

2022
Organizer
for your income tax return
information

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Miscellaneous Questions

For all information in the Organizer, please indicate the type of currency if not U.S. dollars.
If we do not have copies of your Federal, State, City and Foreign income tax returns for
2019, 2020 and 2021, please include them with this Organizer.

Indicate **X** if:

1. You would like to have any overpayment of federal tax refunded _____
2. You would like to have any overpayment of federal tax applied to your 2023 estimated tax . . _____
3. During 2022, you received any notices or settled any examinations concerning your prior
years' Federal, State, Local, or Foreign tax returns. **If so, attach copies of notices** _____
4. You or your spouse made any gifts (not charitable contributions) in excess of \$15,000 to
any one donee during the year. If so, provide details on a continuation sheet _____
5. You or your spouse made any gifts to a trust for any amount _____
If so, provide a copy of the trust instrument and provide details on a continuation sheet.
6. You received grants of stock options from your employer or disposed of any stock
acquired under a qualified employee stock purchase plan _____
If so, provide details on a continuation sheet and copies of documentation.
7. You exercised any stock options during 2022. If so, provide details on a continuation sheet . . _____
8. You disposed of any corporate bonds for which you paid other than the principal
amount (i.e., discount or premium). If so, provide details on a continuation sheet _____
9. You loaned money for an interest rate less than the market rate of interest _____
If so, provide details on a continuation sheet.
10. You received any payments from a pension or profit-sharing plan this year or expect to
receive next year _____
If so, provide details on a continuation sheet and attach statements from the plan.
11. You received a Form 1099-DIV that includes dividends you received as a nominee; that is,
in your name, but the dividends actually belong to someone else. _____

If so, indicate X if a 1099-DIV was prepared to transfer the dividend to the proper
recipient and indicate the amount on the **Dividend Income** organizer form _____
12. You have received K-1s from partnerships, estates and trusts, or S corporations _____
If so, please attach copies of all K-1 forms received and any other relevant tax information
from the entities and identify the K-1's on the **Partnerships, Estates and Trusts,
S Corporations** organizer form.
13. You had income from rental property that is not listed elsewhere in this organizer _____
If so, please provide details of income, expenses, and the acquisition dates and cost of the
property and any equipment, furniture, fixtures, and appliances.
14. In 2022, you purchased a new alternative-powered vehicle that was not intended for resale.
If so, please provide the certificate of uniformity provided by the manufacturer _____
15. In 2022, you made extraordinary retail purchases (e.g., vehicle, boat, etc.) _____
If so, indicate the amount of total sales tax paid for these items on the medical expenses
and taxes organizer page.
16. You or your family had qualifying health care coverage for every month of 2022.
If you did not, attach supporting documents and provide details on continuation sheet . . . _____

17. You had a foreign bank account, securities account or signature authority over such an account at any time during 2022. If so, provide details on a continuation sheet _____
18. You owned any non-bank account assets in foreign countries, including (but not limited to) real estate, commodities, business interests _____
19. You paid household employee wages of \$2,300 or more or withheld federal income tax in 2022. If so, provide details on the **Household Employment Taxes** organizer form, or if new, provide detail on the continuation sheet _____
20. You sold your **primary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale _____
21. You sold your **secondary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale _____
22. You moved in connection with your employment in 2022 _____
 Where you moved to _____
 When you moved _____
 If so, attach copies of documentation of expenses incurred related to the relocation (e.g. shipping, travel, lodging, meal expenses, etc). Also provide on a continuation sheet the number of miles from old residence to old work place and to new work place.
23. You refinanced a mortgage during 2022. If so, provide details on a continuation sheet. Attach the closing statements and the term of the new mortgage _____
24. You incurred any nonbusiness bad debts _____
 If so, provide the following details on a continuation sheet:
 - A description of the debt, including the amount and the date it became due,
 - The name of the debtor, and any business or family relationship between you and the debtor,
 - The efforts you made to collect the debt, and
 - Why you decided the debt was worthless.
25. You have written substantiation for all employee business expenses (e.g., travel and entertainment expense) _____
 You should keep the following in a safe place:
 - Date, place, and amount of expense
 - Actual receipts for expenses in excess of \$75
 - Name and business affiliation of persons entertained
 - Business purpose of expense
 - Documentation of the business discussed before, during and after the entertainment
 - Receipts for hotel, airline, and other travel expense
26. You incurred any casualty or theft losses in 2022 _____
 If so, provide details on a continuation sheet - date of loss, type of property, type of loss, fair market value before and after the loss, the date the property was acquired, and any insurance proceeds received.
27. You used gasoline or special fuels for business purposes other than for a highway vehicle during the year. If so, please include the type of fuel, the number of gallons used, and the business purpose on a continuation sheet _____
28. You paid mortgage interest on a loan where the proceeds were not used to buy, build or improve your new home. _____
29. You received a corrective distribution from a deferred compensation plan such as a 401(k) plan. If so, please provide related documents and details _____
30. You made any out of state purchases and didn't pay a sales tax in your resident state. If so, enter details in the state section of the organizer or on Continuation Sheet _____
31. You or your spouse receive compensation (either in the form of wages, payment for services or from "mining") in the form of virtual currency during tax year 2022? If so, please provide details in the compensation section. _____
32. You or your spouse sold, exchanged, or disposed of virtual currency during tax year 2022? This includes exchanging virtual currency for goods or services in a commercial transaction. If so please provide the FMV of the virtual currency on the date of the sale or exchange and your basis in the virtual currency on the date of the sale or exchange in the capital gains or losses section. _____
33. Did you or your spouse make payments or pay wages using virtual currency to an independent contractor, employee, or other service provider? _____

Taxpayer Information

Personal Information

| | | | | |
|--|------------------|------------------|------------------------|-----------------|
| First name | Initial | Last name | Social Security Number | M/F |
| _____ | _____ | _____ | _____ | _____ TP |
| _____ | _____ | _____ | _____ | _____ SP |
| Street address | | | Apt. number | |
| _____ | | | _____ | |
| _____ | | | _____ | |
| City | State | Zip code | County | |
| _____ | _____ | _____ | _____ | |
| Foreign Country | Foreign Province | Foreign Zip code | | |
| _____ | _____ | _____ | | |
| Preferred: | Home/Cell | Business/Cell | Ext | |
| Taxpayer Telephone . . . | () _____ | () _____ | _____ | |
| Spouse Telephone . . . | () _____ | () _____ | _____ | |
| E-Mail Address _____ | | | | |
| Spouse E-Mail Address _____ | | | | |
| X if you want your tax return mailed to a different address. (Provide details on a continuation sheet.) _____ | | | | |
| X if you authorize taxing authority to discuss return with paid preparer Federal . . _____ State . . _____ | | | | |
| X if you don't want state tax forms mailed to you next year _____ | | | | |

Filing Status - Form 1040 - U.S. Citizen or Resident Alien

Indicate **X** for marital status at 12/31 (1040NR filers use the **Taxpayer Information - Nonresident Alien** form):

Single _____

Married, filing jointly _____

Married, filing separately _____

Head of household (Unmarried and providing more than half the cost of a home for a dependent or unmarried child) _____

Widow (widower), as of 2020 or later, who maintained a home as the principal place of residence for a dependent child, stepchild, adopted child or foster child _____

Head of Household or Qualifying Widow(er)
 Indicate the name of the qualifying child who is not a dependent _____

Social security number of qualifying child _____

| Taxpayer | Spouse |
|---|--|
| Occupation: _____ | _____ |
| Date of birth: _____ | _____ |
| Date of death: _____ | _____ |
| Disabilities: Blind ___ Deaf ___ Totally Disabled ___ Quadriplegic ___ | Blind ___ Deaf ___ Totally Disabled ___ Quadriplegic ___ |
| Paraplegic/Quadriplegic/Hemiplegic ___ Other ___ | Paraplegic/Quadriplegic/Hemiplegic ___ Other ___ |
| Contribute to Presidential Campaign Fund . Yes ___ No ___ | Yes ___ No ___ |

Bank Information for Direct Deposit of Refund/Debit of Payment Due

| | |
|---|--|
| Routing number _____ (should be 9 digits) | Account type _____ |
| Account number _____ (Attach a voided check) | Refunds will be deposited into your checking account. If you prefer a savings account deposit, please indicate with an X _____ |
| If you want to direct your refund to more than one bank account (up to three in total) or to Purchase Savings Bonds with your refund, please indicate such on the continuation sheet. | |
| Authorize direct debit for payment of taxes due, please indicate with an X _____ | |

Taxpayer Information (cont'd)

| General | Taxpayer | Spouse | |
|---|-----------------|---------------|----|
| Driver's license or State issued ID number: . . . | _____ | _____ | 31 |
| Indicate X if State Issued ID - not Driver's license | _____ | _____ | 32 |
| Indicate X if Foreign ID | _____ | _____ | 33 |
| Indicate X if do not have driver's license. | _____ | _____ | 34 |
| Indicate X if no driver's license provided | _____ | _____ | 35 |
| State of issuance | _____ | _____ | 36 |
| Document Number (NY Only) * | _____ | _____ | 37 |
| Issuance Date: | _____ | _____ | 38 |
| Expiration Date: | _____ | _____ | 39 |
| Indicate X if State ID or license does not expire | _____ | _____ | 40 |
| | | | |
| Indicate X for Active Duty, S for Reserves or T for Retired | | | 41 |
| Military Service Indicator | _____ | _____ | 42 |
| Combat Zone Deployment Dates | _____ | _____ | 43 |
| Organizer General Information Basic Return Data Taxpayer Information | | | |

* See website for explanation of NY document number <https://dmv.ny.gov/id-card/sample-photo-documents>.

Dependent Information

Dependents

In general, individuals may not be claimed as a dependent, unless:

- 1) they were a U.S. citizen or a U.S. legal resident, **and**
- 2) you provided over half of their total support in 2022, **and**
- 3) they had gross income of less than \$4,400 and was your qualifying relative, **or**, the individual was your child **and**
 - a) Your child was under age 19 at the end of 2022, **or**
 - b) Your child was under age 24 at the end of 2022 **and** was a student for any 5 mos.

No. of months lived in your home in 2022, born and died in the same year

Child care expenses incurred and paid in 2022*

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

| First name | Last name | Social security number | Date of birth | Dependency relationship son, other, grandchild, etc. (indicate with * if dependent is part of non-custodial agreement) | No. of months lived in your home in 2022, born and died in the same year | Child care expenses incurred and paid in 2022* |
|------------|-----------|------------------------|---------------|--|--|--|
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* Provide details on the **Child and Dependent Care Expenses** form, if provided, or on a continuation sheet. Only include expenses incurred prior to each dependent's 13th birthday.

Organizer | General Information | Dependents | Columnar Dependents Entry

Miscellaneous Information

In this section, taxpayer may refer to your minor child.

Indicate: **X** if taxpayer can be claimed as a dependent on another's return 7

Organizer | General Information | Basic Return Data | Taxpayer Information

Computation of Tax for Minor Children with Investment Income

This section should be completed for children with investment income who are filing their own return and may be taxed at their parent's effective tax rate. Please attach supporting statements.

Indicate parent's filing status: **A** = Single, **B** = Married, filing jointly, **C** = Married, filing separately, **D** = Head of household, **E** = Qualifying widow(er)

Parent's name

If your minor child has siblings who are also under age 18 (under 24 if a full-time student) at the end of 2022 and have unearned income, enter their names below. If we are not preparing the siblings returns, then also please provide their 2022 unearned income.

| First name | Last name | Interest & Ordinary Dividends | 2022 Unearned Income 1 Net Capital Gain | Investment Interest Expense | Qualified Dividends |
|------------|-----------|-------------------------------|--|-----------------------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Organizer | Income | Kid-tax Income | Tax for Children

Parent's Election to Report Child's Interest and Dividends

This section should be completed for children with investment income which may be reported on the parent's return. Please attach supporting statements. (Forms 1099-B; 1099-DIV and 1099-INT)

| First name | Last name | Interest | Tax-exempt interest 1 | Capital gains 2 | Total Dividends |
|------------|-----------|----------|--|--|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

1 Please indicate amount of both short-term and long-term (including capital gain distribution).

2 Please indicate amount of qualified and non-qualified dividends.

Organizer | Income | Kid-tax Income | Child's Int. & Div.

Employee Compensation and Withholding

Wages and Salaries

Please enclose all copies of 2022 Forms W-2. Enter payments of 2022 estimated tax on the **Payments of 2022 Federal, State & City Estimated Tax** organizer.

| | Box 1 | Box 2 | Box 4 | Box 6 | Box 17 | Box 19 |
|------------------------------------|--------------------|-----------------------------|------------------------------|-----------------------|------------------------------------|-----------------------------------|
| Indicate: T = Taxpayer, S = Spouse | Wages and Salaries | Federal income tax withheld | Social Security tax withheld | Medicare tax withheld | State tax withheld Name state*: | City tax withheld Name state*: |
| Employer's name / Name of state | | | | | | |
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| | | | | | | |
| Total (Lines 1-10) | | | | | | |

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2
3
4
5
6
7
8
9
10
T

Organizer | Income | Wages and Salaries | Columnar Wages Entry

* if more than one state/city please list under "Other Federal, State and City Tax Withholdings" section below

Other Wage Information

Other Federal, State and City Tax Withholdings

Do not duplicate elsewhere. Enter payments of 2022 estimated tax on the **Payments of 2022 Federal, State & City Estimated Tax** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

| | Federal | State | City/Local | Name of state |
|---|---------|-------|------------|---------------|
| Indicate: T = Taxpayer, S = Spouse, J = Joint | | | | |
| Description | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total (Lines 11-14) | | | | |

11
12
13
14
T

Other W-2 Information

If your employer provided any other economic benefit not reported excluding company provided fringe benefits, indicate the total amount

| | | |
|--|----------|--------|
| | Taxpayer | Spouse |
| | | |

15

If any of the following income items were received, provide details on a continuation sheet:

- tip income
- reimbursements in excess of expenses
- professional fees
- personal use of company automobile
- discriminatory medical payments

Organizer | Income | Wages and Salaries | Other Wage Withholding & Misc.

Interest Income - 1099-INT

List all interest received per Forms 1099-INT or other information statements you received. Enter any early withdrawal penalties on the next page. Please enclose copies of all 1099-INT's, Schedules K-1, and other documents indicating interest received.

- Include supplemental information provided by the broker for determining any modifications for state income tax purposes.
- Include interest credited to your savings accounts during the year as of Dec. 31.
- Include interest credited annually on dividends left on deposit with a life insurance company.
- **Do not** list interest from Schedule K-1.
- If you've entered an amount in the Foreign Taxes Paid column, please enter foreign source income below and foreign country on a Continuation Sheet.

Interest Income

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint
Enter "X" if state withholding is present

| Name of Payer | Box 1 Interest Income not Included in Box 3 | Box 2 PY Amount | Box 3 Interest on U.S. Savings Bonds & Treasury Obligations | Box 4 Federal Income Tax Withheld | Box 5 Investment Expenses | Box 6 Foreign Tax Paid | Box 7 Foreign Source Interest Income | Box 8 Tax-exempt Interest | Box 9 Nonresident Tax-Exempt Interest | Specified Private Activity Bond Interest |
|----------------|---|-----------------------|---|---|---------------------------------|---------------------------------|--|---------------------------------|--|--|
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| | | | | | | | | | | |
| Total interest | | | | | | | | | | |

Organizer | Income | Interest Income

Interest Income - Other

Seller-Financed Mortgage Interest

| | | |
|-----------------------|-------------|-----------|
| | 2022 amount | PY amount |
| Buyer's name _____ | | |
| Buyer's address _____ | SSN _____ | |
| Buyer's name _____ | | |
| Buyer's address _____ | SSN _____ | |

Organizer | Income | Interest Income | Seller Financed Mortgage | Tax Exempt Interest

Other Interest

| | | |
|---|-------------|-----------|
| | 2022 amount | PY amount |
| Interest received on Federal tax refunds | _____ | |
| Interest received on State tax refunds (list total for all State refunds) | _____ | |
| List state names included in total _____ | | |
| Interest received as a nominee | _____ | |
| Interest accrued to buy bonds | _____ | |
| Accrued Market Discount | _____ | _____ |
| Total interest income (Lines 5-9) | _____ | _____ |

Organizer | Income | Interest Income | Interest Adjustments

Original Issue Discount, 1099-OID

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint
Enter "**X**" if state withholding is present

| | Box 1 | Box 2 | Box 3 | Box 4 | Box 5 | Box 8 | Box 9 |
|---------------|-------------------------|-------------------------|--------------------------|---------------------------|------------------|--------------------------------|---------------------|
| Name of Payer | Original Issue Discount | Other Periodic Interest | Early Withdrawal Penalty | Federal Inc. Tax Withheld | Foreign Tax Paid | OID on US Treasury Obligations | Investment Expenses |
| _____ | | | | | | | |
| _____ | | | | | | | |
| _____ | | | | | | | |
| _____ | | | | | | | |
| _____ | | | | | | | |
| _____ | | | | | | | |

Early Withdrawal Penalty - 1099-INT

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint

| | Box 2 Amount |
|---------------|--------------|
| Name of Payer | |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Organizer | Income | Interest Income

Brokerage Income - Consolidated 1099

Brokerage Name: _____

Account No.: _____

1099-INT

| | |
|---|---|
| Box 1 - Interest Income (not included in Box 3) _____ | Prior year Interest Income <input style="width: 100px;" type="text"/> |
| Box 2 - Early Withdrawal Penalty _____ | Box 3 - Interest on US Bonds _____ |
| Box 4 - Federal Tax Withheld _____ | Box 5 - Investment Expenses _____ |
| Box 6 - Foreign Tax Paid _____ | Box 7 - Foreign Country Name _____ |
| Box 8 - Tax Exempt Interest _____ | Box 9 - Spec. Private Activity Bond Int _____ |
| Box 10 - Market Discount _____ | Box 11 - Market Premium _____ |
| Box 12 - Prem. on Treasury Oblig _____ | Box 13 - Prem. on Tax-Exempt _____ |

1099-DIV

| | |
|--|--|
| Box 1a - Ordinary Dividends _____ | Prior year Ordinary Dividends <input style="width: 100px;" type="text"/> |
| Box 1b - Qualified Dividends _____ | Box 2a - Total Capital Gain Distr. _____ |
| Box 2b - Unrecap. Sec 1250 Gain _____ | Box 2c - Section 1202 Gain _____ |
| Box 2d - 28% Rate Gain _____ | Box 3 - Nontaxable Distributions _____ |
| Box 4 - Federal Tax Withheld _____ | Box 5 - Section 199A Dividends _____ |
| Box 6 - Investment Expenses _____ | Box 7 - Foreign Tax Paid _____ |
| Box 8 - Foreign Country Name _____ | Box 11 - Interest Dividends _____ |
| Box 12 - Spec. Private Activity Bond Div _____ | |

1099 Brokerage Stock Transactions

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint

| Number of shares and company name | Date Acquired | Date sold or date worthless | Net Sales proceeds | Cost or other basis | LT ST |
|-----------------------------------|---------------|-----------------------------|--------------------|---------------------|----------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Subtotal | | | _____ | _____ | _____ |
| Net gain or loss | | | _____ | _____ | _____ |

1099-OID

Enter "X" if state withholding is present

| Name of Payer | OID Amount | Other Periodic Interest | Early Withdrawal | Fed. Tax Withheld | OID on US Treasury | Investment Expense |
|---------------|------------|-------------------------|------------------|-------------------|--------------------|--------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

2022 amount PY amount

Margin Interest (Investment Interest Expense)

Schedule C - Profit or Loss from Business or Profession

| | | | |
|---|--------------------------------|--|----|
| Activity Information | | | 1 |
| Indicate: T = Taxpayer, S = Spouse, J = Joint _____ | | | 2 |
| Business name _____ | | | 3 |
| Street _____ | | | 4 |
| City, state, zip, country _____ | | | 5 |
| Principal business/profession _____ | | | 6 |
| _____ Employer identification number | _____ Tax shelter ID number | _____ Tax shelter registration number | 6 |
| Accounting Method | | | 7 |
| Indicate method of accounting: A = Accrual, O = Other, C = Cash, B = Leave unanswered _____ | | | 8 |
| If other (specify) _____ | | | 8 |
| Inventory Valuation | | | 9 |
| Indicate method of inventory valuation: (If "other", please provide explanation on a continuation sheet.) | | | 9 |
| C = Cost, L = Lower of cost or market, O = Other, D = Not applicable _____ | | | 10 |
| X if there was any change in determining quantities, cost, or valuation of inventories _____ | | | 10 |
| Miscellaneous Information | | | 11 |
| Indicate X if this business was started or acquired during 2022 _____ | | | 11 |
| Indicate X if you received earnings as a statutory employee _____ | | | 12 |
| Indicate X if the business was disposed of in 2022 _____ | | | 13 |
| Indicate X if the business was ever audited by IRS, State, or Foreign Tax Authority _____ | | | 14 |
| Year of audit _____ | | | 15 |
| Indicate X if you made any payments in 2022 that would require you to file Form(s) 1099 _____ | | | 16 |
| Indicate X if you filed all required Form(s) 1099 _____ | | | 17 |

Organizer | Income | Business Income | Business Name | Business Information | Sch. C Activity Information

| | | | |
|---|-------------|-----------|----|
| Income | | | 18 |
| Gross Receipts or Sales | | | 19 |
| | 2022 amount | PY amount | 18 |
| _____ | _____ | _____ | 19 |
| _____ | _____ | _____ | 19 |
| Total or override | _____ | _____ | T |
| Returns & allowances _____ | _____ | _____ | 20 |
| Cost of Goods Sold and/or Operations | | | 21 |
| | 2022 amount | PY amount | 21 |
| Inventory at beginning of year _____ | _____ | _____ | 21 |
| Purchases less cost of items withdrawn for personal use _____ | _____ | _____ | 22 |
| Cost of labor _____ | _____ | _____ | 23 |
| Materials and supplies _____ | _____ | _____ | 24 |
| Other costs related to inventory | _____ | _____ | 25 |
| _____ | _____ | _____ | 26 |
| _____ | _____ | _____ | 26 |
| Inventory at end of year _____ | _____ | _____ | 27 |
| Total cost of goods sold and/or operations | _____ | _____ | T |
| Reimbursements | | | 28 |
| Meals and Entertainment _____ | _____ | _____ | 28 |
| Other reimbursements _____ | _____ | _____ | 29 |
| Other Income | | | 30 |
| | 2022 amount | PY amount | 30 |
| _____ | _____ | _____ | 31 |
| _____ | _____ | _____ | 31 |
| Total other income (Lines 29-30) | _____ | _____ | T |
| Portfolio Income _____ | _____ | _____ | 32 |

Organizer | Income | Business Income | Business Name | Business Information | Income/Expenses

Schedule C - Profit or Loss from Business or Profession

Business name: _____

Expenses

| | 2022 amount | PY amount | |
|--|-------------|-----------|----|
| Advertising | _____ | _____ | 33 |
| Car and truck expenses (Do not duplicate expenses listed on the vehicle business expense schedule page) | _____ | _____ | 34 |
| Commissions and fees | _____ | _____ | 35 |
| Contract Labor | _____ | _____ | 36 |
| Employee benefit programs | _____ | _____ | 37 |
| Insurance (other than health insurance) | _____ | _____ | 38 |
| Mortgage interest paid to financial institutions If amount is entered, please attach details and required bank documents. | _____ | _____ | 39 |
| Other interest | _____ | _____ | 40 |
| Legal and professional services | _____ | _____ | 41 |
| Office expenses postage, etc. | _____ | _____ | 42 |
| Pension and profit-sharing plans | _____ | _____ | 43 |
| Machinery and equipment rent | _____ | _____ | 44 |
| Other business property rent | _____ | _____ | 45 |
| Repairs and maintenance | _____ | _____ | 46 |
| Supplies | _____ | _____ | 47 |
| Taxes and licenses | _____ | _____ | 48 |
| Travel | _____ | _____ | 49 |
| Meals & Entertainment & Overnight Meals (gross amount subject to limitation) | _____ | _____ | 50 |
| Utilities | _____ | _____ | 51 |
| Wages (gross) | _____ | _____ | 52 |
| Total expenses (Lines 32-51) | _____ | _____ | T |

Indicate **X** if you were subject to the Department of Transportation hours of service limits 53

| | 2022 amount | PY amount |
|---|-------------|-----------|
| Self-employed health insurance premium payments you made during 2022 | _____ | _____ |

Other Expenses

| | 2022 amount | PY amount | |
|--|-------------|-----------|----|
| Local transportation including train, cabs, bus, etc. | _____ | _____ | 54 |
| Overnight travel expense (lodging, car rental, taxi, etc. excluding meals) | _____ | _____ | 55 |
| Telephone | _____ | _____ | 56 |
| Professional dues | _____ | _____ | 57 |
| Stationery, postage | _____ | _____ | 58 |
| Professional magazines, journals | _____ | _____ | 59 |
| Other expenses (e.g. uniforms required as condition of employment) | _____ | _____ | 60 |
| _____ | _____ | _____ | 61 |
| _____ | _____ | _____ | 62 |
| _____ | _____ | _____ | 63 |
| _____ | _____ | _____ | 64 |
| Total (Lines 53-63) | _____ | _____ | T |

Sec. 199A Income and Wages Paid

| | 2022 | PY | |
|---|-------|-------|----|
| - Qualified Business Income | _____ | _____ | 65 |
| - Specified Service Trade or Business | _____ | _____ | 66 |
| - Wages were paid to employees. (Provide a copy of form W3) | _____ | _____ | 67 |

Schedule C - Profit or Loss from Business or Profession

Business name: _____

Depreciation and Amortization

Enter all property and equipment used in your business or profession. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price. Please indicate in the notes section if you would like to elect Section 179 expense for a particular asset placed in service in 2022. For vehicle expenses, make your entries on the **Business Expense Schedule and Form 2106** page, and indicate Schedule C on the property type code.

| Description of property | Date placed in service MM DD YYYY | Cost or unadjusted basis | Business use % | Date sold MM DD YYYY | Gross sales price | |
|-------------------------|---|--------------------------------|----------------------|----------------------------|----------------------|---|
| _____ | _____ | _____ | _____ | _____ | _____ | 1 |
| _____ | _____ | _____ | _____ | _____ | _____ | 2 |
| _____ | _____ | _____ | _____ | _____ | _____ | 3 |
| _____ | _____ | _____ | _____ | _____ | _____ | 4 |
| _____ | _____ | _____ | _____ | _____ | _____ | 5 |
| _____ | _____ | _____ | _____ | _____ | _____ | 6 |
| _____ | _____ | _____ | _____ | _____ | _____ | 7 |
| _____ | _____ | _____ | _____ | _____ | _____ | 8 |
| Total (Lines 1-8) _____ | | | | | _____ | T |

New Clients: For assets placed in service prior to 1/1/2022, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this business, provide details (description, date purchased, cost, life, etc.) below:

| | |
|-------|----|
| _____ | 9 |
| _____ | 10 |
| _____ | 11 |
| _____ | 12 |

Organizer | Income | Business Income | Business Name | Depreciation and Amortization | Asset Detail _____

Notes:

Retirement Distributions

Retirement Distributions

Indicate: **T** = Taxpayer, **S** = Spouse

Please attach all Forms 1099R

Name of payer _____

| | 2022 amount | PY amount | |
|--|-------------|---|----|
| Box 1 - Gross distribution (Mandatory) | _____ | <input style="width: 100%;" type="text"/> | 1 |
| Portion of Box 1 treated as qualified charitable distribution | _____ | <input style="width: 100%;" type="text"/> | 2 |
| Box 2a - Taxable amount | _____ | <input style="width: 100%;" type="text"/> | 3 |
| Box 2b - Indicate X if taxable amount not determined | _____ | | 4 |
| Indicate X if total distribution | _____ | | 5 |
| Box 3 - Capital gain | _____ | | 6 |
| Box 4 - Federal income tax withheld | _____ | | 7 |
| Box 7 - Distribution code(s) (Mandatory) | _____ | | 8 |
| Box 7 - Indicate X if from IRA/SEP/SIMPLE | _____ | | 9 |
| Box 9a - Percentage of total distribution | _____ | | 10 |
| Box 9b - Total employee contributions | _____ | | 11 |
| Box 10 - Amount Allocable to IRR within 5 years | _____ | | 12 |
| Box 11 - 1st year of Desig. Roth Contrib. | _____ | | 13 |
| Box 12 - State tax withheld State name | _____ | | 14 |
| Box 15 - Local tax withheld Locality name | _____ | | 15 |
| Indicate X if entire distribution was converted to a Roth IRA | _____ | | 16 |
| Indicate X if entire distribution was rolled over | _____ | | 17 |
| Indicate X if this is an inherited IRA | _____ | | 18 |
| Indicate X if this distribution was used to pay qualified first-time homebuyer expenses, qualified medical or higher education expenses | _____ | | 19 |
| If partial rollover, enter amount of distribution rolled over | _____ | <input style="width: 100%;" type="text"/> | 20 |
| If partial conversion to Roth IRA, enter amount converted | _____ | | 21 |
| Amount subject to 10% penalty tax (Override) | _____ | | 22 |

Organizer | Income | Retirement Distributions | 1099-R

Partly Taxable Pension/Annuity using Simplified Method or General Rule (For Preparer Use Only)

| | | | |
|---|-------|---|----|
| Pension/Annuity Type (A=Regular, B=Section 101(d), C=Section 101(d) with surviving spouse exclusion) | _____ | | 23 |
| Cost in the plan (if different than box 9b amount) | _____ | | 24 |
| Amounts previously recovered tax free in PY for post 1986 annuities | _____ | | 25 |
| Simplified Method | | | |
| Indicate X to use Simplified Method (default to General Rule) | _____ | | 26 |
| Annuity starting date (Required) | _____ | | 27 |
| Indicate X if annuity start date after 12/31/1997 and payments are for your life and that of beneficiary | _____ | | 28 |
| Elect to skip line 3 of worksheet and enter amount from line 4 of PY worksheet here | _____ | <input style="width: 100%;" type="text"/> | 29 |
| Number of months for which this year's payments were made | _____ | | 30 |
| General Rule | | | |
| Expected return (if a regular pension or annuity) | _____ | | 31 |
| Number of years in which payments are to be received (if section 101d) | _____ | | 32 |
| Percent or amount not taxable (50% = .50) (Override) | _____ | | 33 |

Organizer | Income | Retirement Distributions | 1099-R | Partly Taxable Pension/Annuity

Rent and Royalty Income and Expense With No Personal Use

Ownership
 Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1

Activity Information
 Kind of property _____ 2
 Location of property _____ 3
 You disposed of the property in 2022 _____ 4
 Enter percentage of this property that is allocated to another _____ 5

Type of Property - Activity Type
 1 - Single Family Residence 3 - Vacation/Short-Term Rental 5 - Land 7 - Self-Rental
 2 - Multi-Family Residence 4 - Commercial 6 - Royalties 8 - Other (describe) _____
 If 3 - Vacation and rented out, provide details on the continuation page for vacation days and rental days.
 If Royalty, indicate type:
 Royalty other than oil and gas _____ Royal with oil and gas depletion _____ Royalty with no depletion _____ 7

If Rental Real Estate
 Indicate **1** if: You materially participated in the operation of the activity during 2022*
 Indicate **2** if: You actively participated in the operation of the activity during 2022* } _____ 8
 Indicate **3** if: You are a real estate professional
 Indicate **X** if you made any payments in 2022 that would require you to file Form(s) 1099 _____
 Indicate **X** if you filed all required Form 1099(s) _____

| Rent or Royalty Income and Expense | 2022 amount | PY amount |
|---|-------------|-----------|
| <small>(Include 100% of income and expenses including amounts attributable to others.)</small> | | |
| Income | _____ | _____ |
| Advertising | _____ | _____ |
| Auto and travel | _____ | _____ |
| Cleaning and maintenance | _____ | _____ |
| Commissions | _____ | _____ |
| Insurance | _____ | _____ |
| Legal and other professional fees | _____ | _____ |
| Management fees | _____ | _____ |
| Mortgage interest paid to financial institutions <small>(If an amount is entered, please attach detail.) Do not duplicate elsewhere.</small> | _____ | _____ |
| Mortgage interest paid to individuals* <small>(If an amount is entered, please attach detail.) Do not duplicate elsewhere.</small> | _____ | _____ |
| *If another received Form 1098, enter the recipient's name and address: _____ | | |
| Investment interest | _____ | _____ |
| Other interest | _____ | _____ |
| Repairs (enter major improvements on the Asset Detail Organizer) | _____ | _____ |
| Supplies | _____ | _____ |
| Taxes | _____ | _____ |
| Utilities | _____ | _____ |
| Yard maintenance | _____ | _____ |
| Other Expenses | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Total expenses (Lines 9-27) | _____ | _____ |

Sec. 199A Income and Wages Paid

| | 2022 | PY |
|---|-------|-------|
| - Qualified Business Income | _____ | _____ |
| - Specified Service Trade or Business | _____ | _____ |
| - Wages were paid to employees. (Provide a copy of form W3) | _____ | _____ |

Rent and Royalty Income and Expense With No Personal Use

Property name: _____

Depreciation and Amortization

Enter all property and equipment used in your rental activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

| Description of property | Date placed in service MM DD YYYY | Cost or unadjusted basis | Business use % | Date sold MM DD YYYY | Gross sales price | |
|-------------------------|---|--------------------------------|----------------------|----------------------------|----------------------|---|
| _____ | _____ | _____ | _____ | _____ | _____ | 1 |
| _____ | _____ | _____ | _____ | _____ | _____ | 2 |
| _____ | _____ | _____ | _____ | _____ | _____ | 3 |
| _____ | _____ | _____ | _____ | _____ | _____ | 4 |
| _____ | _____ | _____ | _____ | _____ | _____ | 5 |
| _____ | _____ | _____ | _____ | _____ | _____ | 6 |
| _____ | _____ | _____ | _____ | _____ | _____ | 7 |
| _____ | _____ | _____ | _____ | _____ | _____ | 8 |
| Total (Lines 1-8) _____ | | | | | _____ | T |

New Clients: For assets placed in service prior to 1/1/2022, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

| | |
|-------|----|
| _____ | 9 |
| _____ | 10 |
| _____ | 11 |
| _____ | 12 |

Organizer | Income | Rent and Royalty | *Property Name* | Depreciation and Amortization | Asset Detail _____

Notes:

Office-in-Home

Activity name: _____

Property Type Code _____

A = Form 2106, **C** = Schedule C, **F** = Farm (Sch. F/Form 4835), **R** = Rent/Royalty _____

Ownership _____

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____

Activity Information _____

Kind of property _____

Location of property _____

Business Use _____

Indicate: Total area _____ Area used exclusively for business _____

Simplified method used in prior year _____

Day-Care Facilities Not Used Exclusively for Business _____

Indicate the total hours: Used for day-care during the year _____ Available for use during the year _____

Organizer | Income | Business Income | Business Name | Office-in-Home _____

Note: For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

Office-in-Home Income and Expenses _____

| | | |
|---|-------------|-----------|
| | 2022 amount | PY amount |
| Income related to this office-in home (Type: Wages, Sch. C, etc.) | | |

Please attach an explanation if expenses include amounts incurred when the property was rented.

| | | | |
|--|------------------------|--------------------------|------------|
| | 2022 *Direct amount | 2022 *Indirect amount | PY amounts |
|--|------------------------|--------------------------|------------|

| | | | |
|--|-----|--|--|
| Mortgage interest paid to financial institutions | N/A | | |
|--|-----|--|--|

(Attach detail - Do not duplicate elsewhere)

| | | | |
|-----------------------------|-----|--|--|
| Real estate taxes | N/A | | |
|-----------------------------|-----|--|--|

| | | | |
|---|-----|--|--|
| Casualty loss after insurance reimbursement | N/A | | |
|---|-----|--|--|

| | | | |
|-----------------------|--|--|--|
| Advertising | | | |
|-----------------------|--|--|--|

| | | | |
|---------------------------|--|--|--|
| Auto and travel | | | |
|---------------------------|--|--|--|

| | | | |
|------------------------------------|--|--|--|
| Cleaning and maintenance | | | |
|------------------------------------|--|--|--|

| | | | |
|-----------------------|--|--|--|
| Commissions | | | |
|-----------------------|--|--|--|

| | | | |
|---------------------|--|--|--|
| Insurance | | | |
|---------------------|--|--|--|

| | | | |
|---|--|--|--|
| Legal and other professional fees | | | |
|---|--|--|--|

| | | | |
|---------------------------|--|--|--|
| Management fees | | | |
|---------------------------|--|--|--|

| | | | |
|-----------------------------------|--|--|--|
| Repairs and maintenance | | | |
|-----------------------------------|--|--|--|

| | | | |
|----------------|--|--|--|
| Rent | | | |
|----------------|--|--|--|

| | | | |
|--------------------|--|--|--|
| Supplies | | | |
|--------------------|--|--|--|

| | | | |
|---------------------|--|--|--|
| Utilities | | | |
|---------------------|--|--|--|

| | | | |
|----------------|--|--|--|
| Other expenses | | | |
|----------------|--|--|--|

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Total expenses (Lines 7-26) _____

***Direct expenses** benefit only the business part of the property. **Indirect expenses** benefit both the business and personal parts of the property.

Organizer | Income | Business Income | Business Name | Office-in-Home | OIH-Inc and Exp _____

Note: For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

Vacation Home and Other Rental with Personal Use

| | | |
|---|--|---|
| Ownership | | 1 |
| Indicate: T = Taxpayer, S = Spouse, J = Joint _____ | | |
| Activity Information | | 2 |
| Kind of property (Mandatory) (House, Timeshare, etc.) _____ | | |
| Location of Property (Including Country) _____ | | 3 |
| Activity Type | | 4 |
| Indicate V if vacation home or P if other personal/business property _____ | | |
| Other Rental | | 5 |
| Indicate: Total area _____ Area used exclusively for business _____ | | |
| Vacation Home | | 6 |
| Indicate the total number of days in 2022: Rented at fair market value _____ Occupied by you or a relative _____ | | |
| If property is a timeshare, indicate total number of days available to you _____ | | 7 |
| Passive Activity - Vacation Home or Other Personal/Business Property Information | | 8 |
| Indicate X if you actively participated in the operation of the activity during 2022* _____ | | |
| Indicate X if you disposed of the property in 2022 _____ | | 9 |
| *Note: Active participation is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions. | | |

Organizer | Income | Rent and Royalty | Property Name | Rent and Royalty Information

| | | |
|------------------------|-------------|-----------|
| Rental Income | | 10 |
| Income _____ | 2022 amount | PY amount |
| | _____ | _____ |

| | | | | |
|---|----------------|------------------|------------|----|
| Rental Expenses | | | | 11 |
| Please attach an explanation if expenses include amounts incurred when the property was rented. | | | | |
| | 2022 | 2022 | PY amounts | |
| | *Direct amount | *Indirect amount | | |
| Mortgage interest paid to financial institutions | N/A | _____ | _____ | 11 |
| <i>(Attach detail - Do not duplicate elsewhere)</i> | | | | |
| Real estate taxes | N/A | _____ | _____ | 12 |
| Casualty loss after insurance reimbursement | _____ | _____ | _____ | 13 |
| Advertising | _____ | _____ | _____ | 14 |
| Auto and travel | _____ | _____ | _____ | 15 |
| Cleaning and maintenance | _____ | _____ | _____ | 16 |
| Commissions | _____ | N/A | _____ | 17 |
| Insurance | _____ | _____ | _____ | 18 |
| Legal and other professional fees | _____ | _____ | _____ | 19 |
| Management fees | _____ | _____ | _____ | 20 |
| Repairs | _____ | _____ | _____ | 21 |
| Supplies | _____ | _____ | _____ | 22 |
| Utilities | _____ | _____ | _____ | 23 |
| Other expenses | _____ | _____ | _____ | 24 |
| _____ | _____ | _____ | _____ | 25 |
| _____ | _____ | _____ | _____ | 26 |
| _____ | _____ | _____ | _____ | 27 |
| _____ | _____ | _____ | _____ | 28 |
| _____ | _____ | _____ | _____ | 29 |
| Total expenses (Lines 11-29) | _____ | _____ | _____ | T |

*Direct expenses benefit only the business part of the property. Indirect expenses benefit both the business and personal parts of the property.

Organizer | Income | Rent and Royalty | Property Name | Rent and Royalty Information | Income and Expense

Office-in-Home, Vacation Home and Other Rental with Personal Use

Property name: _____

Depreciation and Amortization

Enter all property and equipment used in your home office, vacation home, or any other rental/personal business property. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

| Description of property | Date placed in service MM DD YYYY | Cost or unadjusted basis | Business use % | Date sold MM DD YYYY | Gross sales price | |
|-------------------------|---|--------------------------------|----------------------|----------------------------|----------------------|---|
| _____ | _____ | _____ | _____ | _____ | _____ | 1 |
| _____ | _____ | _____ | _____ | _____ | _____ | 2 |
| _____ | _____ | _____ | _____ | _____ | _____ | 3 |
| _____ | _____ | _____ | _____ | _____ | _____ | 4 |
| _____ | _____ | _____ | _____ | _____ | _____ | 5 |
| _____ | _____ | _____ | _____ | _____ | _____ | 6 |
| _____ | _____ | _____ | _____ | _____ | _____ | 7 |
| _____ | _____ | _____ | _____ | _____ | _____ | 8 |
| Total (Lines 1-8) _____ | | | | | _____ | T |

New Clients: For assets placed in service prior to 1/1/2022, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

| | |
|-------|----|
| _____ | 9 |
| _____ | 10 |
| _____ | 11 |
| _____ | 12 |

Organizer | Income | Business Income | *Business Name* | Depreciation and Amortization | Asset Detail

Note: If these are Office-in-Home assets tied to another entity, follow the navigation cues for that entity.

Notes:

Schedule K-1: Partnerships (including Limited Liability Companies), Estates and Trusts, S Corporations

Listed below are all partnerships, estates and trusts and S corporations that were included in your 2021 tax return. Please list any new or additional ones and indicate any that were sold or otherwise disposed of in 2022 and provide details of the sales transaction on a continuation page.

Attach all Schedules K-1 and other supporting documents that you have received, including the amount paid for self-employed health insurance and state information.

| | Indicate X if Foreign Partnership | ID number | Indicate X if disposed of in 2022 |
|--|---|-----------|---|
| Name of Partnership, Estate/Trust, S Corporation, PTP | | | |
| | | | 1 |
| | | | 2 |
| | | | 3 |
| | | | 4 |
| | | | 5 |
| | | | 6 |
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| | | | 21 |
| | | | 22 |
| | | | 23 |
| | | | 24 |
| | | | 25 |
| Self-employed health insurance premium payments you made during 2022 | | | 26 |

***Note: Material participation** consists of involvement in the activity on a regular, continuous, and substantial basis. **Active participation** is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

Farm Income and Expense

Ownership
 Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1

Activity Information

Farm name (**Mandatory**) _____ 2
 Principal product _____ 3
 Employer identification number _____ 4
 Tax shelter registration number _____ 5
 Tax shelter ID number. _____ 6

Accounting Method
 Indicate method of accounting: Blank = Cash, **A** = Accrual, **B** = To leave question unanswered _____ 7

Activity Type
 Indicate **A** = Material participation*, **B** = Other passive, **D** = Rental real estate
G = Nonpassive tax shelter, **H** = Passive non-tax shelter _____ 8
Note: Material participation consists of involvement in the activity on a regular, continuous, and substantial basis.

Miscellaneous Information

Indicate **X** if a farm rental _____ 9
 Indicate **X** if you disposed of the business in 2022 _____ 10
 Indicate **X** if you made any payments in 2022 that would require you to file Form(s) 1099 _____ 11
 Indicate **X** if you filed all required Form 1099(s). _____ 12

| | 2022 amount | PY amount |
|---|-------------|-----------|
| Self-employed health insurance premium payments you made during 2022 _____ | | |

13

Organizer | Income | Farm Income | Farm Name | Farm Information | Sch F Information

Farm Income - Cash Method

| | 2022 amount | PY amount |
|--|-------------|-----------|
| Sale of livestock and other items bought for resale _____ | | |
| Cost or other basis of livestock and other items bought for resale _____ | | |
| Custom hire (machine work) income _____ | | |
| Sale of livestock, produce, grains, and other products you raised _____ | | |
| Cooperative distributions: Total _____ | | |
| Taxable amount _____ | | |
| Agricultural program payments: Total _____ | | |
| Taxable amount _____ | | |
| Commodity Credit Corporation (CCC) loans reported under election _____ | | |
| CCC loans forfeited or repaid with certificates: Total _____ | | |
| Taxable amount _____ | | |
| Crop insurance proceeds and disaster payments: | | |
| Amount received in 2022 _____ | | |
| Taxable amount _____ | | |
| Deferred from 2021 _____ | | |
| Other income | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Total income (Lines 12 - 28) _____ | | |

T

Organizer | Income | Farm Income | Farm Name | Farm Information | Income and Expenses

Farm Income and Expense

Farm name: _____

| Farm Expenses - Cash and Accrual | 2022 amount | PY amount | |
|--|-------------|-----------|----|
| Car and truck expenses | _____ | _____ | 31 |
| Chemicals | _____ | _____ | 32 |
| Conservation expenses (include prior year carryover) | _____ | _____ | 33 |
| Custom hire (machine work) | _____ | _____ | 34 |
| Employee benefit programs (other than pensions and profit-sharing plans) | _____ | _____ | 35 |
| Feed purchased | _____ | _____ | 36 |
| Fertilizers and lime | _____ | _____ | 37 |
| Freight and trucking | _____ | _____ | 38 |
| Gasoline, fuel and oil | _____ | _____ | 39 |
| Insurance (other than health insurance) | _____ | _____ | 40 |
| Interest - mortgage (paid to banks, etc.) <small>(If an amount is entered, please attach detail.)</small> | _____ | _____ | 41 |
| Interest - other | _____ | _____ | 42 |
| Labor hired | _____ | _____ | 43 |
| Pension and profit-sharing plans | _____ | _____ | 44 |
| Rent or lease - vehicle, machinery and equipment | _____ | _____ | 45 |
| Rent or lease - other (land, animals, etc.) | _____ | _____ | 46 |
| Repairs and maintenance | _____ | _____ | 47 |
| Seeds and plants purchased | _____ | _____ | 48 |
| Storage and warehousing | _____ | _____ | 49 |
| Supplies purchased | _____ | _____ | 50 |
| Taxes | _____ | _____ | 51 |
| Preproductive period expense | _____ | _____ | 52 |
| Utilities | _____ | _____ | 53 |
| Veterinary, breeding, and medicine fees | _____ | _____ | 54 |
| Other expenses | | | |
| _____ | _____ | _____ | 55 |
| _____ | _____ | _____ | 56 |
| _____ | _____ | _____ | 57 |
| _____ | _____ | _____ | 58 |
| _____ | _____ | _____ | 59 |
| _____ | _____ | _____ | 60 |
| _____ | _____ | _____ | 61 |
| _____ | _____ | _____ | 62 |
| _____ | _____ | _____ | 63 |
| _____ | _____ | _____ | 64 |
| _____ | _____ | _____ | 65 |
| Total expenses (Lines 29 - 63) | _____ | _____ | T |

Organizer | Income | Farm Income | Farm Name | Farm Information | Income and Expenses

| Sec. 199A Income and Wages Paid | 2022 | PY | |
|---|-------|-------|----|
| - Qualified Business Income | _____ | _____ | 66 |
| - Specified Service Trade or Business | _____ | _____ | 67 |
| - Wages were paid to employees. (Provide a copy of form W3) | _____ | _____ | 68 |

Farm Income and Expense

Farm name: _____

Depreciation and Amortization

Enter all property and equipment, including livestock used in your farming activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

| Description of property | Date placed in service MM DD YYYY | Cost or unadjusted basis | Business use % | Date sold MM DD YYYY | Gross sales price | |
|-------------------------|---|--------------------------------|----------------------|----------------------------|----------------------|---|
| _____ | _____ | _____ | _____ | _____ | _____ | 1 |
| _____ | _____ | _____ | _____ | _____ | _____ | 2 |
| _____ | _____ | _____ | _____ | _____ | _____ | 3 |
| _____ | _____ | _____ | _____ | _____ | _____ | 4 |
| _____ | _____ | _____ | _____ | _____ | _____ | 5 |
| _____ | _____ | _____ | _____ | _____ | _____ | 6 |
| _____ | _____ | _____ | _____ | _____ | _____ | 7 |
| _____ | _____ | _____ | _____ | _____ | _____ | 8 |
| Total (Lines 1-8) _____ | | | | | _____ | T |

New Clients: For assets placed in service prior to 1/1/2022, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this farm, provide details (description, date purchased, cost, life, etc.) below:

| | |
|-------|----|
| _____ | 9 |
| _____ | 10 |
| _____ | 11 |
| _____ | 12 |

Organizer | Income | Farm Income | Farm Name | Depreciation and Amortization | Asset Detail

Notes:

Farm Income Averaging

| | | |
|--|---|--|
| 2021 Information | | |
| Filing Status: | | |
| Single | <input type="checkbox"/> Qualified widow(er) <input type="checkbox"/> | Married filing separately <input type="checkbox"/> |
| Married filing joint <input type="checkbox"/> | Head of household <input type="checkbox"/> | |
| Enter Amount From: | | |
| Form 1040, Line 3a | | _____ |
| Form 1040, Line 11b | | _____ |
| Form 1040, Line 12b (do not include any amount from Form 4972 or 8814) | | _____ |
| Schedule D, Line 15 | | _____ |
| Schedule D, Line 16 | | _____ |
| Schedule D, Line 18 | | _____ |
| Schedule D, Line 19 (unrecaptured section 1250 gain) | | _____ |
| Form 4952, Line 4e | | _____ |
| Form 4952, Line 4g | | _____ |
| 2020 Information | | |
| Filing Status: | | |
| Single | <input type="checkbox"/> Qualified widow(er) <input type="checkbox"/> | Married filing separately <input type="checkbox"/> |
| Married filing joint <input type="checkbox"/> | Head of household <input type="checkbox"/> | |
| Enter Amount From: | | |
| Form 1040, Line 3a | | _____ |
| Form 1040, Line 11b | | _____ |
| Form 1040, Line 12b (do not include any amount from Form 4972 or 8814) | | _____ |
| Schedule D, Line 15 | | _____ |
| Schedule D, Line 16 | | _____ |
| Schedule D, Line 18 | | _____ |
| Schedule D, Line 19 (unrecaptured section 1250 gain) | | _____ |
| Form 4952, Line 4e | | _____ |
| Form 4952, Line 4g | | _____ |
| 2019 Information | | |
| Filing Status: | | |
| Single | <input type="checkbox"/> Qualified widow(er) <input type="checkbox"/> | Married filing separately <input type="checkbox"/> |
| Married filing joint <input type="checkbox"/> | Head of household <input type="checkbox"/> | |
| Enter Amount From: | | |
| Form 1040, Line 3a | | _____ |
| Form 1040, Line 10 | | _____ |
| Form 1040, Line 11 (do not include any amount from Form 4972 or 8814) | | _____ |
| Schedule D, Line 15 | | _____ |
| Schedule D, Line 16 | | _____ |
| Schedule D, Line 18 | | _____ |
| Schedule D, Line 19 (unrecaptured section 1250 gain) | | _____ |
| Form 4952, Line 4e | | _____ |
| Form 4952, Line 4g | | _____ |
| Organizer Income Farm Income Sch. J - Farm Income Averaging Schedule J Information | | |

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33

If amounts are not preprinted above, provide preparer with a copy of the three previous tax returns.

Miscellaneous Income

Social Security/RRTA Payments

| | | | |
|---|-------------|-----------|---|
| | 2022 amount | PY amount | |
| Refer to Box 5 on SSA 1099 | | | |
| Social Security and RRTA payments received - Taxpayer | _____ | _____ | 1 |
| Medicare Insurance Premiums after Social Security - Taxpayer (Enter gross amount before medicare deductions.) (enter related withholding on the Employee compensation & withholding page) | _____ | _____ | 2 |
| Social Security and RRTA payments received - Spouse | _____ | _____ | 3 |
| Medicare Insurance Premiums after Social Security - Spouse (Enter gross amount before medicare deductions.) | _____ | _____ | 4 |

Organizer | Income | Miscellaneous Income | Social Security/RRTA Payments

Miscellaneous Income

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

| | | | |
|--|-------------|-----------|----|
| | 2022 amount | PY amount | |
| * List states or localities on Continuation sheet. | | | |
| State income tax refunds received in 2022 (total for all states)* | _____ | _____ | 5 |
| Local income tax refunds received in 2022 (total for all localities)* | _____ | _____ | 6 |
| Include interest received on the Interest Income - 1099-INT organizer; include withholding taxes from Form W-2 on the Employee Compensation and Withholding organizer. | | | |
| Alimony income or legal separation payments received for pre-2019 settlements | _____ | _____ | 7 |
| Date of divorce | _____ | _____ | 8 |
| Unemployment insurance compensation | _____ | _____ | 9 |
| Insurance reimbursements for prior-year medical expenses that you deducted | _____ | _____ | 10 |
| Total miscellaneous income (Lines 5 - 9) | _____ | _____ | T |

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Other Miscellaneous Income

List below other miscellaneous income including director's fees, jury duty fees, trustee's fees, HSA distributions not used for unreimbursed qualified medical expenses, executor's fees, gambling winnings, barter income, etc. Please enter any taxes withheld related to other miscellaneous income in the **Other Wage Information** section of the **Employee Compensation & Withholding** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Preparer Use Only: A or Blank = Subject to S/E Tax, **B** = Not subject to S/E Tax

| | | | | |
|--|-------------|----------------------------|-----------|----|
| | 2022 amount | in state Amount taxable | PY amount | |
| Description | | | _____ | |
| _____ | _____ | _____ | _____ | 11 |
| _____ | _____ | _____ | _____ | 12 |
| _____ | _____ | _____ | _____ | 13 |
| Total other miscellaneous income (Lines 10 - 12) | _____ | _____ | _____ | T |

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Qualified Education Program/Distributions (1099-Q) and Coverdell ESA Contributions

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

| | | | |
|--|-------------|-----------|----|
| | 2022 amount | PY amount | |
| Name of payer | | | |
| Box 1 - Gross distribution | _____ | _____ | 14 |
| Box 2 - Earnings. | _____ | _____ | 15 |
| Box 3 - Basis | _____ | _____ | 16 |
| Box 5 - Enter X if a private 529 program | _____ | _____ | 17 |
| Box 5 - Enter X if a state 529 program | _____ | _____ | 18 |
| Box 5 - Enter X if a Coverdell ESA | _____ | _____ | 19 |
| Amount contributed to this Coverdell ESA in 2021 | _____ | _____ | 20 |
| Basis in this Coverdell ESA for 2021 and prior years | _____ | _____ | 21 |
| Type of Plan: Coverdell ESA | Amount | 529 Plan | |
| Adjusted qualified higher education expense paid for during 2022 | _____ | _____ | 22 |
| For whom was the expense incurred? | _____ | _____ | 23 |

Organizer | Income | Miscellaneous Income | Qualified Education Program Payments

Capital Gains and Losses

Complete the following for each sale of stock, bonds, including municipals, mutual funds, or similar securities. Indicate the amount of any transfer taxes paid after the description. The amounts shown on this form must reconcile to Form 1099-B.

- If any sales were transacted outside the U.S., provide the following details on a continuation sheet:
 - (a) the name of the country where the sale took place and
 - (b) information regarding any tax imposed on the sale by that country.
- If you had an installment sale in 2022, provide that information on a continuation sheet. For installment sales prior to 2022, use the **Installment Sales** form.
- If you had a like-kind transaction (section 1031) during 2022, please provide details below and additional details on a continuation sheet.
- **Dispositions of depreciable business assets should be shown on Business, Farm or Rental income forms or on a continuation sheet.**
- **Include cost basis statements for capital gain transactions, if not included in broker's statements referenced in the note below.**

Please enclose all broker's statements (i.e. Form(s) 1099-B or equivalent statement such as broker's confirmation statement) for purchases and sales of stock. **Sales of Stocks, Bonds, etc.**

| | Indicate: T = Taxpayer, S = Spouse, J = Joint | Number of shares and company name | Date acquired MM/DD/YYYY | Date sold or date worthless* MM/DD/YYYY | Sales proceeds net of selling expense | Cost or other basis | Adjustments before limitations | Code | LT | ST |
|----|---|-----------------------------------|-----------------------------|--|---------------------------------------|---------------------|--------------------------------|------|----|----|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
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| 23 | | | | | | | | | | |
| 24 | | | | | | | | | | |
| T | | | | Total (Lines 1 - 24) | | | | | | |
| GT | | | | Net Gain/Loss | | | | | | |
| 25 | | | | | | | | | | |
| 26 | | | | | | | | | | |
| 27 | | | | | | | | | | |

Indicate X if you owned any securities which became worthless during 2022.
 *(Also provide on a continuation sheet how it was determined to be worthless.)

Indicate X if you re-purchased securities within 30 days before or after the sale of any securities from the same company or fund within any taxable or nontaxable account. If so, provide details on Continuation sheet.
 Indicate X if you engaged in any collar transactions during 2022. If so, provide details on Continuation sheet.

Installment Sales

Property Information

Note: Installment Sale is defined as receiving periodic payments of principal and interest as a result of the sale. If this is the year of the sale, please attach supporting documents such as sales contract and record of purchase. If documents are not available, describe terms of the sale on a continuation sheet.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1
Description and location of property sold: _____

Indicate property code: **1** = Timeshare or residential, **2** = Personal use, **3** = Farming, **4** = Other _____ 2

Date acquired (MM/DD/YYYY) _____ 3

Date sold (MM/DD/YYYY) _____ 4

Computation of Gain

| | Amount |
|--|----------|
| Gross sales price | _____ 6 |
| If this mortgage was assumed or the property was purchased subject to a mortgage enter the amount of mortgage assumed | _____ 7 |
| Original cost | _____ 8 |
| Improvements added | _____ 9 |
| Commissions and expenses of sale | _____ 10 |
| Depreciation taken to date | _____ 11 |

Collections and Profit

Indicate the total amount of principal collected in 2022 (Principal only,
do not list interest income here. Include on **Interest Income** form.) _____ 12

If property was sold in a prior year, indicate total collections in prior years. (Do not
include current-year collections.) _____ 13

Other Information

Indicate **X** if:

Investment property _____ 14

Installment sale is a sale of residence _____ 15

Related Party Information

If this sale was to a relative, enter name, address and ID number of relative below:

Name _____ 16

Address _____ 17

Indicate **X** if related party disposed of the property in the current year _____ 18

Indicate **X** if the property was a marketable security _____ 19

Adjustments to Income

Individual Retirement Arrangement (IRA)

For IRAs, contributions **must** be made on or before April 15, 2023, even if the due date of the return is extended beyond that date.

| | Taxpayer | PY Amount | Spouse | PY Amount | |
|---|----------|-----------|--------|-----------|---|
| Amount contributed to your IRA(s) | | | | | |
| Regular IRA* or SEP IRA* during 2022 | _____ | [] | _____ | [] | 1 |
| Regular IRA or SEP IRA Jan - April 2023 | _____ | | _____ | | 2 |
| Roth IRA** during 2022 | _____ | [] | _____ | [] | 3 |
| Roth IRA Jan - April 2023 | _____ | | _____ | | 4 |
| Conversion from Regular to Roth IRA | _____ | | _____ | | 5 |

* Do not include amounts withdrawn for 2022 or rolled over before 1/1/2023

| | | | | |
|--|----------|--------|--|---|
| Indicate X if you were eligible to participate in a qualified employee maintained retirement plan | Taxpayer | Spouse | | |
| | _____ | _____ | | 6 |
| Indicate X if you want maximum IRA contribution calculated | _____ | _____ | | 7 |

(Enter "IRA Management Fees" on the **Miscellaneous Deductions** form.)

Organizer | Adjustments to Income | IRA | IRA Contributions

Value of all IRA(s) as of 12/31/2022

Provide IRA values here **only** if **either** of the following applies.

- You made nondeductible contributions to your IRA for 2022, or
- You received IRA distributions in 2022 and you have at any time made nondeductible contributions to any of your IRA(s).

| | Value on 12/31/2022 | | |
|--|---------------------|--------|----|
| Name of Trustee | Taxpayer | Spouse | |
| _____ | _____ | _____ | 8 |
| _____ | _____ | _____ | 9 |
| _____ | _____ | _____ | 10 |
| Total IRA basis for 2021 and prior years | _____ | _____ | 11 |

Organizer | Adjustments to Income | IRA | IRA Values

Self-Employed Retirement Plan (Qualified Plan and SEP)

| | Taxpayer | PY Amount | Spouse | PY Amount | |
|---|----------|-----------|--------|-----------|----|
| Amount contributed: | | | | | |
| By your employer to SEP (if self-employed or a partner) | _____ | [] | _____ | [] | 12 |
| To a Qualified plan | _____ | [] | _____ | [] | 13 |

| | | | | |
|--|----------|--------|--|----|
| Indicate X if you want maximum SEP contribution calculated | Taxpayer | Spouse | | |
| | _____ | _____ | | 14 |
| Indicate X if you want maximum Qualified Plan contribution calculated | _____ | _____ | | 15 |

Organizer | Adjustments to Income | Qualified Plan, SEP, and Simple Deductions

Alimony, Penalty on Early Withdrawal of Savings and Other Adjustments

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

| | 2022 Amount | PY Amount | |
|--|-------------|-----------|----|
| ___ Amount of penalty on early withdrawal of savings | _____ | [] | 16 |
| ___ Alimony or legal separation payments made for pre-2019 settlements | _____ | [] | 17 |
| ___ Recipient's social security number _____ Date of divorce _____ | _____ | | 18 |
| ___ Amount of qualified student loan interest paid | _____ | [] | 19 |
| ___ Supplemental unemployment benefits repaid | _____ | | 20 |
| ___ Other adjustments to income | _____ | [] | 21 |
| ___ Educator expenses | _____ | | 22 |
| ___ Contributions made to health savings account (HSA) | _____ | [] | 23 |
| ___ Distributions from health savings account (HSA) | _____ | [] | 24 |
| ___ Amount of HSA distributions spent on qualified medical expenses. _____ | _____ | [] | 25 |

Organizer | Adjustments to Income | Other Adjustments to Income

Payments of 2022 Federal, State & City Estimated Tax

Federal Payments of Estimated Tax

Include prior year overpayment credited to estimated tax (Form 1040-ES) from 2021. Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer. (Expatriate returns - Do not include hypothetical tax reductions.)

Note: Enter the amounts that were actually paid and the date of payment for each installment.

| | Calculated tax paid | Date paid MM/DD/YYYY | Actual tax paid | |
|---|------------------------|-------------------------|--------------------|---|
| 2021 overpayment applied to 2022 estimate | _____ | _____ | _____ | 1 |
| 1st installment (due 4/15/2022) (excluding extension payment) _____ | _____ | _____ | _____ | 2 |
| 2nd installment (due 6/15/2022) | _____ | _____ | _____ | 3 |
| 3rd installment (due 9/15/2022) | _____ | _____ | _____ | 4 |
| 4th installment (due 1/15/2023) | _____ | _____ | _____ | 5 |
| Total federal estimated tax paid | _____ | _____ | _____ | T |

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

State and City Payments of Estimated Tax

Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

| | Calculated tax paid | Date paid MM/DD/YYYY | Actual tax paid | |
|---|------------------------|-------------------------|--------------------|----|
| State/City name _____ | | | | 6 |
| 2021 estimated tax paid in 2022 | _____ | _____ | _____ | 7 |
| 2021 extension amount paid in 2022 | _____ | _____ | _____ | 8 |
| 2021 balance due paid in 2022 | _____ | _____ | _____ | 9 |
| 2021 overpayment applied to 2022 estimate | _____ | _____ | _____ | 10 |
| 1st installment | _____ | _____ | _____ | 11 |
| 2nd installment | _____ | _____ | _____ | 12 |
| 3rd installment | _____ | _____ | _____ | 13 |
| 4th installment | _____ | _____ | _____ | 14 |
| Total state/city estimated tax paid | _____ | _____ | _____ | 15 |

| | | | | |
|---|-------|-------|-------|----|
| State/City name _____ | | | | 16 |
| 2021 estimated tax paid in 2022 | _____ | _____ | _____ | 17 |
| 2021 extension amount paid in 2022 | _____ | _____ | _____ | 18 |
| 2021 balance due paid in 2022 | _____ | _____ | _____ | 19 |
| 2021 overpayment applied to 2022 estimate | _____ | _____ | _____ | 20 |
| 1st installment | _____ | _____ | _____ | 21 |
| 2nd installment | _____ | _____ | _____ | 22 |
| 3rd installment | _____ | _____ | _____ | 23 |
| 4th installment | _____ | _____ | _____ | 24 |
| Total state/city estimated tax paid | _____ | _____ | _____ | 25 |

| | | | | |
|---|-------|-------|-------|----|
| State/City name _____ | | | | 26 |
| 2021 estimated tax paid in 2022 | _____ | _____ | _____ | 27 |
| 2021 extension amount paid in 2022 | _____ | _____ | _____ | 28 |
| 2021 balance due paid in 2022 | _____ | _____ | _____ | 29 |
| 2021 overpayment applied to 2022 estimate | _____ | _____ | _____ | 30 |
| 1st installment | _____ | _____ | _____ | 31 |
| 2nd installment | _____ | _____ | _____ | 32 |
| 3rd installment | _____ | _____ | _____ | 33 |
| 4th installment | _____ | _____ | _____ | 34 |
| Total state/city estimated tax paid | _____ | _____ | _____ | 35 |

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

Medical Expenses and Taxes

Medical Expenses

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

NOTE: Medical expenses are only deductible if over 7.5% of AGI.

Medical and dental expenses (including health insurance, Medicare Part B premiums, prescriptions, glasses, hearing aids, Stop Smoking Program, special school tuition for autism and other disabilities, etc.)

| | 2022 amount | PY amount | |
|---|-------------|-----------|----|
| _____ | _____ | | 1 |
| _____ | _____ | | 2 |
| _____ | _____ | | 3 |
| _____ | _____ | | 4 |
| _____ | _____ | | 5 |
| _____ | _____ | | 6 |
| _____ | _____ | | 7 |
| _____ | _____ | | 8 |
| _____ | _____ | | 9 |
| _____ | _____ | | 10 |
| _____ | _____ | | 11 |
| _____ | _____ | | 12 |
| _____ | _____ | | 13 |
| _____ | _____ | | 14 |
| _____ | _____ | | 15 |
| _____ Medical expense reimbursements received in 2022 - (not necessary if amounts listed above are net of any reimbursements) (_____) | (_____) | | 16 |
| _____ Taxpayer long term care insurance | _____ | | 17 |
| _____ Spouse long term care insurance | _____ | | 18 |

Vehicle Expenses

| | | | |
|---|-------|--|----|
| _____ Standard medical miles Jan - Dec | _____ | | 19 |
| _____ Actual gas/oil, expenses incurred | _____ | | 20 |
| _____ Parking fees/tolls | _____ | | 21 |

Total (Lines 1 - 18, 20 & 21) _____ **T**

Organizer | Itemized Deductions | Medical and Dental Expenses

Deductible Taxes

Real estate taxes - (Exclude taxes reported on **Rent and Royalty Income, Vacation Home, Office-in-Home, or Form 1098.**) **NOTE:** A portion of real estate taxes may be deductible even if you do not itemize.

| | 2022 amount | PY amount | |
|--|-------------|-----------|----|
| _____ | _____ | | 22 |
| _____ | _____ | | 23 |
| _____ | _____ | | 24 |
| _____ | _____ | | 25 |
| _____ Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value) | _____ | | 26 |
| _____ Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value) | _____ | | 27 |
| _____ Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value) | _____ | | 28 |
| _____ State unemployment and disability taxes | _____ | | 29 |
| _____ State/local sales or excise taxes paid during 2022 | _____ | | 30 |
| _____ Include copy(ies) of purchase invoice for each vehicle referenced above | _____ | | 31 |
| _____ Other state income taxes paid in 2022 (including amounts paid for prior year) | _____ | | 32 |
| _____ Other city income taxes paid in 2022 (including amounts paid for prior year) | _____ | | 33 |
| _____ Other deductible taxes | _____ | | 34 |
| _____ | _____ | | 35 |
| _____ | _____ | | 36 |

Total (Lines 22 - 36) _____ **T**

Organizer | Itemized Deductions | Taxes and Interest | Taxes - Other

Interest Expense

Home Mortgage Interest Expense (include Prepayment Penalties and Late Fees)

(Enclose mortgage statement/settlement sheet if home was purchased, refinanced, or sold in 2022. Do not include interest paid shown on the Rental and Royalty Income and Expense organizer or the **Vacation Home** organizer or the **Office-in-Home** organizer.)

Form 1098 - Mortgage Interest and Taxes (Name of Lender)

| | 2022 amount | PY amount |
|--|-------------|-----------|
| <input type="checkbox"/> X if home equity line/loan | | |
| Mortgage interest received from payer(s)/borrower(s) (Box 1) | | |
| Points paid on purchase of principal residence (Box 6) | | |
| Refund of overpaid interest (Box 4) | | |
| Qualified Mortgage Insurance Premiums (Box 5) | | |
| Real estate taxes paid or other amount shown | | |

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

Form 1098 - Mortgage Interest and Taxes (Name of Lender)

(Enter any additional Form 1098 information on a continuation sheet)

| | 2022 amount | PY amount |
|--|-------------|-----------|
| <input type="checkbox"/> X if home equity line/loan | | |
| Mortgage interest received from payer(s)/borrower(s) (Box 1) | | |
| Points paid on purchase of principal residence (Box 6) | | |
| Refund of overpaid interest (Box 4) | | |
| Qualified Mortgage Insurance Premiums (Box 5) | | |
| Real estate taxes paid or other amount shown | | |

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

Other Mortgage Interest Not Reported on Form 1098

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

| | 2022 amount | PY amount |
|-----------------------|-------------|-----------|
| _____ | | |
| _____ | | |
| Total (Lines 13 - 14) | | |

Organizer | Itemized Deductions | Taxes and Interest | Interest - Other

Points Not Reported on Form 1098

| | Start date of loan | Life of loan in years | 2022 Points Paid | PY amount |
|--|--------------------|-----------------------|------------------|-----------|
| <input type="checkbox"/> X if loan is a refinancing | _____ | _____ | _____ | |

Organizer | Itemized Deductions | Taxes and Interest | Interest - Points Paid No 1098

Mortgage Interest Paid To an Individual

| | | |
|---------------|-----------|----------------------------------|
| Name _____ | SSN _____ | I confirm this loan has properly |
| Address _____ | | been recorded _____ |
| | | _____ |

Organizer | Itemized Deductions | Taxes and Interest | Interest - Paid to Individual

Other Mortgage Information

If your **home acquisition debt** (mortgages to buy, build, or improve your principal home and one other residence) totaled \$750,000 or more at any time during 2022 (\$375,000 if married filing separately) or your **home equity debt** totaled \$100,000 or more at any time during 2022 (\$50,000 if married filing separately), provide balances below.

| | Loan 1 | Loan 2 | Loan 3 | Loan 4 |
|-----------------------------|--------|--------|--------|--------|
| Name of Lender | _____ | _____ | _____ | _____ |
| Jan 1 Beginning Balance | _____ | _____ | _____ | _____ |
| Dec 31 Ending Balance | _____ | _____ | _____ | _____ |
| Interest paid per Form 1098 | _____ | _____ | _____ | _____ |

If you meet the requirements listed above **and** you borrowed any new amounts on a mortgage this year, you prepaid more than one month's principal, or you did not make level payments at fixed intervals, also provide all monthly loan statements.

Investment Interest Expense

Include margin loan interest paid to purchase securities

| | 2022 amount | PY amount |
|-----------------------|-------------|-----------|
| _____ | | |
| _____ | | |
| Total (Lines 22 - 23) | | |

Organizer | Itemized Deductions | Taxes and Interest | Investment Interest Expense

Charitable Contributions & Misc. Itemized Deductions

Contributions

Cash Contributions

List only contributions to United States or Canadian organized charities. Include payroll deduction amounts for 2022. Keep written receipts from donee organization, canceled checks or payroll pledge card to substantiate contributions. **Each contribution of \$250 or more requires written acknowledgment** of the contribution from the charitable organization - cancelled checks are not considered adequate substantiation for this purpose. Do not include political contributions. Reduce any contribution made by the value of any benefit received; i.e. meals, merchandise.

| Name of organization: | prep. use only 30% 60% 100% | 2022 Amount | PY amount | |
|-----------------------|--------------------------------------|-------------|-----------|----|
| _____ | | | | 1 |
| _____ | | | | 2 |
| _____ | | | | 3 |
| _____ | | | | 4 |
| _____ | | | | 5 |
| _____ | | | | 6 |
| _____ | | | | 7 |
| _____ | | | | 8 |
| _____ | | | | 9 |
| _____ | | | | 10 |
| _____ | | | | 11 |
| _____ | | | | 12 |
| _____ | | | | 13 |
| _____ | | | | 14 |
| _____ | | | | 15 |
| Total (Lines 1 - 15) | | | | T |

Volunteer Expenses

| | | | | |
|---|--|--|--|----|
| Standard charitable miles Jan - Dec | | | | 16 |
| Actual gas/oil, expenses incurred | | | | 17 |
| Parking fees/tolls | | | | 18 |

Organizer | Itemized Deductions | Contributions | Contributions - CY and Carryovers

Miscellaneous Deductions

| | 2022 amount | PY amount | |
|---|-------------|-----------|----|
| Amortized Bond Premium: | | | |
| _____ | | | 19 |
| _____ | | | 20 |
| Claim Repayments: | | | |
| _____ | | | 21 |
| _____ | | | 22 |
| Unrecovered Pension Investments: | | | |
| _____ | | | 23 |
| _____ | | | 24 |
| Gambling losses (not to exceed gambling winnings) | | | T |
| Total (Lines 25 - 30) | | | |

Organizer | Itemized Deductions | Miscellaneous

Noncash Charitable Contributions

Noncash Contributions

Enter noncash contributions here if your total of ALL noncash contributions is **\$500 or less**

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

↓ Description of property contributed and organization name:

prep. use only
20% 50%
30% 100%

2022 amount

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Total (Lines 1 - 4)

Enter noncash contributions below if your total of ALL noncash contributions is **greater than \$500**

Note: An appraisal may be required for contributions over \$5000. Include out-of-pocket expenses.

If you donated a vehicle, boat or airplane during 2022, please provide Form 1098-C, the written acknowledgement you received from the charity.

For stock donations, provide the high & low selling prices per share on the date of donation.

Note: Clothing and household goods will be deductible only if in good to excellent condition when donated.

Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint



Name and Address of Donee*

Description of Donated Property

| | | |
|---|--|--|
| 1 | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| | | |
| 5 | | |
| | | |

| | <u>Contribution Date</u> | <u>Date Acquired</u> | <u>How Acquired</u> | <u>Cost or Basis</u> | <u>Fair Market Value</u> | <u>Method Used to Determine FMV</u> |
|---|--------------------------|----------------------|---------------------|----------------------|--------------------------|-------------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

*Preparer Note: Up to five donee organizations can be entered for each ownership code on the organizer screen.

Business Expense Schedule and Form 2106

Activity name: _____

Use this organizer if you had "out-of-pocket" expenses related to your employment or business activities.

Property Type Code _____

A = Form 2106, C = Schedule C, F = Farm (Sch. F/Form 4835), K = Partnership, R = Rent/Royalty _____

Ownership _____

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint **1**

Occupation Information _____

Occupation (Mandatory) **2**

Special Treatment _____

Indicate: **A** if you are a qualifying performing artist or **B** if you are a handicapped employee or
C if you are a state or local government employee who is compensated on a fee basis or
D if you are a reservist/national guard **3**
 Indicate: **X** if you are a rural mail carrier **4**
 if you are an employee subject to DOT hours of service limits. **5**

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Business Expense Information | Occupation Info 2106 _____

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select General Business Expense.

Business Expenses _____

Reimbursements _____

(Enter either the "total" reimbursements or reimbursements allocated between "meals" and "other" reimbursements, but not both.)

| | | | |
|--|-------|-------|----------------|
| Employer's reimbursements, not included in box 1 of Form W-2 | Total | Meals | Other |
| _____ | _____ | _____ | _____ 6 |

Expenses (If you are self-employed, enter Business Expenses on the Schedule C Organizer Page) _____

Do not duplicate on any other form.

| | 2022 amount | PY amount | |
|--|-------------|-----------|-----------|
| Meals only | _____ | _____ | 7 |
| Parking fees and tolls | _____ | _____ | 8 |
| Local transportation including train, cabs, bus, plane, etc. | _____ | _____ | 9 |
| Overnight travel expense (lodging, airplane, car rental, taxi, etc. excluding meals) | _____ | _____ | 10 |
| Telephone | _____ | _____ | 11 |
| Professional dues | _____ | _____ | 12 |
| Stationery, postage | _____ | _____ | 13 |
| Professional magazines, journals | _____ | _____ | 14 |
| Other expenses | _____ | _____ | 15 |
| _____ | _____ | _____ | 16 |
| _____ | _____ | _____ | 17 |
| _____ | _____ | _____ | 18 |
| _____ | _____ | _____ | 19 |
| _____ | _____ | _____ | 20 |
| _____ | _____ | _____ | 21 |
| _____ | _____ | _____ | 22 |
| _____ | _____ | _____ | 23 |
| Total (Lines 7-23) | _____ | _____ | T |

Organizer | Adjustments to Income | Employee Business Expense | Occupation | Business Expense Information | Business Expenses _____

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select General Business Expense.

Business Expense Schedule and Form 2106 - Vehicle Expenses

Activity name: _____

Vehicle Exp Question

Note: Please attach copies of documentation of business use (mileage logs, business purpose of trip, receipts for repairs and maintenance, etc.) The first 4 lines apply to all vehicles in this activity.

Indicate **N** for no, **Y** for yes, or **B** to leave question blank:

Do you have evidence to support your deduction? _____ 24

Is the evidence written? _____ 25

Questions for Vehicle used by Employees

Do you (or your spouse) have another vehicle available for personal use? _____ 26

Was an employer-provided vehicle available for personal use during off-duty hours? _____ 27

Vehicle number (1, 2, 3, 4, 5, or 6) _____ 28

Vehicle description _____ 29

Questions for Vehicles used by a "Self-Employed" Person

Was the vehicle available for personal use during off-duty hours? _____ 30

Was the vehicle used primarily by more than a 5% owner or related person? _____ 31

Was another vehicle available for personal use? _____ 32

If you purchased or leased a business auto this year, please provide a copy of your invoice or lease.

Vehicle Mileage

| | 2022 amount | PY amount | |
|--|-------------|-----------|----|
| We will determine whether actual expenses or those based on miles driven are better. | | | |
| Total miles driven: _____ | | | 33 |
| Total business miles driven: _____ | | | 34 |
| or percentage of total miles applicable to business (50% = .50) _____ | | | 35 |
| Average daily round trip commuting distance _____ | | | 36 |
| Total commuting miles driven during the year _____ | | | 37 |
| Date acquired (MM/DD/YYYY) _____ | | | 38 |

Vehicle Expenses

| | 2022 amount | PY amount | |
|--|-------------|-----------|----|
| (Include both business & personal amounts) Note: We will automatically prorate car expenses between business and personal use based on the miles driven. | | | |
| Gasoline, oil, repairs, insurance, etc. _____ | | | 39 |
| State and local taxes (not sales tax) -Do not duplicate _____ | | | 40 |
| Interest (Paid to acquire the car) _____ | | | 41 |
| Vehicle rentals/lease payments _____ | | | 42 |
| Inclusion amount _____ | | | 43 |
| Value of employer-provided vehicle _____ | | | 44 |

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Vehicle Exp. Info

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

Miscellaneous vehicle expenses

| | 2022 amount | |
|---------------------|-------------|----|
| _____ | | 45 |
| _____ | | 46 |
| _____ | | 47 |
| _____ | | 48 |
| _____ | | 49 |
| _____ | | 50 |
| _____ | | 51 |
| _____ | | 52 |
| _____ | | 53 |
| _____ | | 54 |
| Total (Lines 45-54) | | T |

Organizer | Adjustments to Income | Employee Business Expense | Occupation | Columnar Vehicle Expense Entry

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

Business Expense Schedule and Form 2106 - Depreciation

Activity name: _____

Depreciation and Amortization

Enter all property, including automobiles, and equipment used in your business or occupation, that is related to your "out-of-pocket" expenses for this activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

| Description of property | Date placed in service MM DD YYYY | Cost or unadjusted basis | Business use % | Date sold MM DD YYYY | Gross sales price | |
|-------------------------|--------------------------------------|--------------------------|----------------|-------------------------|-------------------|---|
| _____ | _____ | _____ | _____ | _____ | _____ | 1 |
| _____ | _____ | _____ | _____ | _____ | _____ | 2 |
| _____ | _____ | _____ | _____ | _____ | _____ | 3 |
| _____ | _____ | _____ | _____ | _____ | _____ | 4 |
| _____ | _____ | _____ | _____ | _____ | _____ | 5 |
| _____ | _____ | _____ | _____ | _____ | _____ | 6 |
| _____ | _____ | _____ | _____ | _____ | _____ | 7 |
| _____ | _____ | _____ | _____ | _____ | _____ | 8 |
| Total (Lines 1-8) | | | | | _____ | T |

New Clients For assets placed in service prior to 1/1/2022, please provide a schedule of accumulated depreciation on a per asset basis.

Indicate X if you purchased a vehicle in 2022 which is powered by an electric motor or alternative means _____ 9

If you had any amortization expenses (organizational costs, loan fees, etc.), for this activity, provide details (description, date purchased, cost, life, etc.) below: _____ 10

_____ 11

_____ 12

_____ 13

Organizer | Adjustments to Income | Employee Business Expense | Occupation | Depreciation and Amortization | Asset Detail

Note: If these are Business Expense Schedule assets tied to another entity, follow the navigation cues for that entity.

Notes:

Household Employment Taxes

General Information

Indicate: **T** = Taxpayer, **S** = Spouse 1

Employer ID number _____ 2

Social Security, Medicare, and Income Taxes

Indicate **X** if:

You paid **any one** household employee wages of \$2,300 or more in 2022 3

You withheld Federal income tax during 2022 at the request of any household employee 4

You paid **total** wages of \$1,000 or more in **any** calendar **quarter** of 2022 or 2021 to household employees 5

You have filed Form W-2 for each of the employees you paid wages in 2022. **Attach copy.** 6

| Name of household employee | Wages subject to | | | |
|----------------------------|-----------------------|----------------|----------|-----------------------------|
| | Social security taxes | Medicare taxes | FUTA tax | Federal income tax withheld |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Federal Unemployment (FUTA) Tax

The limit is \$7,000 per year per employee.

Indicate **X** if:

You paid unemployment contributions to only one state 12

You paid all state unemployment contributions for 2022 by April 18, 2023. 13

All wages that are taxable for FUTA tax were also taxable for state's unemployment tax 14

Complete this section for each state where you have paid unemployment contributions:

Name of state where you paid unemployment contributions _____ 15

State reporting number as shown on state unemployment tax return _____ 16

Contributions you paid to state unemployment fund for 2022 _____ 17

State experience rate period From: _____ To: _____ 18

State experience rate _____ 19

Child and Dependent Care Expenses

Note: Enter the qualified expenses incurred and paid for each dependent on the *Dependent Information Page*

Miscellaneous

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint 1

Indicate **X** if:

Taxpayer meets all the requirements to be treated as unmarried even though the filing status is MFS ____ 2

Taxpayer received employer provided dependent care benefits and is not claiming the credit 3

Qualified expenses incurred for care allocated towards spouse's dependent care benefit withholdings _____ 4

Indicate the employer provided dependent care benefits forfeited in 2022-Taxpayer _____ 5

Indicate the employer provided dependent care benefits forfeited in 2022-Spouse _____ 6

Organizer | Credits | Child and Dependent Care Credit | Credit Information

Persons or Organizations Who Provided The Care

Name 7

Street Address 8

City, State and Zip Code 9

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) 10

Amount Paid 11

Phone Number (CA only) 12

Hawaii Tax ID Number 13

Name 14

Street Address 15

City, State and Zip Code 16

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) 17

Amount Paid 18

Phone Number (CA only) 19

Hawaii Tax ID Number 20

Name 21

Street Address 22

City, State and Zip Code 23

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) 24

Amount Paid 25

Phone Number (CA only) 26

Hawaii Tax ID Number 27

Organizer | Credits | Child and Dependent Care Credit | Care Providers

Spouse Who Was a Full-Time Student or Disabled

If you are married and you or your spouse were disabled, indicate **T** for Taxpayer or **S** for Spouse . . . ____ 28

If so, indicate the number of months you or your spouse was disabled 29

If you are married and you or your spouse was a full-time student, indicate either **T** for Taxpayer or **S** for Spouse 30

If so, indicate the number of months for which you or your spouse was a full-time student 31

Indicate the monthly income of the spouse who was a full-time student. Enter "**NONE**" if there is no earned income in a month for which the taxpayer was a full-time student.

| | | | | | | |
|---------|----------|-----------|---------|----------|----------|----|
| January | February | March | April | May | June | 32 |
| _____ | _____ | _____ | _____ | _____ | _____ | |
| July | August | September | October | November | December | 33 |
| _____ | _____ | _____ | _____ | _____ | _____ | |

Organizer | Credits | Child and Dependent Care Credit | Disabled or student

Credits

Credit For The Elderly And Disabled

General Information

Indicate: **A** = Taxpayer, **B** = Spouse, **C** = Both

You are retired and permanently and totally disabled _____ 1

A physician's statement was filed in a prior year _____ 2

Taxpayer

Date of disability retirement if subsequent to 1/1/1977 (MM/DD/YYYY) _____ 3

Name of Physician _____ 4

Address of Physician _____ 5

Spouse

Date of disability retirement if subsequent to 1/1/1977 (MM/DD/YYYY) _____ 6

Name of Physician _____ 7

Address of Physician _____ 8

Organizer | Credits | Elderly or the Disabled Credit

Education Credits - American Opportunity/Lifetime

Please include copies of Form 1098T

American Opportunity Credit Qualifications (all four must be met)

1. As of the beginning of 2022, the student had not completed the first 4 years of post-secondary education.
2. The student was enrolled in 2022 in a program that leads to a degree, certificate, or other recognized educational credential.
3. The student was taking at least one-half the normal full-time workload for his or her course of study for at least one academic period beginning in 2022.
4. The student has not been convicted of a felony for possessing or distributing a controlled substance.

Lifetime Credit Qualifications *(these qualifications are less strict than those for the American Opportunity Credit)*

Applies:

1. For all years of post-high school education and for courses to acquire or improve job skills
2. For an unlimited number of years
3. To students who may not be pursuing a degree, certificate or credential
4. For one or more courses
5. Even if student has had a felony drug conviction

| | Enter A if qualified for American Opportunity Credit, or L if qualified For Lifetime Credit | Qualified Education Expenses* during 2022 |
|------------------------------------|--|---|
| Taxpayer | _____ | _____ |
| Spouse | _____ | _____ |
| Dependents | | |
| First Name Last Name SSN | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

* Qualified expenses are amounts paid for tuition, fees, books, supplies and equipment required for the students' enrollment or attendance at an eligible educational institution. (do not include expenses for room and board or nonacademic fees)

NOTES You cannot take the American Opportunity Credit and Lifetime Learning Credit for the same student in the same year. Also, income limits apply to these credits.

Organizer | Credits | Education Credits

Credits - Residential Energy/Alternative Motor Vehicle

Residential Energy Credits

Residential Energy Efficiency Property Credit

Available for any dwelling unit used as a residence, including a seasonal or vacation home.

Enter total cost of energy efficiency improvements including:

- qualified solar electric property costs _____ 1
- qualified solar water heating property costs _____ 2
- qualified small wind property costs _____ 3
- qualified geothermal heat pump property costs _____ 4
- qualified fuel cells* (list expenditures for your main home only). _____ 5
- kilowatt capacity of qualified fuel cell property above _____ 6

Organizer | Credits | Residential Energy Credit

Alternative Motor Vehicle Credit - Includes the following 2 vehicle types that are new vehicles, and used predominantly in the U.S.

| Vehicle Type | Vehicle 1 | | | Vehicle 2 | | |
|----------------------------------|-----------------------|--|---------------------------|-----------------------|--|---------------------------|
| | Year, Make & Model | Vehicle Identification Number (VIN) | Date Placed in Service | Year, Make & Model | Vehicle Identification Number (VIN) | Date Placed in Service |
| Qualified fuel cell | _____ | _____ | _____ | _____ | _____ | _____ |
| Qualified plug-in electric drive | _____ | _____ | _____ | _____ | _____ | _____ |

Organizer | Credits | Alternative Motor Vehicle Credit

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
D = Taxpayer Joint Account/Spouse is not the principal owner
E = Spouse Joint Account/Taxpayer is not the principal owner

(Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency _____

Name of foreign currency _____

Type of Account

Indicate X for the type of account:

Bank _____ Securities Account _____ Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: _____

Account number or other designation _____

Mailing address of financial institution _____

City _____ State _____ Zip Code _____ Country _____

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Foreign TIN _____ Other _____

Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Foreign TIN _____ Other _____

Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____ | TIN Type: SSN _____ Foreign _____ EIN _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____ | TIN Type: SSN _____ Foreign _____ EIN _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

