

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

*Basic	1 = Child who lived with you	**Other	1 = Student (Age 19 - 23)
	2 = Child who did not live with you due to divorce/separation		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	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		
***Months	77 = Reported on odd year return		
	88 = Reported on even year return		
	99 = Not reported on return		

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 _____

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

[illegible]

2023 Information

[illegible]

Wages and Salaries #2

2023 Information

[illegible]

Form ID: W2

	T/S	Agreement Date	2023 Information	Prior Year Information
Alimony received	—	—	+ — +	—

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

[illegible]

	Control Totals +		Form ID: Income
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Pension, Annuity, and IRA Distributions #1

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Please provide all Forms 1099-R.

2023 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.

2023 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.

2023 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:**

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

Taxpayer/Spouse (T, S)

State postal code

Social Security Benefits

2023 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	+ _____	_____
Prescription drug (Part D) premiums	+ _____	_____
Net Benefits for 2023 (Box 3 minus Box 4) (Box 5)	+ _____	_____
Voluntary Federal Income Tax Withheld (Box 6)	+ _____	_____

Tier 1 Railroad Benefits

2023 Information

Prior Year Information

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2023 (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 2023 or receive any prior year benefits in 2023. 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**

2023 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 2023

Did you make any payments in 2023 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

2023 Information

Prior Year Information

Gross receipts and sales

Returns and allowances

Other income:

Cost of Goods Sold

2023 Information

Prior Year Information

Beginning inventory

Purchases

Labor:

Materials

Other costs:

Ending inventory

Control Totals +

Form ID: C-1

Preparer use only

2023 Information

Prior Year Information

Description _____

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 2023 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

Rents and royalties

2023 Information

Prior Year Information

+

Rent and Royalty Expenses

2023 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 +

Form ID: Rent

T/S/J

2023 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

—	_____	+	_____
—	_____	+	_____

Prescription medicines and drugs:

—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

Miles driven for medical items (22 cents)

—	_____	_____
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Schedule A - Tax Expenses

T/S/J

2023 Information

Prior Year Information

State/local income taxes paid:

—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

2022 state and local income taxes paid in 2023:

—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

Real estate taxes paid:

—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

Personal property taxes:

—	_____	+	_____
—	_____	+	_____

Other taxes, such as: foreign taxes and State disability taxes

—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

Sales tax paid on major purchases:

—	_____	+	_____
—	_____	+	_____

Sales tax paid on actual expenses:

—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

Control Totals +

Form ID: A-1

Interest Expenses

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T/S/J

Home mortgage interest: From Form 1098

2023
Interest Paid2023
Points Paid

Type*Prior Year Information

—	+	+	
—	+	+	
—	+	+	
—	+	+	
—	+	+	
—	+	+	
—	+	+	
—	+	+	
—	+	+	
—	+	+	
—	+	+	

*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

SSN or EIN

2023 Information

Prior Year Information

Other, such as: Home mortgage interest paid to individuals

		+	
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 2023 -

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2023 (Preparer use only) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2023 _____

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2023 (Preparer use only) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2023 _____

T/S/J

Investment interest expense, other than on Schedule(s) K-1:

2023 Information

Prior Year Information

—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	

Control Totals +

Form ID: A-2

Prior Year Information

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

[illegible]

Prior Year Information

[illegible]

Form ID: A-3

The Inflation Reduction Act of 2022 provides credits for clean energy and energy efficient improvements made to personal residences.

Taxpayer/Spouse/Joint (T, S, J)

Enter the total amount of costs for qualified solar electric property	+ _____
Enter the total amount of costs for qualified solar water heating property	+ _____
Enter the total amount of costs for qualified small wind energy property	+ _____
Enter the total amount of costs for qualified geothermal heat pump property	+ _____
Enter the total amount of costs for qualified battery technology costs with capacity of at least 3 kilowatt hours	+ _____
Were the costs incurred made to your main home located in the United States? (Y, N)	_____
Enter the total amount of costs for qualified fuel cell property	+ _____
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_____
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)	_____
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____
Enter the total amount of costs for the most expensive exterior door bought	_____
Enter the total amount of costs for all other exterior doors bought	+ _____
Enter the total amount of costs for exterior windows and skylights	+ _____
Enter the total amount of costs for central air conditioner	+ _____
Enter the total amount of costs for natural gas, propane or oil hot water heaters	+ _____
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____
Enter the total amount of costs for panelboards, subpanelboards, branch circuits or feeders	+ _____
Enter the total amount of costs for qualified home energy audit costs	+ _____
Enter the total amount of costs for electric or natural gas heat pumps	+ _____
Enter the total amount of costs for electric or natural gas heat pump water heaters	+ _____
Enter the total amount of costs for biomass stoves and biomass boilers	+ _____

NOTES/QUESTIONS: