

General Information

Taxpayer

Spouse

First Name

Middle Initial

Last Name

Suffix

Social Security Number

Date of Birth

Date of Death

Home Phone

Work Phone

Cell Phone

Fax Number

Legally Blind

Totally Disabled

Claimed as a Dependent

Presidential Election Fund (\$3)

Occupation

E-mail address

State of Residence as of 12/31

County of Residence as of 12/31

School District as of 12/31

Sales tax rate of locality in 2023 %

If Part Year, Period of Residency to

Check ("X") which phone number to list on return.

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type

ID number

ID issuing state

ID issue date

ID expiration date

Driver's license OR

State Issued ID

Driver's license OR

State Issued ID

Filing Status

Status on 2022 return : ☐

Status as of 12/31/2023 : ☐

Enter ("X") in the box

1 Single

2 Married filing joint

3 Married filing separately

(Enter spouse's name and SSN above)

4 Head of Household

5 Qualifying surviving spouse (QSS)

Non-dependent name: _____

Non-dependent SSN: _____

Year spouse died _____

Taxpayer's Address

Street _____

City _____

If address is in a foreign country, enter that country

Foreign province/county

If a bona fide resident of a U.S. territory, enter territory

Apt/Suite : _____

State _____

Zip Code _____

Foreign postal code _____

Preparer's Information

Preparer's name Angelo A Cerbone

Firm's name Angelo A Cerbone Jr CPA LLC

Street 69 Old Norwalk Road

City New Canaan State CT Zip Code 06840

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign _____ Date _____

here _____ Date _____

SSN _____

Personal Information

Yes	No	<u>Personal Information</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you purchase or sell your principal residence or did your address change?
<input type="checkbox"/>	<input type="checkbox"/>	3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
<input type="checkbox"/>	<input type="checkbox"/>	4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2023?
<input type="checkbox"/>	<input type="checkbox"/>	5 Were either you or your spouse in the military or National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
<input type="checkbox"/>	<input type="checkbox"/>	7 Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?

Yes	No	<u>Dependents</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Are there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,250 in investment income?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you pay education expenses for your dependent children?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did anyone in your family receive a scholarship of any kind during 2023?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you pay any dependent care expenses for a child or a parent?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	7 Are all of your dependents either US residents or citizens?

Yes	No		<u>Health Care Coverage</u>
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you or a member of your family have minimum essential coverage in 2023? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes	No	<u>Income (In 2023, did you or your spouse have any of the following?)</u>
		1 Wages? (include form(s) W-2)
		2 Non-employee compensation? (include form(s) 1099-NEC)
		3 Miscellaneous Income? (include form(s) 1099-MISC)
		4 Interest income? (include form(s) 1099-INT)
		5 Dividend income? (include form(s) 1099-DIV)
		6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
		7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
		8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
		9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
		10 Disability income? (include form(s) W-2 or 1099)
		11 Unemployment compensation? (include form(s) 1099-G)
		12 Alimony?
		13 Did you receive tip income NOT reported to your employer?
		14 Did you receive payments from a Long-Term Care insurance contract?
		15 Did you barter your services for goods or services from someone else?
		16 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
		17 Did you receive employer-provided adoption benefits for a previous year?
		18 Did you cash in any U.S. savings bonds?
		19 Did you make a loan to someone at an interest rate below market rate?
		20 Did you receive a housing allowance for ministerial services you provided?
		21 Did you receive any income not reported in this Organizer?
		22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
		23 Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes	No	<u>Foreign Reporting</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you have an interest in or signature authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	2 Were you the grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes	No	Retirement & Other Plans
		1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
		2 Did you rollover a retirement plan distribution into another plan?
		3 Did you convert a traditional IRA to a Roth IRA?
		4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
		6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
		7 Did you make any contributions to an HSA (Health Savings Account) in 2023?
		8 Did you receive a qualified disaster distribution in 2023?
		9 Did you receive an early distribution for a qualified birth or adoption distribution?

Yes	No	
		<u>Purchases, Sales, Gains and Losses</u>
		1 Did you exchange any securities or investments for something other than cash?
		2 Do you have any short sales, commodity sales, or straddles?
		3 Did you receive Form 2439?
		4 Did you buy or sell any bonds?
		5 Did you receive stock from a stock bonus plan with your employer?
		6 Did you sell any other personal assets at a gain?
		7 Did you sell any real estate (other than your home) during the year?
		8 Did you sell any assets using the installment method?
		9 Did you receive proceeds from a prior year installment sale?
		10 Did you purchase a rental property?
		11 Did you exchange any property for other property?
		12 Did you incur a loss because of damaged or stolen property?
		13 Did you purchase a new vehicle, aircraft or boat?
		14 Did any security become worthless during 2023?
		15 Did any debts become uncollectible during 2023?
		16 Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes	No	
		<u>Business and Rental Property Income & Deductions</u>
		1 If you own rental property, do you qualify as a Real Estate Professional?
		2 Did you start or acquire a new business?
		3 Did you sell any part of an existing business, or sell business assets?
		4 Did you cease operating any business or rental property?
		5 Did you remove any of your business assets for personal use?
		6 Did you use part of your home for business purposes?
		7 Did you make any contributions to a Keogh or a self-employed SEP plan for 2023?
		8 Do you pay for any health or long term care insurance through your business?
		9 If you or your spouse are self-employed, are either of you covered under an employer's health plan?
		10 Did you purchase any furniture or equipment for your business?
		11 Did you make any improvements to your rental properties?
		12 Did you receive income from raising animals or crops?

Yes	No	
		<u>Other Deductions</u>
		1 Did you use your car on the job (other than to and from work)?
		2 Did you work out of town for part of the year?
		3 Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
		4 Did you incur any travel and entertainment expenses for business purposes?
		5 Did you pay expenses for the care of your child or other dependent so you could work?
		6 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2023?
		7 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2023?
		8 Did you contribute less than an entire interest in any property to charity?
		9 Did you refinance a mortgage or take out a home equity loan during 2023?
		10 Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
		11 Did you or your spouse pay any educational expenses for yourselves?
		12 Did you pay any student loan interest?
		13 Did you make any federal or state estimated payments?
		14 Did you pay alimony?
		15 Did you donate non-cash donations?
		16 Did you donate a vehicle?

Yes	No	
		<u>Miscellaneous</u>
		1 Did you make gifts of more than \$17,000 to any one person?
		2 Did you engage the service of any household employees?
		3 Did your bank account information change within the last twelve months?
		4 Do you want to allocate \$3 to the Presidential Election Campaign Fund?
		5 Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
		6 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2023?
		7 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
		8 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?
		9 Do you have taxable income in more than one State that requires income allocation?

Yes ☐ No ☐

Return preparation and filing

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

☐ Check sent to you in the mail

☐ Other quick refund via a bank product

☐ Apply to next year's estimates

☐

☐ Direct deposit (please provide voided blank check)

Type of account: ☐ Checking ☐ Savings

If you owe taxes, how do you want to pay them?

☐

☐ Paper check sent with my return ☐ Credit card

☐ Installment Agreement

☐ Direct debit (please provide a voided blank check)

Type of account: ☐ Checking ☐ Savings

☐ ☐ 3 Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's
name _____

Phone
Number _____

Personal identification
Number (5 digit PIN) _____

Comments

SSN _____

Name _____

SSN _____

Federal, State and Local Estimated Taxes Paid**Federal Estimates**

Enter Payment Information

		Filer and/or Joint Payments		Spouse Only Payments	
		Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year			1	
2	First quarter payment			2	
3	Second quarter payment			3	
4	Third quarter payment			4	
5	Fourth quarter payment			5	
6	_____			6	
7	_____			7	

State Estimates

Enter two-letter state abbreviation

		State _____		State _____		State _____		State _____	
		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year								
2	First quarter payment								
3	Second quarter payment								
4	Third quarter payment								
5	Fourth quarter payment								
6	_____								
7	_____								
8	_____								

Local Estimates

Enter locality name

		Locality _____		Locality _____		Locality _____		Locality _____	
		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year								
2	First quarter payment								
3	Second quarter payment								
4	Third quarter payment								
5	Fourth quarter payment								
6	_____								
7	_____								
8	_____								

SSN _____

[illegible]

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
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<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name _____

SSN _____

Retirement Income
1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
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<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name _____

SSN _____

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse,
or (J)oint.

*F/S/J Payer

		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
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	43						
	44						

Name _____

SSN _____

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse,
or (J)oint.

*F/S/J Payer

		Ordinary Dividends	Ordinary Dividends	Qualified Dividends	Qualified Dividends	Capital Gains	Capital Gains
		Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
		Amount	Amount	Amount	Amount	Amount	Amount
	1						
	2						
	3						
	4						
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	7						
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	43						
	44						

Name _____

SSN _____

Seller Financed Mortgage Interest

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	2 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	3 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	4 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	5 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	6 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	7 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	8 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	9 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	10 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	11 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	12 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	13 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	14 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	15 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	16 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	17 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	18 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	19 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	20 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	21 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	22 Name _____ SSN/EIN _____ Address _____		

Exclusion of Interest From Series EE and I US Savings Bonds Issued After 1989

If you cashed series EE or I U.S. savings bonds in 2023 that were issued after 1989, you may be able to exclude from your income part or all of the interest on those bonds.

1

Total qualified tuition and fees paid

1

2

Nontaxable education benefits received

2

3

Enter total proceeds (principal and interest) from EE or I bonds issued after 1989 and cashed in 2023

3

4

Enter the face value of all post - 1989 series EE bonds cashed in 2023

4

5

Enter the face value of all series I bonds cashed in 2023

5

Name of person (you, your spouse, or your dependent) who was enrolled at or attended an eligible educational institution

Eligible Educational Institution

1

First Name

MI

Last Name

2

3

1

Name

Address

City, State, Zip

2

Name

Address

City, State, Zip

3

Name

Address

City, State, Zip



Name _____

SSN _____

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Payer	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____ 1		
<input type="checkbox"/>	2 _____	_____ 2		
<input type="checkbox"/>	3 _____	_____ 3		
<input type="checkbox"/>	4 _____	_____ 4		
<input type="checkbox"/>	5 _____	_____ 5		
<input type="checkbox"/>	6 _____	_____ 6		
<input type="checkbox"/>	7 _____	_____ 7		
<input type="checkbox"/>	8 _____	_____ 8		
<input type="checkbox"/>	9 _____	_____ 9		

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Recipient's Name	Recipient's SSN	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	_____ 1		
<input type="checkbox"/>	2 _____	_____	_____ 2		
<input type="checkbox"/>	3 _____	_____	_____ 3		
<input type="checkbox"/>	4 _____	_____	_____ 4		
<input type="checkbox"/>	5 _____	_____	_____ 5		
<input type="checkbox"/>	6 _____	_____	_____ 6		
<input type="checkbox"/>	7 _____	_____	_____ 7		
<input type="checkbox"/>	8 _____	_____	_____ 8		
<input type="checkbox"/>	9 _____	_____	_____ 9		

Name _____

SSN _____

Business Assets Placed in Service in Prior Years

Activity	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
3				
4				
5				
6				
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44				

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)Enter "X" in one box: ☐ Filer ☐ Spouse**General Information**

Employer Identification Number _____ (do not enter Social Security Number)

Principal business or profession _____

Business name _____

Business address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method ☐ Cash ☐ Accrual ☐ Other - (Specify) _____
- 2 Did you "materially participate" in this business? ☐ Yes ☐ No
- 3 Check ('X') if you started or acquired this business in 2023. ☐
- 4 Did you make any payments in 2023 that would require you to file Form(s) 1099? ☐ Yes ☐ No

Business Income

* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

		Current Year Amount	Prior Year Amount
5	_____		
6	_____		
7	_____		
8	_____		
9	_____		
10	_____		
11	_____		
12	_____		
13	_____		
14	_____		
15	Income reported on 1099 MISC		
16	Gross amount of payment card/third party network transactions from Form 1099-K .		
17	Professional gambler winnings from Form W2-G		
18	Gross installment sales less cost of goods sold		
19	Returns and allowances		
20	Other income		

Inventory (Enter "X" where applicable)

- 21 Method(s) used to value closing inventory . . . ☐ Cost ☐ Lower of cost or market ☐ Other
- 22 Any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No

		Current Year Amount	Prior Year Amount
23	Inventory at the beginning of year		
24	Purchases less cost of items withdrawn for personal use		
25	Cost of labor		
26	Materials and supplies		
27	Other Costs		
28	Inventory at end of year		

Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A	_____		
B	_____		
C	_____		
D	_____		
E	_____		
F	_____		
G	_____		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)**Expenses**

		Current Year Amount	Prior Year Amount
29	Advertising	29	
30	Contract labor	30	
31	Commissions and fees	31	
32	Depletion	32	
33	Employee benefit programs (other than on line 39)	33	
34	Insurance (other than health)	34	

Interest:

35	Mortgage (paid to banks, etc.)	35	
36	Other	36	

37	Legal and professional services	37	
38	Office expense	38	
39	Pension and profit-sharing plans	39	

Rent or Lease:

40	Machinery rental or lease	40	
41	Equipment rental or lease	41	
42	_____	42	
43	_____	43	
44	_____	44	

Other business property rental or lease

45	_____	45	
46	_____	46	
47	_____	47	

48	Repairs and maintenance	48	
49	Supplies (not included in inventory cost of goods sold)	49	
50	Taxes and licenses	50	

Travel and Meals:**Travel**

51	_____	51	
52	_____	52	
53	_____	53	
54	_____	54	

Meals

55	Enter "X" in the box if subject to DOT hours of service limits	55	<input type="checkbox"/>	<input type="checkbox"/>
56	Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied	56		

Meals subject to percentage limitation

57	_____	57	
58	_____	58	
59	_____	59	
60	_____	60	
61	_____	61	

Meals not subject to percentage limitation (100% allowed)

62	_____	62	
63	_____	63	
64	_____	64	
65	_____	65	

66	Utilities	66	
67	Wages	67	

Other Expenses:

68	_____	68	
69	_____	69	
70	_____	70	
71	_____	71	
72	_____	72	
73	_____	73	
74	_____	74	
75	_____	75	
76	_____	76	

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . 4				
5	Commuting miles included on line 3 . . . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . 4				
5	Commuting miles included on line 3 . . . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name

SSN

Home Office Number

Description of Home Office

Address

City

State

Zip

Check ("X") box:

☐ Daycare

Home Office Expenses

Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1
- 2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day 3
- 4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses 5
- 6 Excess mortgage interest 6
- 7 Excess real estate taxes 7
- 8 Insurance 8
- 9 Rent 9
- 10 Repairs and maintenance 10
- 11 Utilities 11
- 12 Other Expenses:

- a 12a
- b 12b
- c 12c
- d 12d
- e 12e

Business Allocation:

Business 1:

Business 2:

Business 3:

Business 4:

Business:

Additional expenses related to business portion only (Direct)

- 13 Casualty losses 13
- 14 Excess mortgage interest 14
- 15 Excess real estate taxes 15
- 16 Insurance 16
- 17 Rent 17
- 18 Repairs and maintenance 18
- 19 Utilities 19
- 20 Other Expenses:

- a 20a
- b 20b
- c 20c
- d 20d
- e 20e

Name _____

SSN _____

Real Estate Rentals and Royalties

Property Description _____
Address _____
City _____ State _____ Zip _____
Foreign Country _____
Foreign Province/State _____ Postal Code _____

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint)		
1b Enter property type number (1 to 8)	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
2 Enter "X" if you actively participated?	<input type="text"/>	<input type="text"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	<input type="text"/>	<input type="text"/>
3a If entered ("X"), enter the number of days of personal use?	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented?	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
4 Royalty received		
5 Rent received		
a If rental real estate, enter the percent of ownership if less than 100%		
b Rental use percentage for property used partially for personal use only		
6 Other Income		

Property Expense	Current Year Amounts	Prior Year Amounts
7 Advertising		
8 Cleaning and maintenance		
9 Commissions		
10 Insurance		
11 Legal and other professional fees		
12 Management fees		
13 a Qualified mortgage interest paid to banks, etc.		
b Other mortgage interest paid to banks, etc.		
14 Other interest		
15 Repairs		
16 Supplies		
17 a Real estate taxes		
b Other Taxes		
18 Utilities		

Assets Placed in Service This Year

Description:	Date Placed In Service	Purchase Amount
A _____	A	
B _____	B	
C _____	C	
D _____	D	
E _____	E	
F _____	F	
G _____	G	

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19

20

21

22

23

24

25

26

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27

28

29

30

31

32

33

34

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals Expenses:

35

36

37

38

39

40

41

42

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . 4				
5	Commuting miles included on line 3 . . . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . 4				
5	Commuting miles included on line 3 . . . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

SSN _____

Social Security and Railroad Retirement

Filer

- 1

Enter the total amount from box 5 of all your Forms SSA-1099

1
- 2

Enter the total taxes withheld from box 6 of all your Forms SSA-1099

2
- 3

Enter the total amount from box 5 of all your Forms RRB-1099

3
- 4

Enter the total taxes withheld from box 10 of all your Forms RRB-1099

4
- 5

Enter the total amount of Medicare B Premiums withheld.

5
- 6

Enter the total amount of Medicare D Premiums withheld.

6

Current Year Amount	Prior Year Amount

Spouse

- 7

Enter the total amount from box 5 of all your Forms SSA-1099

7
- 8

Enter the total taxes withheld from box 6 of all your Forms SSA-1099

8
- 9

Enter the total amount from box 5 of all your Forms RRB-1099

9
- 10

Enter the total taxes withheld from box 10 of all your Forms RRB-1099

10
- 11

Enter the total amount of Medicare B Premiums withheld.

11
- 12

Enter the total amount of Medicare D Premiums withheld.

12

Name _____

SSN _____

IRA and Other Contribution Information**Traditional IRA Contributions****Filer**

- 1 Enter total traditional IRA contributions made for 2023 1
- 2 Enter contributions, on line 1, made after 12/31/2023 and before 04/15/2024 2
- 3 Enter value of all traditional IRAs on 12/31/2023 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2024 4

Current Year Amount	Prior Year Amount

Spouse

- 5 Enter total traditional IRA contributions made for 2023 5
- 6 Enter contributions, on line 5, made after 12/31/2023 and before 04/15/2024 6
- 7 Enter value of all traditional IRAs on 12/31/2023 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2024 8

Roth IRA Contributions**Filer**

- 1 Enter 2023 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2023 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2023 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2023 4

SIMPLE IRA**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2023 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2023 2

--	--

Education (Coverdell ESA)**Filer**

- 1 Enter 2023 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2023 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2023 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2023 4

Other**Filer**

- 1 Repayment of qualified reservist distributions 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Repayment of qualified reservist distributions 2

--	--

SSN _____

			Current Year Amount	Prior Year Amount
1	Prescription medications	1		
2	Fees for doctors, dentists, etc.	2		
3	Fees for hospitals, clinics, etc.	3		
4	Lab and X-ray fees	4		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	5		
6	Medical equipment and supplies	6		
7	Medical mileage (number of miles driven)	7		
8	Medical parking, tolls and local transportation	8		
9	Lodging for medical purposes	9		
10	Health/Dental/Other ins. premiums (do not include self-employed plans)	10		
11	Long Term Care insurance premiums (taxpayer)	11		
12	Long Term Care insurance premiums (spouse)	12		
13	Expenses to stop smoking	13		
14	Health insurance premiums - coverage established under your business (1)	14		
15	Health insurance premiums - coverage established under your business (2)	15		
16	Long Term Care insurance premiums - coverage est. under your business (1)	16		
17	Long Term Care insurance premiums - coverage est. under your business (2)	17		
18		18		
19		19		
20		20		
21		21		
22	Insurance reimbursement for any medical and dental expense listed above	22		

SSN _____

Current Year Amount	Prior Year Amount

SSN

Home Mortgage Interest and Points Reported on Form 1098

49 Lender _____

50 Lender _____

51 Lender _____

52 Lender _____

Current Year Amount	Prior Year Amount

53 Name: _____
 Address: _____
 SSN: _____

53		
----	--	--

54 Mortgage insurance premiums paid on 2023 acquisition indebtedness for principal residence

--	--

55	Description	
	Points paid	
	Date of loan	
	Total number of scheduled loan payments	
	Number of payments made in 2023	

56	Description	
	Points paid	
	Date of loan	
	Total number of scheduled loan payments	
	Number of payments made in 2023	

57	Description	
	Points paid	
	Date of loan	
	Total number of scheduled loan payments	
	Number of payments made in 2023	

58	Description	
	Points paid	
	Date of loan	
	Total number of scheduled loan payments	
	Number of payments made in 2023	

59 Investment interest paid

--	--

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions*List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab***(State use only)**

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
60	Union and professional dues				
61	Professional subscriptions				
62	Uniform and protective clothing				
63	Job search costs				
64	_____				
65	_____				
66	_____				
67	_____				
68	_____				
69	_____				

Certain Miscellaneous Deductions - Itemized Deductions**(State use only)**

		If investment related enter "X"	Current Year Amount	Prior Year Amount
70	Tax preparation fees			
71	Certain attorney and accounting fees			
72	Safe deposit box rental			
73	IRA Custodial fees			
74	Investment counsel and advisory fees			
75	Losses on deposits in insolvent or bankrupt financial institutions			
76	Convenience fees paid with credit or debit card for federal taxes in 2023			
77	_____			
78	_____			
79	_____			
80	_____			
81	_____			
82	_____			
83	_____			
84	_____			
85	_____			
86	_____			

Other Miscellaneous Deductions

87	Federal estate tax on income in respect of a decedent		
88	Amortizable bond premiums on bonds acquired before 10/23/86		
89	Gambling losses (if gambling income)		
90	Repayment of income		
91	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction		
92	Certain unrecovered investment in a pension		
93	_____		
94	_____		
95	_____		
96	_____		
97	_____		
98	_____		

SSN _____

[illegible]

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization				(b) Description of Donated Property
1	Name			
	Address			
	City	State	Zip Code	
2	Name			
	Address			
	City	State	Zip Code	
3	Name			
	Address			
	City	State	Zip Code	
4	Name			
	Address			
	City	State	Zip Code	
5	Name			
	Address			
	City	State	Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2022 and paid in 2023 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.**Filer and/or Spouse Who Is a Student or Disabled**

Check one box for each month
or partial month that the filer
or spouse was a full-time
student or disabled.

Filer's earned
income for
each month

Spouse's earned
income for
each month

Filer	Spouse		Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	February	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	March	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	April	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	May	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	June	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	July	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	August	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	September	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	October	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	November	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	December	_____	_____

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Check if non-dependent was over age 12 and disabled	Amount incurred and paid in 2023
1	_____	_____	_____	_____	<input type="checkbox"/>	_____
2	_____	_____	_____	_____	<input type="checkbox"/>	_____
3	_____	_____	_____	_____	<input type="checkbox"/>	_____
4	_____	_____	_____	_____	<input type="checkbox"/>	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2023
1	First: _____	_____	_____	_____
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
2	First: _____	_____	_____	_____
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
3	First: _____	_____	_____	_____
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
4	First: _____	_____	_____	_____
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
5	First: _____	_____	_____	_____
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	