

**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) \_\_\_\_\_

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

**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 \_\_\_\_\_



## 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
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	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
	<b>1</b>	Payer											
		Amounts +											
	<b>2</b>	Payer											
		Amounts +											
	<b>3</b>	Payer											
		Amounts +											
	<b>4</b>	Payer											
		Amounts +											
	<b>5</b>	Payer											
		Amounts +											
	<b>6</b>	Payer											
		Amounts +											
	<b>7</b>	Payer											
		Amounts +											
	<b>8</b>	Payer											
		Amounts +											
	<b>9</b>	Payer											
		Amounts +											
	<b>10</b>	Payer											
		Amounts +											

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee

	<b>2022 Information</b>	<b>Prior Year Information</b>
State and local income tax refunds	+ _____	

	<b>T/S</b>	<b>Agreement Date</b>	<b>2022 Information</b>	<b>Prior Year Information</b>
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.**

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

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

**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: 1px solid black; width: 100%; height: 100%;"></div>
Prescription drug (Part D) premiums	+ _____	
Net Benefits for 2022 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____	
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____	

#### 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: 1px solid black; width: 100%; height: 100%;"></div>
Portion of Tier 1 Paid in 2022 <b>(Box 5)</b>	+ _____	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____	
Medicare Premium Total <b>(Box 11)</b>	+ _____	

#### 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.

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#### NOTES/QUESTIONS:





**Preparer use only**

	2022 Information	Prior Year Information
Description _____		<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	State postal code _____	
Physical address: Street _____		
City, state, zip code _____		
Foreign country _____		
Foreign province/county _____		
Foreign postal code _____		
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) _____		
Description of other type (Type code #8) _____		
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) _____	_____	_____
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____		
Percentage of ownership if not 100% _____		
Business use percentage, if not 100% (Not vacation home percentage) _____		

**Rent and Royalty Income**

	2022 Information	Prior Year Information
<b>Rents and royalties</b>		
_____ + _____	_____	_____
_____	_____	_____

**Rent and Royalty Expenses**

	2022 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____	_____	_____
Auto	+ _____	_____	_____
Travel	+ _____	_____	_____
Cleaning and maintenance	+ _____	_____	_____
Commissions:			
_____	+ _____	_____	_____
_____	+ _____	_____	_____
Insurance:			
_____	+ _____	_____	_____
_____	+ _____	_____	_____
Legal and professional fees	+ _____	_____	_____
Management fees:			
_____	+ _____	_____	_____
_____	+ _____	_____	_____
Mortgage interest paid to banks, etc (Form 1098)			
_____	+ _____	_____	_____
_____	+ _____	_____	_____
Other mortgage interest	+ _____	_____	_____
Qualified mortgage insurance premiums	+ _____	_____	_____
Other interest:			
_____	+ _____	_____	_____
_____	+ _____	_____	_____
Repairs	+ _____	_____	_____
Supplies	+ _____	_____	_____
Taxes:			
_____	+ _____	_____	_____
_____	+ _____	_____	_____
Utilities	+ _____	_____	_____
Depreciation	+ _____	_____	_____
Depletion	+ _____	_____	_____
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
			+	
	<b>Address</b>			
	<b>City, state and zip code</b>			
			+	
	<b>Address</b>			
	<b>City, state and zip code</b>			

**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 <b>(Preparer use only)</b>	+	
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 <b>(Preparer use only)</b>	+	
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:		
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	

