

Personal Information

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

Mark if you were married but living apart all year _____

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

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____	_____
Mark if legally blind	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Home/evening telephone number	_____	_____
Do you authorize us to discuss your return with the IRS? (Y, N)	_____	_____

Present Mailing Address

Address _____

Apartment number _____

City, state postal code, zip code _____

Foreign country name _____

Foreign phone number _____

In care of addressee _____

Dependent Information

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

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

Name of child who lived with you but is not your dependent _____

Social security number of qualifying person _____

Dependent Codes

- | | |
|---|---|
| <p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you due to divorce/separation 3 = Other dependent 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC) 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|---|---|

Preparer - Enter on Screen Contact

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

Taxpayer email address _____

Spouse email address _____

Taxpayer

Spouse

Fax telephone number _____

Mobile telephone number _____

Mobile telephone #2 number _____

Pager number _____

Other: _____

 Telephone number _____

 Extension _____

Preferred method of contact: _____

 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____

NOTES/QUESTIONS:

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

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

Primary account:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

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

Refund - U.S. Series I Savings Bond Purchases

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

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

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

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

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

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

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ or Percent (xxx.xx) _____

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 filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ or Percent (xxx.xx) _____

Owner's name (First Last) _____

Co-owner or beneficiary (First Last) _____

Mark if the name listed above is a beneficiary _____

Wages and Salaries #1

Please provide all copies of Form W-2.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____
Employer name _____
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____
Mark if this is your current employer _____
Federal wages and salaries (Box 1) + _____
Federal tax withheld (Box 2) + _____
Social security wages (Box 3) (If different than federal wages) + _____
Social security tax withheld (Box 4) + _____
Medicare wages (Box 5) (If different than federal wages) + _____
Medicare tax withheld (Box 6) + _____
SS tips (Box 7) + _____
Allocated tips (Box 8) + _____
Dependent care benefits (Box 10) + _____
Box 13 -
Statutory employee _____
Retirement plan _____
Third-party sick pay _____
State postal code (Box 15) _____
State wages (Box 16) (If different than federal wages) + _____
State tax withheld (Box 17) + _____
Local wages (Box 18) + _____
Local tax withheld (Box 19) + _____
Name of locality (Box 20) _____

Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____
Employer name _____
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____
Mark if this your current employer _____
Federal wages and salaries (Box 1) + _____
Federal tax withheld (Box 2) + _____
Social security wages (Box 3) (If different than federal wages) + _____
Social security tax withheld (Box 4) + _____
Medicare wages (Box 5) (If different than federal wages) + _____
Medicare tax withheld (Box 6) + _____
SS tips (Box 7) + _____
Allocated tips (Box 8) + _____
Dependent care benefits (Box 10) + _____
Box 13 -
Statutory employee _____
Retirement plan _____
Third-party sick pay _____
State postal code (Box 15) _____
State wages (Box 16) (If different than federal wages) + _____
State tax withheld (Box 17) + _____
Local wages (Box 18) + _____
Local tax withheld (Box 19) + _____
Name of locality (Box 20) _____

Control Totals +

Interest Income

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

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

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

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

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

	2022 Information	Prior Year Information
State and local income tax refunds	+ _____	

	T/S	Agreement Date	2022 Information	Prior Year Information
Alimony received	—	_____	+ _____	
	—	_____	+ _____	

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

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation**	+ _____	+ _____	
Unemployment compensation federal withholding	+ _____	+ _____	
Unemployment compensation state withholding	+ _____	+ _____	
Unemployment compensation repaid	+ _____	+ _____	
Alaska Permanent Fund dividends	+ _____	+ _____	

	T/S/J	Self-Employment Income ? (Y, N)		2022 Information	Prior Year Information
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	
—	—		_____	+ _____	

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S)	—	
Name of payer	_____	
State postal code	_____	
Gross distributions received (Box 1)	+ _____	
Taxable amount received (Box 2a)	+ _____	
Federal withholding (Box 4)	+ _____	
Distribution code (Box 7)	_____	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	—	
State withholding (Box 14)	+ _____	
Local withholding (Box 17)	+ _____	
Amount of rollover	+ _____	
Mark if distribution was due to a pre-retirement age disability	—	

	Control Totals +	
--	-------------------------	--

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S)	—	
Name of payer	_____	
State postal code	_____	
Gross distributions received (Box 1)	+ _____	
Taxable amount received (Box 2a)	+ _____	
Federal withholding (Box 4)	+ _____	
Distribution code (Box 7)	_____	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	—	
State withholding (Box 14)	+ _____	
Local withholding (Box 17)	+ _____	
Amount of rollover	+ _____	
Mark if distribution was due to a pre-retirement age disability	—	

	Control Totals +	
--	-------------------------	--

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S)	—	
Name of payer	_____	
State postal code	_____	
Gross distributions received (Box 1)	+ _____	
Taxable amount received (Box 2a)	+ _____	
Federal withholding (Box 4)	+ _____	
Distribution code (Box 7)	_____	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	—	
State withholding (Box 14)	+ _____	
Local withholding (Box 17)	+ _____	
Amount of rollover	+ _____	
Mark if distribution was due to a pre-retirement age disability	—	

	Control Totals +	
--	-------------------------	--

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) _____
 State postal code _____

Social Security Benefits

	2022 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information: From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
Prescription drug (Part D) premiums	+ _____	
Net Benefits for 2022 (Box 3 minus Box 4) (Box 5)	+ _____	
Voluntary Federal Income Tax Withheld (Box 6)	+ _____	

Tier 1 Railroad Benefits

	2022 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
Portion of Tier 1 Paid in 2022 (Box 5)	+ _____	
Federal Income Tax Withheld (Box 10)	+ _____	
Medicare Premium Total (Box 11)	+ _____	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2022 or receive any prior year benefits in 2022. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

NOTES/QUESTIONS:

Preparer use only

	2022 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	
Employer identification number	_____	
Business name	_____	
Principal business/profession	_____	
Business code	_____	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____	
City/State/Zip	_____	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____	_____
If other:	_____	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____	_____
If other enter explanation:	_____	

Enter an explanation if there was a change in determining your inventory:		

Did you "materially participate" in this business? (Y, N)	_____	_____
If not, number of hours you did significantly participate	_____	_____
Mark if you began or acquired this business in 2022	_____	
Did you make any payments in 2022 that require you to file Form(s) 1099? (Y, N)	_____	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	_____
Mark if this business is considered related to qualified services as a minister or religious worker	_____	_____
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____	_____
Medical insurance premiums paid by this activity	+ _____	_____
Long-term care premiums paid by this activity	+ _____	_____
Amount of wages received as a statutory employee	+ _____	_____

Business Income

	2022 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____	
Other income:		
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2022 Information	Prior Year Information
Beginning inventory	+ _____	
Purchases	+ _____	
Labor:		
_____	+ _____	
_____	+ _____	
Materials	+ _____	
Other costs:		
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____	

Control Totals +

Schedule C - Expenses

Preparer use only

Principal business or profession _____

2022 Information

Prior Year Information

Advertising + _____

Car and truck expenses + _____

Commissions and fees + _____

Contract labor + _____

Depletion + _____

Depreciation + _____

Employee benefit programs (Include Small Employer Health Ins Premiums credit):

_____ + _____

_____ + _____

Insurance (Other than health):

_____ + _____

_____ + _____

Interest:

Mortgage (Paid to banks, etc.)

_____ + _____

_____ + _____

_____ + _____

Other:

_____ + _____

_____ + _____

Legal and professional services + _____

Office expense + _____

Pension and profit sharing:

_____ + _____

_____ + _____

Rent or lease:

Vehicles, machinery, and equipment + _____

Other business property + _____

Repairs and maintenance + _____

Supplies + _____

Taxes and licenses:

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Travel and meals:

Travel + _____

Meals (Enter 100% subject to 50% limitation) + _____

Meals (Enter 100% subject to DOT 80% limit) + _____

Meals (Fully deductible) + _____

Utilities + _____

Wages (Less employment credit):

_____ + _____

_____ + _____

Other expenses:

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Control Totals +

Interest Expenses

T/S/J		2022 Interest Paid	2022 Points Paid	Type*Prior Year Information
	Home mortgage interest: From Form 1098			
—	_____	+	+	_____ _____ _____ _____ _____ _____ _____
—	_____	+	+	
—	_____	+	+	
—	_____	+	+	
—	_____	+	+	
—	_____	+	+	
—	_____	+	+	
—	_____	+	+	

***Mortgage Types**

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

T/S/J	Payee's Name <small>Other, such as: Home mortgage interest paid to individuals</small>	SSN or EIN	2022 Information	Prior Year Information
			+	_____ _____ _____ _____ _____ _____ _____
	Address _____			
	City, state and zip code _____			
			+	
	Address _____			
	City, state and zip code _____			

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

— Payer's/Borrower's name _____
 — Street Address _____
 — City/State/Zip code _____

Refinancing Points paid 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 use only)** + _____

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 use only)** + _____

Date of refinance _____

Term of new loan (in months) _____

Reported on Form 1098 in 2022 _____

T/S/J		2022 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:		
—	_____	+	_____ _____ _____ _____ _____ _____ _____
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	

