year? Did you sell, exchange, or purchase any assets used in your trade or business? Did you acquire a new or additional interest in a partnership or S corporation? Did you sell, exchange, or purchase any real estate during the year? Did you purchase or sell a principal residence during the year? Did you foreclose or abandon a principal residence or real property during the year? Did you acquire or dispose of any stock during the year? Did you take out a home equity loan this year? Did you refinance a principal residence or second home this year? Did you sell an existing business, rental, or other property this year? Did you lend money with the understanding of repayment and this year it became totally uncollectable? Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? Did you purchase a qualified plug-in electric drive vehicle this year?	000000000000000000000000000000000000000	
Income Information Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? Did you receive any income from property sold prior to this year? Did you receive any unemployment benefits during the year? Did you receive any Medicaid waiver payments as difficulty of care during the year? Did you receive tip income not reported to your employer this year? Did any of your life insurance policies mature, or did you surrender any policies? Did you receive any awards, prizes, hobby income, gambling or lottery winnings? Did you receive any income considered to be nonemployee compensation? Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy? Do you expect a large fluctuation in income, deductions, or withholding next year? Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services?		
Retirement Information Are you an active participant in a pension or retirement plan? Did you receive any Social Security benefits during the year? Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? If yes, were any withdrawals due to a Federally declared disaster? If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2022? Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?		
Education Information Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	_ _	_ _

Did anyone in your family receive a scholarship of any kind during the year?		
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?		
Did you make any withdrawals from an education savings or 529 Plan account?		
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a	_	_
Better Life Experience) account? Did you make any contributions to an education savings or 529 Plan account?		
Did you pay any student loan interest this year?		_
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?		
Would you like a worksheet to aid in the completion of a Free Application for	_	_
Federal Student Aid (FAFSA) with the U.S. Department of Education?		
Health Care Information		
Did you have qualifying health care coverage, such as employer-sponsored coverage		
or government-sponsored coverage (i.e. Medicare/Medicaid) for your family?		
"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.		
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under	_	_
the Affordable Care Act?		
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under		
the Affordable Care Act and share a policy with anyone who is not included in your family?		
Did you make any contributions to a Health savings account (HSA) or Archer MSA?		
Did you receive any distributions from a Health savings account (HSA), Archer	_	_
MSA, or Medicare Advantage MSA this year?		
Did you pay long-term care premiums for yourself or your family?		
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?		
Did you receive any withdrawals from an ABLE (Achieving a Better Life	_	_
Experience) account?		
If you are a business owner, did you pay health insurance premiums for your	_	_
employees this year?		
Itemized Deduction Information		
Did you incur a casualty or theft loss or any condemnation awards during the year?		
If yes, did the loss occur in a Federally declared disaster area?		
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?		
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a	ш	
canceled check, or record of payment, to substantiate all contributions made.		
Did you donate a vehicle or boat during the year?.		
Did you pay real estate taxes for your primary home and/or second home?		
Did you pay any mortgage interest on an existing home loan?		
Did you incur interest expenses associated with any investment accounts you held? Did you make any major purchases during the year (cars, boats, etc.)?		
Did you make any out-of-state purchases (by telephone, internet, mail, or in person)	_	_
for which the seller did not collect state sales or use tax?		
Miscellaneous Information		
Did you make gifts of more than \$16,000 to any individual?		
Did you utilize an area of your home for business purposes?		
Did you engage in any bartering transactions?		
Did you retire or change jobs this year?		
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?		
Did you pay any individual as a household employee during the year?		ŏ

Did you make energy efficient improvements to your main home this year?			
Did you receive a distribution from, or were you a grantor or transferor for a foreign	1		
trust? Did you have a financial interest in or signature authority over a financial account			
such as a bank account, securities account, or brokerage account, located in a foreign country?			
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?			
Did you receive correspondence from the State or the IRS? If yes, explain:	_	_	
Do you have previous years of tax returns that are either unfiled or filed with	_	_	
unpaid balances due? Do you want to designate \$3 to the Presidential Election Campaign Fund? If you	_	_	
check yes, it will not change your tax or reduce your refund.			

Form ID: INDX

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Form ID: INDX

Form ID: 1040		Perso	nal Information			1
Filing (Marital) status code (1 = Single, 2 = Marr	ied filing joint, 3 = Married fili	ng separate, 4 = Head of house	hold, 5 = Qualifying survivi	ng spouse)	
	ere married but living apart		- , , ,	, , ,	- , ,	[2]
Mark if your n	onresident alien spouse doe	s not have an Individu	al Taxpayer Identification	on Number (ITIN)		[3]
			Taxpayer		Spous	e
Social security	/ number		[4]	-		[5]
First name			[6]			[7]
Last name				-		
Occupation			[10]	-		[11]
_	00 to the presidential election Ident of another taxpayer	on campaign fund? (1 = '				[14]
•	income less than 1/2 suppo	rt 200 18 or 10 - 23 ful	[15] Ltime student? (V. Nizz)			[16]
Mark if legally		11 age 10 01 13 - 23 101	[20]			[21]
Date of birth	Jiii G		[22]			[24]
Date of death			[26]			[27]
Work/daytime	e telephone number/ext nun	nber			[30]	[31]
-	g telephone number		[32]			[33]
Do you author	rize us to discuss your return	with the IRS? (Y, N)	—— [34]			
		Presen	t Mailing Address			
Address						[40]
Apartment nu	ımber					[40] [41]
-	stal code, zip code			[42]	[43]	[44]
Foreign count						 [46]
Foreign phone	e number					[49]
In care of add	ressee					[51]
		Depend	dent Information			
	(endent Codes located a	it the bottom)	Months**Dep	Care
					in Codes	s paid for
First Nam	€ ⁵²] Last Name	Date of Birth	Social Security No.	Relationship	home * **	* dependent
						· ——
			·			-
-			-			-
						·
			•			
Name of child	who lived with you but is no	ot vour dependent				[53]
	who lived with you but is no					[53]
	who lived with you but is no number of qualifying perso	n				
Social security	number of qualifying perso	n Der	pendent Codes	Nont (Acc 10, 22)		
	number of qualifying perso 1 = Child who lived with y	Deg ou	**Other 1 = Stud			
Social security	number of qualifying perso 1 = Child who lived with y 2 = Child who did not live	Deg ou	**Other 1 = Stud rce/separation 2 = Disa	bled dependent	a student and di	[54]
Social security	number of qualifying perso 1 = Child who lived with y 2 = Child who did not live 3 = Other dependent	Dep ou with you due to divo	**Other 1 = Stud rce/separation 2 = Disa 3 = Dep	abled dependent endent who is both	a student and di	[54]
Social security	number of qualifying perso 1 = Child who lived with y 2 = Child who did not live 3 = Other dependent 4 = Other dependents, bu	Depou ou with you due to divo t do not qualify for Cr	**Other 1 = Stud rce/separation 2 = Disa 3 = Dep redit for Other Depend	abled dependent endent who is both	a student and di	[54]
Social security	number of qualifying perso 1 = Child who lived with y 2 = Child who did not live 3 = Other dependent 4 = Other dependents, bu 5 = Qualifying child for Ea	Depou ou with you due to divo t do not qualify for Cr rned Income Credit o	**Other 1 = Stud rce/separation 2 = Disa 3 = Dep redit for Other Depend nly	abled dependent endent who is both ents (ODC)	a student and di	[54]
Social security	number of qualifying perso 1 = Child who lived with y 2 = Child who did not live 3 = Other dependent 4 = Other dependents, bu 5 = Qualifying child for Ea 6 = Children who lived with	Deposition Deposi	**Other 1 = Stud rce/separation 2 = Disa 3 = Dep redit for Other Depend nly alify for Earned Income	abled dependent vendent who is both ents (ODC)	a student and di	[54]
Social security	number of qualifying perso 1 = Child who lived with y 2 = Child who did not live 3 = Other dependent 4 = Other dependents, bu 5 = Qualifying child for Ea 6 = Children who lived wit 7 = Children who lived wit	Deposition	**Other 1 = Stud rce/separation 2 = Disa 3 = Dep redit for Other Depend nly alify for Earned Income alify for Child Tax Cred	abled dependent endent who is both ents (ODC) e Credit it		[54]
*Basic	number of qualifying perso 1 = Child who lived with y 2 = Child who did not live 3 = Other dependent 4 = Other dependents, bu 5 = Qualifying child for Ea 6 = Children who lived wit 7 = Children who lived wit 8 = Children who lived wit	Deposition Deposition The position of the po	**Other 1 = Stud rce/separation 2 = Disa 3 = Dep redit for Other Depend nly alify for Earned Income alify for Child Tax Cred	abled dependent endent who is both ents (ODC) e Credit it		[54]
*Basic	number of qualifying perso 1 = Child who lived with y 2 = Child who did not live 3 = Other dependent 4 = Other dependents, bu 5 = Qualifying child for Ea 6 = Children who lived wit 7 = Children who lived wit	Deposition Deposition The position of the po	**Other 1 = Stud rce/separation 2 = Disa 3 = Dep redit for Other Depend nly alify for Earned Income alify for Child Tax Cred	abled dependent endent who is both ents (ODC) e Credit it		[54]
*Basic	1 = Child who lived with y 2 = Child who did not live 3 = Other dependent 4 = Other dependents, bu 5 = Qualifying child for Ea 6 = Children who lived wit 7 = Children who lived wit 8 = Children who lived wit 1577 = Reported on odd yea	Deposition Deposition The position of the po	**Other 1 = Stud rce/separation 2 = Disa 3 = Dep redit for Other Depend nly alify for Earned Income alify for Child Tax Cred	abled dependent endent who is both ents (ODC) e Credit it		[54]
*Basic	1 = Child who lived with y 2 = Child who did not live 3 = Other dependent 4 = Other dependents, bu 5 = Qualifying child for Ea 6 = Children who lived wit 7 = Children who lived wit 8 = Children who lived wit 1877 = Reported on odd yea 88 = Reported on even ye	Deposition Deposition The position of the po	**Other 1 = Stud rce/separation 2 = Disa 3 = Dep redit for Other Depend nly alify for Earned Income alify for Child Tax Cred alify for Child Tax Cred	abled dependent endent who is both ents (ODC) e Credit it		[54]

Form ID: Info Client Contact Information 2

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions)	(Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address Spouse email address		
	Taxpayer	Spouse
Fax telephone number	[11]	[20]
Mobile telephone number	[12]	[21]
Mobile telephone #2 number	[13]	[22]
Pager number	[14]	[23]
Other:	[15]	[24]
Telephone number	[16]	[25]
Extension	[17]	[26]
Preferred method of contact:	_	
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[27]

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information

3

_[1]

Form ID: Bank

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

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

Financial institution routing transit number		
		[3]
Name of financial institution		[4]
Your account number		[5]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		[6]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the a		[9]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United State	es)	[10]
Enter the maximum dollar amount, or percentage of total refund Dollar	[11] or Percent (xxx.xx)	[12]
Secondary account #1:		
Financial institution routing transit number		[27]
Name of financial institution		[28]
Your account number		[29]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		[30]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the a		[31]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United State	es)	[32]
Enter the maximum dollar amount, or percentage of total refund Dollar	[13] or Percent (xxx.xx)	[14]
Secondary account #2:		
Financial institution routing transit number		[33]
Name of financial institution	_	[34]
Your account number		[35]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		[36]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the a	account)	[37]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United State	es)	[38]
Enter the maximum dollar amount, or percentage of total refund Dollar	[47] D	[40]
Litter the maximum donar amount, or percentage of total return Donar	[17] or Percent (xxx.xx)	[18]
Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will I	be accepted by the bank or financial institu	tion.
Refund - U.S. Series I Savings Bond Purch tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registere to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicate please note you may enter only one name per registration (with exception of married filiname, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered to be bonds will be registered to the law (s) be the fields blank and use the fields provided below.	be accepted by the bank or financial instituchases ed for up to three different persable, please complete the following joint returns) and must enter like used to purchase bonds gistered in both names listed on the return.	sons. If you wo wing informati er the party's g
Refund - U.S. Series I Savings Bond Purch A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registere to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicate Please note you may enter only one name per registration (with exception of married filiname, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be register the bonds separately, leave these fields blank and use the fields provided below.	chases ed for up to three different persable, please complete the following joint returns) and must entertails.	sons. If you wo wing informati er the party's g
Refund - U.S. Series I Savings Bond Purch A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registere to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicate Please note you may enter only one name per registration (with exception of married filiname, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered to the name(s) the refunction of the fields provided below. Enter either a dollar amount or percent, but not both Dollar Enter either points will be registered filing jointly	chases ed for up to three different persable, please complete the following joint returns) and must entered like used to purchase bonds gistered in both names listed on the return. [15] or Percent (xxx.xx)	sons. If you wowing information the party's g
Refund - U.S. Series I Savings Bond Purce A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registere to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicate Please note you may enter only one name per registration (with exception of married filiname, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Dollar Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds.	chases ed for up to three different persable, please complete the following joint returns) and must enterprise like used to purchase bonds gistered in both names listed on the return. [15] or Percent (xxx.xx)	sons. If you wowing informatier the party's g
Refund - U.S. Series I Savings Bond Purch A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if application (with exception of married filiname, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Dollar Maximum dollar amount (up to \$5,000), or percentage of refund you would formation for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds owner's name (First Last)	chases ed for up to three different persable, please complete the following joint returns) and must entered like used to purchase bonds gistered in both names listed on the return. [15] or Percent (xxx.xx)	sons. If you wowing informatier the party's g
Refund - U.S. Series I Savings Bond Puro A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registere to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applica Please note you may enter only one name per registration (with exception of married filiname, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Dollar Bond information for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Owner's name (First Last) Co-owner or beneficiary (First Last)	chases ed for up to three different persable, please complete the following joint returns) and must enterprise like used to purchase bonds gistered in both names listed on the return. [15] or Percent (xxx.xx)	sons. If you wowing informatier the party's g
Refund - U.S. Series I Savings Bond Purce A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if application application (with exception of married filiname, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered to the name(s) the theorem to register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Bond information for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Owner's name (First Last)	chases ed for up to three different persable, please complete the following joint returns) and must enterprise like used to purchase bonds gistered in both names listed on the return. [15] or Percent (xxx.xx) [19] or Percent (xxx.xx)	sons. If you wowing informatier the party's g
Refund - U.S. Series I Savings Bond Puro A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registeres to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicately applicated to the policy one name per registration (with exception of married filling name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would the bonds will be registered to the name(s) on the return. For married filling joint returns this means the bonds will be registered to the name(s) on the return. For married filling joint returns this means the bonds will be registered to the name (s) on the return. For married filling joint returns this means the bonds will be register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Bond information for someone other than taxpayer and spouse, if married filling jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Owner's name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary Bond information for someone other than taxpayer and spouse, if married filling jointly	chases ed for up to three different persable, please complete the following joint returns) and must entered like used to purchase bonds gistered in both names listed on the return. [15] or Percent (xxx.xx) [19] or Percent (xxx.xx)	tion. Sons. If you wowing information the party's generated [16] [20] [41] [43]
Refund - U.S. Series I Savings Bond Puro A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registere to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if application processes and the processes of the purchase use note you may enter only one name per registration (with exception of married filling) and not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would the bonds will be registered to the name(s) on the return. For married filling joint returns this means the bonds will be registered to the name(s) on the return. For married filling joint returns this means the bonds will be register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Dollar Gond information for someone other than taxpayer and spouse, if married filling jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Owner's name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary Bond information for someone other than taxpayer and spouse, if married filling jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds of the	chases ed for up to three different persable, please complete the following joint returns) and must entered like used to purchase bonds gistered in both names listed on the return. [15] or Percent (xxx.xx) [19] or Percent (xxx.xx)	tion. Sons. If you wowing information the party's generated [16] [20] [41] [43]
Refund - U.S. Series I Savings Bond Puro A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registere to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applica Please note you may enter only one name per registration (with exception of married filliname, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would The bonds will be registered to the name(s) on the return. For married filling joint returns this means the bonds will be register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Dollar Owner's name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary Bond information for someone other than taxpayer and spouse, if married filling jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds of the name listed above is a beneficiary Bond information for someone other than taxpayer and spouse, if married filling jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds of the name listed above is a beneficiary Bond information for someone other than taxpayer and spouse, if married filling jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds of the purchase bonds of th	chases ed for up to three different persable, please complete the following joint returns) and must entered like used to purchase bonds gistered in both names listed on the return. [15] or Percent (xxx.xx) [19] or Percent (xxx.xx)	[16]
Refund - U.S. Series I Savings Bond Puro A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registere to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if application processes and the processes of the purchase use note you may enter only one name per registration (with exception of married filling) and not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would the bonds will be registered to the name(s) on the return. For married filling joint returns this means the bonds will be registered to the name(s) on the return. For married filling joint returns this means the bonds will be register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Dollar Gond information for someone other than taxpayer and spouse, if married filling jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Owner's name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary Bond information for someone other than taxpayer and spouse, if married filling jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds of the	chases ed for up to three different persable, please complete the following joint returns) and must entered like used to purchase bonds gistered in both names listed on the return. [15] or Percent (xxx.xx) [19] or Percent (xxx.xx) [40] [42]	[16] [20] [44] [44] [46]

General

Form ID: ELF	Electronic Filing	6
	pect to prepare a certain amount of federal individual tax returns to file be electronically filed this year if it qualifies for electronic filing under IR and of filing electronically.	
Mark if you want to file a paper return even if you qu	alify for electronic filing	[1]
Receive email notification(s) when your electronic fil If 1 or 2, please provide email address on Organiz	e is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) err Form ID: Info	[2]
Mark if you are filing a balance due return electronic	ally and you want to pay the amount due by debiting your	
financial institution account		[9]
The IRS requires a Personal Identification Number (P	IN) be used in signing returns that are electronically filed.	
Each taxpayer and spouse, if applicable, must provide	e a 5 digit self-selected PIN of your choice other than all zeroes.	
Taxpayer self-selected Personal Identification Num	ber (PIN)	[7]
Spouse self-selected Personal Identification Number	er (PIN)	[8]

Form ID: IDAuth Identity Authentication	7
Taxpayer -	
Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	[1]
Identification number	[3]
Issue date	[4]
Expiration date (mm/dd/yyyy)	[5]
Location of issuance (State issued only)	[6]
Document number (New York only)	[7]
Spouse -	
Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	[10
Identification number	[12
Issue date	[13
Expiration date (mm/dd/yyyy)	[14
Location of issuance (State issued only)	[15
Document number (New York only)	[16

Form ID: EST		Es	tima	ated Taxes		8
If you have an overn	avment of 2022	taxes, do you want the ex	CESS.			
Refunded	ayment or 2022	taxes, do you want the ex				[52]
	B estimated tax	liability				[53]
* *		e in your 2023 income? (y,	N)			[54]
If yes, please explain						
	-					[55]
						[56]
	-					[57]
			222			[58]
If yes, please explain	_	e in your deductions for 20 	J23 ? (Y, N)		[59]
ii yes, piease expiairi	any uniterences	·				[60]
	-					[61]
						[62]
	-					[63]
Do you expect a cons	siderable change	e in the amount of your 20)23 w	ithholding? (Y, N)		[64]
If yes, please explain	any differences	::				
	-					[65]
						[66]
						[67]
Do you expect a char	nge in the numb	er of dependents claimed	for 2	0232 (V N)		[68]
If yes, please explain	•	· ·	101 2	023: (1, N)		[69]
ii yes, piease explain	arry arreverses	•				[70]
						[71]
						[72]
	· 					[73]
Payment method use	ed to pay your e	stimated taxes (1=Electro	nic Fe	deral Tax Payment System	(EFTPS); 2=Direct Pay)	[74]
		2022 Federa	al Est	timated Tax Paymen	ts	
2021 overpayment a	nnlied to 2022 e	estimates			+	[1]
			cated	below. Skip the remainin	g fields.	[5]
, , , , , , , , ,				, in the second second	5	
If your estimated pay	ments were no	t made on the date due or	were	e for an amount other thar	n the calculated amount be	low, please enter
the actual date and a	mount paid.					
		- · - · · · · · · · · · · · · · · · · ·				
1 at a contact a payma and	Date Due	Date Paid if After Date D	ue	Amount Paid	Calculated Amount	Method*
1st quarter payment 2nd quarter paymen		[6]		[7]		
3rd quarter payment		[8] [10]	Ĭ-	[9] [11]		
4th quarter payment		[12]		[11] [13]		
Additional payment	1/1//23	[14]	<u>'</u> –	[15]	-	
ridational payment		[17]	· –	[13]		
		*Method of p	ayme	ent indicated in prior year	•	
	EFW = Electro	nic funds withdrawal	Е	FTPS = Electronic Federal	Tax Payment System	
l	Voucher = For	rm 1040-ES estimated tax	(payr	ment voucher		
NOTES/QUESTIC	ONS:					
110113/ QUESTIC	. .					

Control Totals+	Payments	Form ID: Est

Form ID: St Pmt	2022 State Estin	nated Tax Payments	9
Taxpayer/Spouse/Joint (T, S, J) State postal code			[1] [2]
Amount paid with 2021 return 2021 overpayment applied to '22 estimates Treat calculated amounts as paid		+ +	[3] [4] [8]
Date Paid		Amount Paid	Calculated Amount
1st quarter payment[9]		+ [10]	
2nd quarter payment[11]		+[12]	
3rd quarter payment[13]		+[14]	
4th quarter payment[15]		+[16]	
Additional payment[17]		+[18]	
	2022 City Estim	ated Tax Payments	
City #1		City #2	
City name	[28]	City name	[50]
Amount paid with 2021 return +		Amount paid with 2021 return +	[53]
2021 overpayment applied to '22 estimates		2021 overpayment applied to '22 estimates	
Treat calculated amounts as paid	_[36]	Treat calculated amounts as paid	[58]
Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment[37] +	[38]	1st quarter payment[59] +	[60]
2nd quarter payment[39] +		2nd quarter payment[61] +	[62]
3rd quarter payment[41] +		3rd quarter payment[63] +	[64]
4th quarter payment[43] +	[44]	4th quarter payment[65] +	[66]
Calculated Amount		Calculated Amount	:
1st quarter payment		1st quarter payment	
		· · · · · · · · · · · · · · · · · · ·	
4th quarter payment		4th quarter payment	
City #3		City #4	
City name	[72]	City name	[94]
Amount paid with 2021 return + 2021 overpayment applied to '22 estimates	[75] [76]	Amount paid with 2021 return + 2021 overpayment applied to '22 estimates	[97] [98]
Treat calculated amounts as paid	[80]	Treat calculated amounts as paid	[102
Data Baid	Amount Doid	Data Daid	Amount Daid
1-1	Amount Paid [82]	Date Paid 1st quarter payment[103] +	Amount Paid[104
2nd quarter payment[81] +			[104
	[86]		[108
4th quarter payment[87] +	[88]	4th quarter payment [109] +	
Calculated Amount		Calculated Amount	:
1st quarter payment		1st quarter payment	
2nd quarter payment		2nd quarter payment	
		3rd quarter payment	
4th quarter payment		4th quarter payment	

Form ID: W2 Wages and Salaries #1 12

Please provide a	all copies of Form W-2. 2022 Information		Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Employer name		[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farm	ing / Fishing, 4 = National Guard)	[5]	
Mark if this is your current employer		<u> </u>	
Federal wages and salaries (Box 1)	+	[10]	
Federal tax withheld (Box 2)	+	[12]	
Social security wages (Box 3) (If different than federal wages)	+	[14]	
Social security tax withheld (Box 4)	+	[16]	
Medicare wages (Box 5) (If different than federal wages)	+	[18]	
Medicare tax withheld (Box 6)	+	[21]	
SS tips (Box 7)	+	[23]	
Allocated tips (Box 8)	+	[25]	
Dependent care benefits (Box 10)	+	[27]	
Box 13 -			
Statutory employee		[29]	
Retirement plan		[30]	
Third-party sick pay		[31]	
State postal code (Box 15)		[32]	
State wages (Box 16) (If different than federal wages)	+	[34]	
State tax withheld (Box 17)	+	[36]	
Local wages (Box 18)	+	[38]	
Local tax withheld (Box 19)	+	[40]	
Name of locality (Box 20)		[43]	

Control Totals+	
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Wages and Salaries #2

Please provide all copies of Form W-2. 2022 Information **Prior Year Information** Taxpayer/Spouse (T, S) _[1] Employer name [3] Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) __[5] Mark if this your current employer [6] Federal wages and salaries (Box 1) [10] Federal tax withheld (Box 2) [12] Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) [16] Medicare wages (Box 5) (If different than federal wages) [18] Medicare tax withheld (Box 6) [21] SS tips (Box 7) [23] Allocated tips (Box 8) [25] Dependent care benefits (Box 10) [27] Box 13 -Statutory employee [29] Retirement plan [30] Third-party sick pay [31] State postal code (Box 15) [32] State wages (Box 16) (If different than federal wages) [34] State tax withheld (Box 17) [36] Local wages (Box 18) [38] Local tax withheld (Box 19) [40] Name of locality (Box 20) [43]

Control Totals+	

Income Form ID: W2

Form ID: B-1 Interest Income 13

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

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

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

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

Control Totals +	Income	Form ID: B-1
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Form ID: B-2 Dividend Income 14

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

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

T S J	Type Code	e e (**s	See codes belo	Ordinary [2] ow) Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer											t
		_	Amounts	+										
	***********	2	Payer			1	T		T	T		1		
		_	Amounts	+										
**********		3	Payer			-		1		Т				
		_	Amounts	+										
	000000000	4	Payer		T					T				
		-	Amounts	+										
	**********	5	Payer											
			Amounts	-										
38383888	383838383	6	Payer			-		ı		1		-[-		
			Amounts	-										
:::::::::::::::::::::::::::::::::::::::	:::::::::::::::::::::::::::::::::::::::	7	Payer											
			Amounts	-										
	000000000	8	Payer											
			Amounts	-										
	***********	9	Payer		ļ	I	Ţ	I	Ţ	T	I	-		
			Amounts	-										
	********	10	Payer		ı	1	ı	1	T	T	1	T		
			Amounts	+										

	**Dividend Codes
Blank = Other	3 = Nominee

	Control Totals +	Income	Form ID: B-2
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Form ID: D	Sales of Stocks, Se	curities, and Othe	er Investmer	nt Property	17
Did you have an Did you have an Did you exchan	Please provide ny securities become worthless during 2022 ny debts become uncollectible during 2022 ny commodity sales, short sales, or straddle nge any securities or investments for somethe, sell, exchange, or otherwise dispose of an	? (Y, N) s? (Y, N) ning other than cash? (Y	(, N)		[9] [10] [11] [13] [4]
T/S/J	Description of Property 1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_		-		+	+
				+	+
_				+	+
				+	+
				+	+
_				+	+
				+	+
- -		,		+	+
_		- 		+	+
_				+	+
				+	+
				+	+
_		-		+	+
_				+	+
_				+	+
_		-		+	+
				+	+
_				+	+
				+	+
_				+	+
_				+	+
				+	+
		-		+	+
_		,		+	+
				+	+
- -		,		+	+
				+	+
_				+	+
				+	+
				+	+
_				+	+
				+	+
_				+	+
_				+	+
		 		+	+
		_		+	+
	Control Totals+		Income		Form ID: D

Form ID: In	come			Other Income		18
					2022 Information	Prior Year Information
State an	d local incom	e tax refunds		+	[5]	
Alimony	received		T/S	+	2022 Information [3] [3]	Prior Year Information
		nefits are taxable income and s withheldYou may need to go to				show both the amount received 1099-G from your account.
				Taxpayer	Spouse	Prior Year Information
Unemplo Unemplo Unemplo	oyment comp	pensation federal withholding pensation state withholding pensation repaid	+ + -	[9] + [9] + [12] +	[10] [10] [10] [13] [19]	
T/S/J	Self- Employment Income ?	:			2022 Information	Prior Year Information
		Other income, such as: Com			·	
_	_			_	[15]	
_	_			+		
	_			+		
_	_	_		+		
_	_			+		
_	_			+		
<u> </u>	<u> </u>			+		
	_			+		
	_			+		
	_	-		+		
_	_			†		
_	_			·		
	_			+		
<u> </u>	<u> </u>			+		
	_			+		
	_			+		
	_	-		+		
_	_			†		
	_			·		-
	_			+		
_	_			+		
	_			+		
	_			+		
	_			+		
_	_			+		
_	_			+		
NOTES	J/QUESTIC	DNS:				

and

Control Totals+ Income Form ID: Income

Form ID: 1099R	Pension, Annuity, and I	RA Distributions #1	24
	Please provide all Fo	orms 1099-R.	
		2022 Information	Prior Year Information
Taxpayer/Spouse (τ, s)		[1]	
Name of payer		[3]	
State postal code		[6]	
Gross distributions received (Box 1)		+[8]	
Taxable amount received (Box 2a) Federal withholding (Box 4)		+ [10] + [12]	
Distribution code (Box 7)		P [15]	
Mark if distribution is from an IRA, SEP	SIMPLE retirement plan	<u>E</u> [15]	
State withholding (Box 14)	, Shivir LL retirement plan	+ [18]	
Local withholding (Box 17)		+ [20]	
Amount of rollover		+ [22]	
Mark if distribution was due to a pre-retire	ement age disability	[24]	
·	- · · · · · · · · · · · · · · · · · · ·		
	Control Total	als+	
	Pension, Annuity, and I		
	Please provide all Fo	orms 1099-R. 2022 Information	Prior Year Information
Taxpayer/Spouse (т, s)		[1]	
Name of name			
State postal code		 [6]	
Gross distributions received (Box 1)		+ [8]	
Taxable amount received (Box 2a)		+[8] +[10]	
Federal withholding (Box 4)		+ [12]	
Distribution code (Box 7)		[15]	<u></u>
Mark if distribution is from an IRA, SEP	, SIMPLE retirement plan	[17]	
State withholding (Box 14)		+[18]	
Local withholding (Box 17)		+[20]	
Amount of rollover		+[22]	
Mark if distribution was due to a pre-retire	ement age disability	[24]	
	Control Total	als+	
	Pension, Annuity, and II	RA Distributions #3	
	Please provide all Fo	orms 1099-R.	5. V . (.:
Taxpayer/Spouse (T, S)		2022 Information	Prior Year Information
Name of payer		_[1]	
State postal code		[3] [6]	
Gross distributions received (Box 1)		+ [8]	
Taxable amount received (Box 2a)		+ [10]	
Federal withholding (Box 4)		+ [12]	
Distribution code (Box 7)		[15]	
Mark if distribution is from an IRA, SEP	, SIMPLE retirement plan	[17]	<u></u>
State withholding (Box 14)	F -	+ [18]	
Local withholding (Box 17)		+ [20]	
Amount of rollover		+ [22]	<u></u>
Mark if distribution was due to a pre-retire	ement age disability	[24]	
	Control Tate	ols±	
	Control Total	dio⊤	

Retirement Form ID: 1099R

Social Securit	ty, Tier 1 Railroad Benefits	25
Please provide a cop	by of Form(s) SSA-1099 or RRB-1099	
Taxpayer/Spouse (T, S)	[1]	
State postal code	[3]	
Social	Security Benefits	
	2022 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following	g information:	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA	1099:	
Medicare premiums	+ [7]	
Prescription drug (Part D) premiums	+ [9]	
Net Benefits for 2022 (Box 3 minus Box 4) (Box 5)	+ [12]	
Voluntary Federal Income Tax Withheld (Box 6)	+[14]	
Tier 1	Railroad Benefits	
	2022 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following	ng information:	
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2022 (Box 5)	+[22]	
Federal Income Tax Withheld (Box 10)	+[25]	
Medicare Premium Total (Box 11)	+[27]	
Additional Inform	nation About Benefits Received	
Additional information about the benefits received not reported		
·		
·	099 DESCRIPTION OF AMOUNT IN BOX 3 area	or in the RRB-1099 Boxes 7
· · · · · · · · · · · · · · · · · · ·	099 DESCRIPTION OF AMOUNT IN BOX 3 area	_[
•	099 DESCRIPTION OF AMOUNT IN BOX 3 area]
•	099 DESCRIPTION OF AMOUNT IN BOX 3 area]
benefits in 2022. This information will be reported in the SSA-1	099 DESCRIPTION OF AMOUNT IN BOX 3 area]

Form ID: IRA Traditional IRA	1	26
	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement		
plan? (Y, N)	_[1]	[2]
Do you want to contribute the maximum allowable traditional IRA contribution		f-2
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible) Enter the total traditional IRA contributions made for use in 2022	[3] + [5]	[4]
Effet the total traditional INA contributions made for use in 2022	[5]	+[6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2022	+[5]	+[6]
Enter the nondeductible contribution amount made in 2023 for use in 2022	+ [7]	+ [8]
Traditional IRA basis	+ [17]	+ [18]
Value of all your traditional IRA's on December 31, 2022:		
	+[19]	+[20]
	+	+
<u></u>	+	+
	+	+
<u> </u>	+	<u> </u>
	+	+
	+	+
	+	+
	+	+
Roth IRA		
Please provide copies of any 1998 through 2021 F	orm 8606 not prepared by t	nis office
, .	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	[29]	[30]
Enter the total Roth IRA contributions made for use in 2022	+[31]	+[32]
Enter the amount a 2022 Roth IRA conversion should be adjusted by	+[39]	
Enter the total contribution Roth IRA basis on December 31, 2021	+[43]	
Enter the total Roth IRA contribution recharacterizations for 2022	+[45]	
Enter the Roth conversion IRA basis on December 31, 2021	+[47]	+[48]
Value of all your Roth IRA's on December 31, 2022:	[AO]	T (FO)
	+	+[50]
	+	+
	+	+
	+	+
	+	+
	+	+
	+	+
	+	+
	+	+
NOTES/QUESTIONS:		

Control Totals+ Retirement Form ID: IRA

Form ID: OtherAdj	Other	Adjustments		5
imony Paid:				
T/S Date*		2022	Information	Prior Year Informati
		+	[4]	
Recipient name and SSN				
Address				
City, state and zip code		1		
32200200000000000000000000000000000000		+		
Recipient name and SSN Address				
City, state and zip code				
city, state and zip code		+		
Recipient name and SSN		,		
Address		l .		
City, state and zip code				
* Date of divorce/separation agreement				
	_	2022 Information		Prior Year Informati
di casta a succession	Та	xpayer Sp	ouse	
ducator expenses:		[6]	[7]	
	⁺	[6] + 	[/]	-
ther adjustments:				
	+	[9] +	[10]	
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
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	+	•		
		+		
	+ + +	+ +		

Form ID: A-1

Schedule A - Medical and Dental Expenses

_	
J	

		nformation	Prior Year Inform
Medical and dental expenses, such as: Doctors, Dentists, Hospital/ Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insu	_	•	
intedical supplies, fleating alds, Lyegiasses/contact lenses, and insc			
	- ː	[2]	· · · <u>- · · · · · · · · · · · · · · · ·</u>
	_ +		
	_ +		· · · · · · · · · · · · · · · · · · ·
	_ +		
	_ +		
Medical insurance premiums you paid:			-
Do not include pre-tax amounts paid by an employer-sponsored plan or amounts en	ntered elsewhere, such	as amounts paid for you	Jr.
self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered		, ,	
	+	[5]	
	- :		
1	_		-
Long-term care premiums you paid:			
Do not include pre-tax amounts paid by an employer-sponsored plan or amounts en self-employed business (Sch C, Sch F, Sch K-1, etc.)	ntered elsewhere, such	as amounts paid for you	T.
sen-employed business (sen c, sen r, sen k-1, etc.)		[0]	
	_	[8]	
	_ +		
Prescription medicines and drugs:			
	+	[11]	
	_		
	+		
Miles driven for medical items (1/1/22 - 6/30/22, 18 cents)		[14]	
Miles driven for medical items (7/1/22 - 12/31/22, 22 cents)		[17]	
Schedule A - Ta	x Expenses		
	2022 1	nformation	Prior Year Inform
State/local income taxes paid:	2022	mormation	THOI Teal IIIIOIIII
•			
		[19]	-
	_ +		
	_ +		
	+		
2021 state and local income taxes paid in 2022:			
•	+	[22]	
]	- <u>T</u>	[22]	-
	_ +		
	_ +		
Real estate taxes paid:			
	+	[25]	
		,	
	_ :		
Development to a	_		
Personal property taxes:			
	_ +	[28]	
	+		
Other taxes, such as: foreign taxes and State disability taxes	_ +		
Other taxes, such as: foreign taxes and State disability taxes	- +	[21]	
	- + <u></u>	[31]	
	+ - + - +	[31]	
	+ - + - + - +	[31]	
	+ - + +	[31]	
Sales tax paid on major purchases:	- + - + - + +	[31]	
Sales tax paid on major purchases:	- +		
Sales tax paid on major purchases:	+		
Sales tax paid on major purchases: Sales tax paid on actual expenses:	+	[37]	
Sales tax paid on major purchases: Sales tax paid on actual expenses:	+		
Sales tax paid on major purchases: Sales tax paid on actual expenses:	+	[37]	
Sales tax paid on major purchases: Sales tax paid on actual expenses:	+	[37]	
Sales tax paid on major purchases:	+	[37] [40]	tions Form ID:

Form ID: A-2

n ID: A-2	Interest Expenses			58
J		2022 erest Paid2]	2022 Points Paid	Type*Prior Year Informa
Home mortgage interest: From Form 1098				
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
		+		
		+		
	_	+		
	+	+		
	*Mortgage Types			
Blank = Used to buy, build or improve main/qua		used to buy,	build, improve	e home or investment
Payee's Name Other, such as: Home mortgage interest pair	SSN or EIN	2022	Information	Prior Year Informatio
[4]		+	[5]	
ddress				
ty, state and zip code				
		+		
ddress				
0018.40000000000000000000000000000000000		· · · · · · · · · · · · · · · · · · ·		1
Street Address City/State/Zip code				
Refinancing Points paid in 2022 - Taxpayer/Spouse/Joint (T, S, J)			[11	LJ
Recipient/Lender name	-			
Total points paid at time of refinance				
Points deemed as paid in 2022 (Preparer us	e only)	+	[12	2]
Date of refinance		_		
Term of new loan (in months)				
Reported on Form 1098 in 2022			_	
Taxpayer/Spouse/Joint (T, S, J)			_	
Recipient/Lender name				
Total points paid at time of refinance				
Points deemed as paid in 2022 (Preparer us	e only)	+		
Date of refinance				
Term of new loan (in months)				
Reported on Form 1098 in 2022			<u> </u>	
/1		2022	Imfaumetter	Delea Veni de de
/J Investment interest expense, other than on So	hedule(s) K-1·	2022	Information	Prior Year Information
[15]		+	[16	5]
[+~]				'1
				-
-				
-		+		
		+		
· -				processes consecutive contraction (CCC)
		+		

Control Totals+

Itemized Deductions Form ID: A-2

Form ID: A-3 Charitable Contributions 59

Volunteer miles driven Soodwill/Salvation Army/clothing/household goods Soodwill/Salvation Army/clothi	/J	2022 Information	Prior Year Informati
Volunteer miles driven Noncash items, such as: Goodwill/Salvation Army/clothing/household goods Miscellaneous Deductions Gold	Any contribution of cash, a check or other monetary gift requires a written record of the co		
Volunteer miles driven Noncash items, such as: Goodwill/Salvation Army/clothing/household goods	Individual contributions of \$250 or more must be accompanied by a written acknowledgme	ent from the charity to claim the cor	tribution on your return.
Volunteer miles driven Noncash Items, such as: Goodwill/Salvation Army/clothing/household goods	2]	+[3]
Miscellaneous Deductions Miscellaneous Deductions Other expenses Gambling losses: (Enter only if you have gambling income) To Gambling losses: (Enter only if you have gambling income) The state of the state o		+	
Miscellaneous Deductions Miscellaneous Deductions Other expenses Gambling losses: (Enter only if you have gambling income) Gambling losses: (Enter only if you have gambling income) The state of t		+	
Volunteer miles driven			
Volunteer miles driven		+	
Volunteer miles driven		+	
Volunteer miles driven		+	
Volunteer miles driven		+	
Volunteer miles driven		+	
Volunteer miles driven		·	
Volunteer miles driven		<u>'</u>	
Volunteer miles driven		<u> </u>	
Volunteer miles driven		<u>+</u>	
Volunteer miles driven		+	
Volunteer miles driven		+	
Volunteer miles driven Noncash items, such as: Goodwill/Salvation Army/clothing/household goods Noncash items, such as: Goodwill/Salvation Army/clothing/household goods #		+	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		+	
Miscellaneous Deductions // Other expenses]
The second content of the second content o	Noncash items, such as: Goodwill/Salvation Army/clothing/household go	oods	
Miscellaneous Deductions /J	B]	+[9]
Miscellaneous Deductions /J		+	
Miscellaneous Deductions /J		+	
Miscellaneous Deductions /J		+	
Miscellaneous Deductions /J		+	
Miscellaneous Deductions /J		+	
Miscellaneous Deductions /J		+	
Miscellaneous Deductions /J	-	+	
Miscellaneous Deductions /J Other expenses 12]			
Other expenses 12		<u>'</u>	
Other expenses 12	-		
Other expenses	Miscellaneous Ded	luctions	
+ [13]		2022 Information	Prior Year Informati
# +			0.1
+ [16] + - - - - - - - - -		+l ¹	.5]
+ [16] + - - - - - - - - -		<u>+</u>	
+ [16] + - - - - - - - - -		+	
+ [16] + - - - - - - - - -		+	
+ [16] + - - - - - - - - -		+	
+ [16] + - - - - - - - - -		+	
+ [16] + - - - - - - - - -		+	
+ [16] + - - - - - - - - -	Gambling losses: (Enter only if you have gambling income)		
		+ [1	6]
+ + + + + + + + + + + + + + + + + + +		+	
+		+	
ES/OHESTIONS:			
ES/OLIESTIONS:			
ES/OLIESTIONS:		T	
		т	

Form I	D:	A-St
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Miscellaneous Itemized Deductions (State Use Only)

59a

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

	2022 Information	Prior Year Informati
Unreimbursed expenses, such as: Uniforms, Professional dues,		
Business publications, Job seeking expenses, Educational expenses	+ [2]	
	+[2]	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	· ·
Union dues, other than amounts reported on Form W-2:		
	+[5]	
	+	
-	+	
	+	
Tax preparation fees	+[8]	
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custoo		
0]	+[11] [
	+	
	+	
	+	
	+	
	+	
- 	+	
	+	
3] Safe deposit box rental	+	
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV	+[14	
		,
6]	+[17 +	J
	· · ·	
 -		
	+	
	+	

Control Totals+

Form ID: Coverage	Health Care Coverage			69	
		2022 Information		Prior Year Information	
	-	Гахрауег	Spouse		
Self-employed health insurance premi	ums: (Not entered elsewhere)		•		
	+	[2]	+	[3]	
	+		+	666 666 666	
Self-employed long-term care premiu	MS: (Not entered elsewhere)				
	+	[5]	+	[6]	
	+		+	2000	