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December 31, 2022

Dear Client:

This letter is to confirm and specify the terms of our engagement for the calendar year ended 2022 and to clarify the nature and extent of the tax services we will provide.

We will prepare your 2022 federal, state and local (if applicable) individual income tax returns from information which you will furnish to us. We are under no duty to review the information you provide to determine whether you may have a filing obligation with another state. If we become aware of any other filing requirement, we will tell you of the obligation and may prepare the appropriate returns at your request as a separate engagement.

This engagement letter does not cover the preparation of any financial statements, which, if we are to provide, will be covered under a separate engagement letter.

This engagement does not include the provision of investment counsel or broker services. Our advice, if any, concerning a particular investment shall be limited to advising you with regard to the tax ramifications of the investment. It shall not include advising you regarding the economic viability or consequences of the investment or whether or not you should make the investment. Our advice regarding the tax ramifications of the investment shall be based on documents and information that you provide us regarding the investment.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

We may provide you with a questionnaire or other document requesting specific information. Completing those forms will assist us in making sure you are well served for a reasonable fee. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. This will include the ownership of or signature authority over any foreign bank accounts and the ownership of any other foreign financial assets. We will not verify the information you give us; however, we may ask for additional clarification of some information.

Please note that any person or entity subject to the jurisdiction of the United States (includes individuals, corporations, partnerships, trusts, and estates) having a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having a value exceeding \$10,000 in a foreign country shall report such a relationship. Although there are some limited exceptions, filing requirements also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts even if the taxpayer does not have foreign account(s). For example, a corporate-owned foreign account would require filings by the corporation and by the individual corporate officers with signature authority. Failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties.

In addition, the Internal Revenue Service (IRS) also requires information reporting under applicable Internal Revenue Code sections and related regulations, and the respective IRS tax forms are due when your income tax return is due, including extensions. The IRS reporting requirements are in addition to the U.S. Department of the Treasury reporting requirements stated above. Therefore, if you fall into one of the categories below, or if you have any direct or indirect foreign interests, you may be required to file applicable IRS forms.

- -- You are an individual or entity with ownership of foreign financial assets and meet the specified criteria (Form 8938) and/or FinCEN Form 114;
- -- You are an officer, director, or shareholder with respect to certain foreign corporations (Form 5471);
- -- You are a foreign-owned U.S. corporation or foreign corporation engaged in a U.S. trade or business (Form 5472);
- -- You are a U.S. transferor of property to a foreign corporation (Form 926);
- -- You are a U.S. person with an interest in a foreign trust (Forms 3520 and 3520-A);
- -- You are a U.S. person with interests in a foreign partnership (Form 8865);
- -- Other items as necessary

You should also know that IRS audit procedures will almost always include questions on bartering transactions and on deductions that require strict documentation such as travel and entertainment expenses and expenses for business usage of autos and computers. In preparing your returns, we rely on your representations that we have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions. If you have questions about these issues, please contact us.

If, during our work, we discover information that affects prior year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement.

Our work in connection with the preparation of the tax return(s) does not include any procedures designed to discover defalcations or other irregularities, should any exist. The returns will be prepared solely from information provided to us without verification by us.

In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving your consent.

The Internal Revenue Code and regulations impose preparation and disclosure standards with non-compliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that don't meet these standards. Accordingly, we will discuss tax positions that may increase the risk of exposure to penalties and any recommended disclosures with you before completing the preparation of the return. If we concluded that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement and you agree to compensate us for our services to the date of withdrawal. Our engagement with you will terminate upon our withdrawal.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

It is our policy to keep records related to this engagement for five (5) years. However, we do not keep any of your original records, so we will return those to you upon the completion of the engagement. When records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies.

By signing this engagement letter, you acknowledge and agree that upon the expiration of the five (5) year period, we are free to destroy our records related to this engagement.

Pursuant to Circular 230, we are required to advise you that any federal tax advice contained herein or in any communication resulting from this engagement is not intended or written to be used, and cannot be used, by the addressee or any taxpayer for the purpose of avoiding penalties that may be imposed under the Internal Revenue Code or for promoting, marketing, or recommending to another party any plan or arrangement addressed in the communication.

Certain communications involving tax advice are privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

The return(s) may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deductions shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in the fees for the preparation of the tax return(s).

We generally base our fees on time required at our regular rates for the services and the personnel assigned, plus out-of-pocket costs and relevant computer charges. However, our charges also may include other appropriate factors; including the difficulty of the engagement, the degree of risk and responsibility the work entails, time limitations imposed on us by others, the experience and professional expertise of the personnel assigned, and the priority and importance of the work to the client. We may bill you on an interim basis prior to completion of this engagement. Our invoices are due and payable upon presentation. Invoices unpaid 30 days after invoice date are subject to interest charges at the rate of 24% per annum (2% monthly; \$5.00 minimum), on any unpaid principal balance.

We look forward to providing the services described in this letter, as well as other accounting services agreeable to us both. In the unlikely event that any differences concerning our services or fees should arise that are not resolved by mutual agreement, we both recognize that the matter probably will involve complex business or accounting issues that would be decided most equitably to both parties by formal mediation. Accordingly, you and we agree to waive any right to a trial by jury in any action, proceeding or counterclaim arising out of or relating to any of our services or fees. Furthermore, we both agree the venue for any such action will be Multnomah County, Oregon.

In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits or disclosure or communication of confidential or proprietary information.

We have the right to withdraw from this engagement, in our discretion, if you do not provide us with any information we request in a timely manner, refuse to cooperate with our reasonable requests, or misrepresent any facts. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement. You agree to compensate us for our time and out-of-pocket expenses through the date of our withdrawal.

By executing this engagement letter, you consent to us <u>and only us</u> using your tax return information to send you <u>and only you</u> by any medium: firm newsletters, surveys, press releases, information concerning firm seminars and nontax-related services, and any other communication sent to some or all of the firm's clients. This consent shall be valid for five (5) years. The disclosure will include the entire federal income tax return, and you acknowledge, by signing this engagement, that you have the right to consent to a disclosure of less than the entire tax return, but have decided, without coercion, that you consent to the disclosure of the entire tax return. This consent is not conditioned on our providing services to you.

If the foregoing correctly sets forth your understanding of our tax engagement, please sign this letter in the space below and return it to our office. If you disagree with any of these terms, please notify us immediately.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,	
Davis & Graves CPA LLP	
AGREED TO AND ACCEPTED:	
Ву:	
Date:	

Questions

Please check the appropriate box and include all necessary details and documentation.

		Yes	No
	rsonal Information Did your marital status change during the year?	_	_
	If yes, explain:		
	Did you live separately from your spouse during the last six months of the year?		
	Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?		
	Did your address change from last year?	ŏ	ă
	Can you be claimed as a dependent by another taxpayer?		
	Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority		
	during the tax year?		
	Do you, your spouse (if applicable), and any dependents have a taxpayer		
	identification number (SSN, ITIN, or ATIN)?		
	Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter for filing returns in 2022.		
	Did you reside in or operate a business in a Federally declared disaster area?	_	ä
	The Federally declared disaster areas include victims of hurricanes, tropical storms,	_	_
	floods, as well as wildfires.		
~			
	OVID-19 Information Did you receive State and Local Fiscal Recovery Funds (SLFR) under a program to		
	support those negatively impacted by the COVID-19 pandemic for helping you with		
	your mortgage insurance and/or home purchases, such as funds to pay some or all		
	of the down payment and closing costs associated with your purchase of a home?		
	Did you receive a Paycheck Protection Program (PPP) loan?		
	If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?		
	Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?		
	Did you pay emergency sick leave wages to a household employee?	=	_
	Did you pay emergency family leave wages to a household employee?		
	Did you receive any special unemployment benefits or compensation under the		
	Coronavirus Relief Act during the year?		
De	pendent Information		
	Were there any changes in dependents from the prior year?		
	If yes, explain:		
	Do you have any children under age 19 or a full-time student under age 24 with	_	_
	unearned income in excess of \$2,300?		
	Do you have dependents who must file a tax return? Did you provide over half the support for any other person(s) other than your		
	dependent children during the year?		
	Did you pay for child care while you worked, looked for work, or while a	_	_
	full-time student?		
	Is there any other person(s) who lived with you more than half the year but not	_	_
	claimed by you last year?		
	Did you pay any expenses related to the adoption of a child during the year? If you are divorced or separated with child(ren), do you have a divorce decree		
	or other form of separation agreement which establishes custodial responsibilities?		

Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter for use during 2022	0	-
Purchases, Sales and Debt Information Did you start a new business or purchase rental property during the year? Did you sell, exchange, or purchase any assets used in your trade or business? Did you acquire a new or additional interest in a partnership or S corporation? Did you sell, exchange, or purchase any real estate during the year? Did you purchase or sell a principal residence during the year? Did you foreclose or abandon a principal residence or real property during the year? Did you acquire or dispose of any stock during the year? Did you take out a home equity loan this year? Did you refinance a principal residence or second home this year? Did you sell an existing business, rental, or other property this year? Did you lend money with the understanding of repayment and this year it became totally uncollectable? Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? Did you purchase a qualified plug-in electric drive vehicle this year?	000000000000000000000000000000000000000	
Income Information Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? Did you receive any income from property sold prior to this year? Did you receive any unemployment benefits during the year? Did you receive any Medicaid waiver payments as difficulty of care during the year? Did you receive tip income not reported to your employer this year? Did any of your life insurance policies mature, or did you surrender any policies? Did you receive any awards, prizes, hobby income, gambling or lottery winnings? Did you receive any income considered to be nonemployee compensation? Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy? Do you expect a large fluctuation in income, deductions, or withholding next year? Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services?		
Retirement Information Are you an active participant in a pension or retirement plan? Did you receive any Social Security benefits during the year? Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? If yes, were any withdrawals due to a Federally declared disaster? If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2022? Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?		
Education Information Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	_ _	_ _

Did anyone in your family receive a scholarship of any kind during the year?		
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?		
Did you make any withdrawals from an education savings or 529 Plan account?		
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a	_	_
Better Life Experience) account? Did you make any contributions to an education savings or 529 Plan account?		
Did you pay any student loan interest this year?		_
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?		
Would you like a worksheet to aid in the completion of a Free Application for	_	_
Federal Student Aid (FAFSA) with the U.S. Department of Education?		
Health Care Information		
Did you have qualifying health care coverage, such as employer-sponsored coverage		
or government-sponsored coverage (i.e. Medicare/Medicaid) for your family?		
"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.		
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under	_	_
the Affordable Care Act?		
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under		
the Affordable Care Act and share a policy with anyone who is not included in your family?		
Did you make any contributions to a Health savings account (HSA) or Archer MSA?		
Did you receive any distributions from a Health savings account (HSA), Archer	_	_
MSA, or Medicare Advantage MSA this year?		
Did you pay long-term care premiums for yourself or your family?		
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?		
Did you receive any withdrawals from an ABLE (Achieving a Better Life	_	_
Experience) account?		
If you are a business owner, did you pay health insurance premiums for your	_	_
employees this year?		
Itemized Deduction Information		
Did you incur a casualty or theft loss or any condemnation awards during the year?		
If yes, did the loss occur in a Federally declared disaster area?		
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?		
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a	ш	
canceled check, or record of payment, to substantiate all contributions made.		
Did you donate a vehicle or boat during the year?.		
Did you pay real estate taxes for your primary home and/or second home?		
Did you pay any mortgage interest on an existing home loan?		
Did you incur interest expenses associated with any investment accounts you held? Did you make any major purchases during the year (cars, boats, etc.)?		
Did you make any out-of-state purchases (by telephone, internet, mail, or in person)	_	_
for which the seller did not collect state sales or use tax?		
Miscellaneous Information		
Did you make gifts of more than \$16,000 to any individual?		
Did you utilize an area of your home for business purposes?		
Did you engage in any bartering transactions?		
Did you retire or change jobs this year?		
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?		
Did you pay any individual as a household employee during the year?		ŏ

Did you make energy efficient improvements to your main home this year?			
Did you receive a distribution from, or were you a grantor or transferor for a foreign	1		
trust? Did you have a financial interest in or signature authority over a financial account			
such as a bank account, securities account, or brokerage account, located in a foreign country?			
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?			
Did you receive correspondence from the State or the IRS? If yes, explain:	_	_	
Do you have previous years of tax returns that are either unfiled or filed with	_	_	
unpaid balances due? Do you want to designate \$3 to the Presidential Election Campaign Fund? If you	_	_	
check yes, it will not change your tax or reduce your refund.			

		Persor	nal Information			1
Filing (Marital)	status code (1 = Single, 2 = Married	filing joint, 3 = Married fili	ng separate, 4 = Head of househo	d, 5 = Qualifying survivin	g spouse)	
Mark if you we	ere married but living apart all	year				_
Mark if your no	onresident alien spouse does r	ot have an Individu	al Taxpayer Identification	Number (ITIN)		
			Taxpayer		Spouse	2
Social security	number			_		
First name						
Last name						
Occupation						
-	00 to the presidential election	campaign fund? (1 =)	res, 2 = No, 3 = Blank)			
	dent of another taxpayer					
	income less than 1/2 support	age 18 or 19 - 23 tul	I-time student? (Y, N)			
Mark if legally l	blind					
Date of birth		_			-	
Date of death	talambana numbar/aut numb	_				
-	telephone number/ext numb	er		·	-	
	g telephone number ize us to discuss your return w				-	
Do you authori	ze us to discuss your return w	ith the iks? (Y, N)				
		Present	Mailing Address			
Address						
Apartment nun	nber					
•	tal code, zip code					
Foreign country	-			 _	<u> </u>	
Foreign phone	number					
In care of addre	essee		<u> </u>			
	-	Donone	dent Information			
		•		the bettern		Care
	(*P	lease refer to Depe	ndent Codes located at	tne bottom)	Months**Dep	expenses
First Name	Last Name	Date of Birth	Social Security No.	Relationship	in Codes home * **	paid for dependent
i ii st ivaiiie	Lastivanie	Date of Birth	Social Security 140.	Relationship	nome	dependent
		-	·			
		-				-
		-				-
		-	· — — —			
		-				
		-				
Name of child	who lived with you but is not y					
	who lived with you but is not y	our dependent				
	who lived with you but is not y number of qualifying person	our dependent				
			pendent Codes			
Social security		Dep	pendent Codes **Other 1 = Stude	nt (Age 19 - 23)		
Social security *Basic	number of qualifying person	Dep	**Other 1 = Stude	. •		
*Basic	number of qualifying person 1 = Child who lived with you	Dep	**Other 1 = Stude rce/separation 2 = Disab	. •	a student and dis	Sabled
*Basic	number of qualifying person 1 = Child who lived with you 2 = Child who did not live with	Dep ith you due to divor	**Other 1 = Stude rce/separation 2 = Disab 3 = Deper	led dependent ndent who is both	a student and dis	abled
*Basic	1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d	Dep ith you due to divor o not qualify for Cr	**Other 1 = Stude rce/separation 2 = Disab 3 = Deper edit for Other Depender	led dependent ndent who is both	a student and dis	abled
*Basic	1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earne	Dep ith you due to divor o not qualify for Cr ed Income Credit or	**Other 1 = Stude rce/separation 2 = Disab 3 = Deper edit for Other Depender nly	led dependent ndent who is both nts (ODC)	a student and dis	sabled
*Basic	1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earne 6 = Children who lived with	Dep ith you due to divor lo not qualify for Cr ed Income Credit or you, but do not qua	**Other 1 = Stude rce/separation 2 = Disab 3 = Deper edit for Other Depender nly alify for Earned Income C	led dependent ndent who is both nts (ODC)	a student and dis	sabled
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*Basic	1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earne 6 = Children who lived with 7 = Children who lived with 8 = Children who lived with	Dep ith you due to divor to not qualify for Cr ed Income Credit or you, but do not qua you, but do not qua	**Other 1 = Stude rce/separation 2 = Disab 3 = Deper edit for Other Depender nly alify for Earned Income Calify for Child Tax Credit	led dependent ndent who is both nts (ODC) Credit		
*Basic ***Months	1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earne 6 = Children who lived with 7 = Children who lived with 8 = Children who lived with 7 = Reported on odd year r	Dep ith you due to divor so not qualify for Cr ed Income Credit or you, but do not qua you, but do not qua you, but do not qua eturn	**Other 1 = Stude rce/separation 2 = Disab 3 = Deper edit for Other Depender nly alify for Earned Income Calify for Child Tax Credit	led dependent ndent who is both nts (ODC) Credit		
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*Basic ***Months	1 = Child who lived with you 2 = Child who did not live wi 3 = Other dependent 4 = Other dependents, but d 5 = Qualifying child for Earne 6 = Children who lived with 7 = Children who lived with 8 = Children who lived with 7 = Reported on odd year r	Dep ith you due to divor o not qualify for Cr ed Income Credit or you, but do not qua you, but do not qua you, but do not qua eturn return	**Other 1 = Stude rce/separation 2 = Disab 3 = Deper edit for Other Depender nly alify for Earned Income Calify for Child Tax Credit	led dependent ndent who is both nts (ODC) Credit		

Form	ID:	Info

Client Contact Information

2

Preparer - Enter on Screen Contact

pouse email address		
	Taxpayer	Spouse
ax telephone number		
Nobile telephone number		
Nobile telephone #2 number		
ager number		
ther:		
Telephone number		
Extension		
referred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile p	hone #2	

NOTES/QUESTIONS:

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information

3

Form ID: Bank

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

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. Primary account: Financial institution routing transit number Name of financial institution Your account number Type of account (1 = Savings, 2 = Checking, 3 = IRA*) Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar	or Percent (xxx.xx)	
Secondary account #1:		
Financial institution routing transit number		
Name of financial institution		
Your account number		
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)	_	
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)	_	
Enter the maximum dollar amount, or percentage of total refund Dollar	or Percent (xxx.xx)	
Secondary account #2:		
Financial institution routing transit number		
Name of financial institution		
Your account number		
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	-	
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)	_	
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)		
Enter the maximum dollar amount, or percentage of total refund Dollar	or Percent (xxx.xx)	
*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted	by the bank or financial institution.	
Refund - U.S. Series I Savings Bond Purchases		
A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please note you may enter only one name per registration (with exception of married filing joint in name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used	se complete the following informate turns) and must enter the party to purchase bonds	ation.
The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both	oth names listed on the return.	
To register the bonds separately, leave these fields blank and use the fields provided below.		
Enter either a dollar amount or percent, but not both Dollar	or Percent (xxx.xx)	
Mark if the name listed above is a beneficiary	or Percent (xxx.xx)	
Bond information for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Owner's name (First Last) Co-owner or beneficiary (First Last)	or Percent (xxx.xx)	

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file to comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS Taxpayers may choose to file a paper return instead of filing electronically.	
Mark if you want to file a paper return even if you qualify for electronic filing	
Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) If 1 or 2, please provide email address on Organizer Form ID: Info	
Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account	
The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed. Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes. Taxpayer self-selected Personal Identification Number (PIN) Spouse self-selected Personal Identification Number (PIN)	

Electronic Filing

6

NOTES/QUESTIONS:

Form ID: ELF

Form ID: IDAuth	Identity Authentication	7
Taxpayer -		
Form of identification (= Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	
Identification number		
Issue date		
Expiration date (mm/dd	/уууу)	
Location of issuance (Sta	te issued only)	
Document number (New	York only)	
Spouse -		
Form of identification (1	= Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	
Identification number		
Issue date		
Expiration date (mm/dd	/уууу)	
Location of issuance (Sta	te issued only)	
Document number (New	York only)	

NOTES/QUESTIONS:

Form ID: Est	Estimated Taxes	8
Refunded	syment of 2022 taxes, do you want the excess:	
	sestimated tax liability iderable change in your 2023 income? (Y, N) any differences:	_
		<u> </u>
Do you expect a cons If yes, please explain	iderable change in your deductions for 2023? (Y, N) any differences:	<u> </u>
Do you expect a cons If yes, please explain	iderable change in the amount of your 2023 withholding? (Y, N) any differences:	
Do you expect a chan If yes, please explain	ge in the number of dependents claimed for 2023? (Y, N) any differences:	<u> </u>
Payment method use	d to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay)	<u> </u>
	2022 Federal Estimated Tax Payments	
	oplied to 2022 estimates +	
If your estimated pay the actual date and a	ments were not made on the date due or were for an amount other than the calculated amount below, plea mount paid.	ase enter
1st quarter payment	Date Due Date Paid if After Date Due Amount Paid Calculated Amount Meth 4/18/22 +	nod*
2nd quarter payment	6/15/22 +	
3rd quarter payment 4th quarter payment Additional payment		
	*Nothed of polyment indicated in pulsu year	
	*Method of payment indicated in prior year EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System Voucher = Form 1040-ES estimated tax payment voucher	
NOTES/QUESTIC	DNS:	

Form ID: Est

Form ID: St Pmt	2022 State Est	timated Tax Payments	9
Taxpayer/Spouse/Joint (T, S, J)			_
State postal code			
Amount paid with 2021 return			+
2021 overpayment applied to '22 estimates Treat calculated amounts as paid			+
Date Paid		Amount Paid	Calculated Amou
1st quarter payment		+	
2nd quarter payment		+	-
3rd quarter payment		+	
4th quarter paymentAdditional payment		+	
	2022 City Est	imated Tax Payments	
City #1		City #2	
City name Amount paid with 2021 return +	<u> </u>	City name	1
2021 overpayment applied to '22 estimates		Amount paid with 2021 return 2021 overpayment applied to '22 estima	+
Treat calculated amounts as paid		Treat calculated amounts as paid	
rreat calculated amounts as paid	_	rreat calculated amounts as paid	
Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment +		1st quarter payment	+
		2nd quarter payment	+
3rd quarter payment + 4th quarter payment + +		3rd quarter payment 4th quarter payment	+
			·
Calculated Amount		Calculated Amo	unt
1st quarter payment		1st quarter payment	
		2nd quarter payment	
4th quarter payment		4th quarter payment	
City #3		City #4	
City name		City name	
Amount paid with 2021 return +		Amount paid with 2021 return	+
2021 overpayment applied to '22 estimates Treat calculated amounts as paid		2021 overpayment applied to '22 estima Treat calculated amounts as paid	
rreat calculated amounts as paid	_	rreat calculated amounts as paid	
Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment +		1st quarter payment	+
2nd quarter payment + 3rd quarter payment +		2nd quarter payment 3rd quarter payment	<u> </u>
4th quarter payment +		4th quarter payment	+
Calculated Amount		Calculated Amo	uint
1st quarter payment		1st quarter payment	
		2nd quarter payment	
I Zna quarter bayment		. 4	
2nd quarter payment 3rd quarter payment		3rd quarter payment	

Wages and Salaries #1

Please pro	ovide all copies of Form W-2. 2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)		
Employer name	_	
Were these wages earned for service as: (1 = Minister, 2 = Military,	3 = Farming / Fishing, 4 = National Guard)	
Mark if this is your current employer	_	
Federal wages and salaries (Box 1)	+	
Federal tax withheld (Box 2)	+	
Social security wages (Box 3) (If different than federal wages)	+	
Social security tax withheld (Box 4)	+	
Medicare wages (Box 5) (If different than federal wages)	+	
Medicare tax withheld (Box 6)	+	
SS tips (Box 7)	+	
Allocated tips (Box 8)	+	<u></u>
Dependent care benefits (Box 10)	+	<u></u> _
Box 13 -		
Statutory employee	<u>_</u>	
Retirement plan	<u>_</u>	
Third-party sick pay	<u>_</u>	
State postal code (Box 15)	<u></u>	
State wages (Box 16) (If different than federal wages)	+	
State tax withheld (Box 17)	+	
Local wages (Box 18)	+	
Local tax withheld (Box 19)	+	
Name of locality (Box 20)		
	Control Totals+	
Wa	ges and Salaries #2	
<u> </u>	-	

Please provide	all copies of Form W-2. 2022 Information	Prior Year Information
Taynayar/Snausa (T. s)	2022 Information	riioi real illioilliation
Taxpayer/Spouse (T, S)	-	
Employer name		
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farm	ing / Fishing, 4 = National Guard)	
Mark if this your current employer	<u>_</u>	
Federal wages and salaries (Box 1)	+	
Federal tax withheld (Box 2)	+	
Social security wages (Box 3) (If different than federal wages)	+	
Social security tax withheld (Box 4)	+	
Medicare wages (Box 5) (If different than federal wages)	+	
Medicare tax withheld (Box 6)	+	
SS tips (Box 7)	+	
Allocated tips (Box 8)	+	
Dependent care benefits (Box 10)	+	
Box 13 -		
Statutory employee	<u>_</u>	
Retirement plan	_	
Third-party sick pay	_	
State postal code (Box 15)	_	
State wages (Box 16) (If different than federal wages)	+	
State tax withheld (Box 17)	+	
Local wages (Box 18)	+	
Local tax withheld (Box 19)	+	
Name of locality (Box 20)		

	Control Totals+	

13

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

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

T/S/J	Type Code (**	See code	s below)	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer							
			Amounts	-						
		2	Payer							
			Amounts	ŀ						
		3 —	Payer		_					
			Amounts	-						
		4	Payer							
			Amounts	ŀ						
		5	Payer							
			Amounts	ŀ						
		6	Payer							
			Amounts	-						
		7	Payer							
		-	Amounts	+						
		8	Payer							
			Amounts	+						
		9	Payer		_				100	
			Amounts	+						
		10	Payer				T		Tee	
			Amounts	<u> </u>						

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

Control Totals +	Form ID: B-1
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Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

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

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

**Dividend Codes			
Blank = Other	3 = Nominee		

	Control Totals +		Form ID: B-2
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		Othe	r Income		18
tate and	local income tax refunds		+_	2022 Information	Prior Year Information
		T/S Agroom	mant Data	2022 Information	Dries Vees Information
limony re	acaivad	_	nent Date	2022 Information	Prior Year Information
iiiioiiy ic	cerved		+ +		
	oyment benefits are taxable income and ount of tax withheld. You may need to go				
	ment compensation**	Taxpay		Spouse	Prior Year Information
	ment compensation federal withholding	+	+_		
	ment compensation rederal withholding	+			
	ment compensation repaid	+	· _		
	manent Fund dividends	+			-
Er T/S/J	Self- nployment Income ? (Y, N) Other income, such as: Con	nmissions lunges	av Director fee	2022 Information	Prior Year Information
				es, Taxable scribiarships	
_	_		т.		
_			+		
_	<u> </u>		+		
_	_		+		
_	_		+_		
_	_				
_	_		+		
_ _ _			+		
_ _ _ _	_		+ + + + + + + + + + + + + + + + + + + +		
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			+ + + + + + + +		

Form ID: Income

Control Totals+

Form ID: Income

Form ID: 1099R Pension, Anr	nuity, and IRA Distributions #1	24
Please	provide all Forms 1099-R.	
	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_	
Name of payer		
State postal code	<u>—</u>	
Gross distributions received (Box 1)	+	
Taxable amount received (Box 2a)	+	
Federal withholding (Box 4)	+	
Distribution code (Box 7)	<u> </u>	
Mark if distribution is from an IRA, SEP, SIMPLE retiremen	nt plan	
State withholding (Box 14)	+	
Local withholding (Box 17)	+	
Amount of rollover	+	-
Mark if distribution was due to a pre-retirement age disabilit	y	
	Control Totals+	
Pension, Anr	nuity, and IRA Distributions #2	
Please	provide all Forms 1099-R.	
	2022 Information	Prior Year Information
Taxpayer/Spouse (τ, s)	_	
Name of payer		
State postal code		
Gross distributions received (Box 1)	+	
Taxable amount received (Box 2a)	+	
Federal withholding (Box 4)	+	
Distribution code (Box 7)	<u> </u>	
Mark if distribution is from an IRA, SEP, SIMPLE retiremer	nt plan	
State withholding (Box 14)	+	
Local withholding (Box 17)	+	
Amount of rollover	+	
Mark if distribution was due to a pre-retirement age disabilit	<u> </u>	
	Control Totals+	
Pension Ann	nuity, and IRA Distributions #3	
	-	
Please	provide all Forms 1099-R. 2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	- 	
Name of payer	-	
State postal code		
Gross distributions received (Box 1)	+	
Taxable amount received (Box 2a)	+	
Federal withholding (Box 4)	+	
Distribution code (Box 7)		
Mark if distribution is from an IRA, SEP, SIMPLE retiremer	nt plan	
State withholding (Box 14)	+	
Local withholding (Box 17)	+	
Amount of rollover	+	
Mark if distribution was due to a pre-retirement age disability	у	
· · · · · · · · · · · · · · · · · · ·		
	Control Totals+	

NOTES/QUESTIONS:

	Form ID: 1099F

Form ID: SSA-109	Form	ID:	SSA	-10	9	9
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Social Security, Tier 1 Railroad Benefits

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-	orm(s) SSA-1099 or RRB-1099	
Taxpayer/Spouse (T, S) State postal code		
Social Secu	rity Benefits	
If you received a Form SSA - 1099, please complete the following information from the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099: Medicare premiums Prescription drug (Part D) premiums Net Benefits for 2022 (Box 3 minus Box 4) (Box 5) Voluntary Federal Income Tax Withheld (Box 6)		Prior Year Information
Tier 1 Railro	oad Benefits	
If you received a Form RRB - 1099, please complete the following infor Net Social Security Equivalent Benefit: Portion of Tier 1 Paid in 2022 (Box 5) Federal Income Tax Withheld (Box 10) Medicare Premium Total (Box 11)	#	Prior Year Information
Additional Information	n About Benefits Received	
Additional information about the benefits received not reported above benefits in 2022. This information will be reported in the SSA-1099 DE		
NOTES/QUESTIONS:		

form ID: IRA Traditional IR	Α	2
	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)		
Do you want to contribute the maximum allowable traditional IRA contribution	n amount? If	
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible	_	_
Enter the total traditional IRA contributions made for use in 2022	+	+
	Taxpayer	Spouse
inter the nondeductible contribution amount made for use in 2022	+	+
inter the nondeductible contribution amount made in 2023 for use in 2022	+	+
Traditional IRA basis	+	+
/alue of all your traditional IRA's on December 31, 2022:	ı	1
	<u>+</u>	±
	+	+
	+	+
·	+	+
	+	+
	+	+
	+	+
	+	+
Roth IRA	+	+
Roth IRA Please provide copies of any 1998 through 2021		
Please provide copies of any 1998 through 2021	Form 8606 not prepared b	y this office Spouse
Please provide copies of any 1998 through 2021 Mark if you want to contribute the maximum Roth IRA contribution	Taxpayer —	Spouse _
Please provide copies of any 1998 through 2021 Mark if you want to contribute the maximum Roth IRA contribution inter the total Roth IRA contributions made for use in 2022	Taxpayer +	Spouse +
Please provide copies of any 1998 through 2021 Mark if you want to contribute the maximum Roth IRA contribution inter the total Roth IRA contributions made for use in 2022 inter the amount a 2022 Roth IRA conversion should be adjusted by	Taxpayer —	+ + +
Please provide copies of any 1998 through 2021 Mark if you want to contribute the maximum Roth IRA contribution inter the total Roth IRA contributions made for use in 2022 inter the amount a 2022 Roth IRA conversion should be adjusted by inter the total contribution Roth IRA basis on December 31, 2021	Taxpayer +	Spouse +
Please provide copies of any 1998 through 2021 Mark if you want to contribute the maximum Roth IRA contribution inter the total Roth IRA contributions made for use in 2022 inter the amount a 2022 Roth IRA conversion should be adjusted by inter the total contribution Roth IRA basis on December 31, 2021 inter the total Roth IRA contribution recharacterizations for 2022	Taxpayer +	+ + +
Please provide copies of any 1998 through 2021 Mark if you want to contribute the maximum Roth IRA contribution inter the total Roth IRA contributions made for use in 2022 inter the amount a 2022 Roth IRA conversion should be adjusted by inter the total contribution Roth IRA basis on December 31, 2021 inter the total Roth IRA contribution recharacterizations for 2022 inter the Roth conversion IRA basis on December 31, 2021	Taxpayer +	+ + +
Please provide copies of any 1998 through 2021 Mark if you want to contribute the maximum Roth IRA contribution nter the total Roth IRA contributions made for use in 2022 nter the amount a 2022 Roth IRA conversion should be adjusted by nter the total contribution Roth IRA basis on December 31, 2021 nter the total Roth IRA contribution recharacterizations for 2022 nter the Roth conversion IRA basis on December 31, 2021	Taxpayer +	+ + +
Please provide copies of any 1998 through 2021 Mark if you want to contribute the maximum Roth IRA contribution nter the total Roth IRA contributions made for use in 2022 nter the amount a 2022 Roth IRA conversion should be adjusted by nter the total contribution Roth IRA basis on December 31, 2021 nter the total Roth IRA contribution recharacterizations for 2022 nter the Roth conversion IRA basis on December 31, 2021	Taxpayer +	+ + +
Please provide copies of any 1998 through 2021 Mark if you want to contribute the maximum Roth IRA contribution inter the total Roth IRA contributions made for use in 2022 inter the amount a 2022 Roth IRA conversion should be adjusted by inter the total contribution Roth IRA basis on December 31, 2021 inter the total Roth IRA contribution recharacterizations for 2022 inter the Roth conversion IRA basis on December 31, 2021	Taxpayer +	+ + +
Please provide copies of any 1998 through 2021 Mark if you want to contribute the maximum Roth IRA contribution inter the total Roth IRA contributions made for use in 2022 inter the amount a 2022 Roth IRA conversion should be adjusted by inter the total contribution Roth IRA basis on December 31, 2021 inter the total Roth IRA contribution recharacterizations for 2022 inter the Roth conversion IRA basis on December 31, 2021	Taxpayer +	+ + +
Please provide copies of any 1998 through 2021 Mark if you want to contribute the maximum Roth IRA contribution inter the total Roth IRA contributions made for use in 2022 inter the amount a 2022 Roth IRA conversion should be adjusted by inter the total contribution Roth IRA basis on December 31, 2021 inter the total Roth IRA contribution recharacterizations for 2022 inter the Roth conversion IRA basis on December 31, 2021	Taxpayer +	+ + +
Please provide copies of any 1998 through 2021 Mark if you want to contribute the maximum Roth IRA contribution inter the total Roth IRA contributions made for use in 2022 inter the amount a 2022 Roth IRA conversion should be adjusted by inter the total contribution Roth IRA basis on December 31, 2021 inter the total Roth IRA contribution recharacterizations for 2022 inter the Roth conversion IRA basis on December 31, 2021	Taxpayer +	+ + +
Please provide copies of any 1998 through 2021 Mark if you want to contribute the maximum Roth IRA contribution inter the total Roth IRA contributions made for use in 2022 inter the amount a 2022 Roth IRA conversion should be adjusted by inter the total contribution Roth IRA basis on December 31, 2021 inter the total Roth IRA contribution recharacterizations for 2022 inter the Roth conversion IRA basis on December 31, 2021	Taxpayer +	+ + +
Please provide copies of any 1998 through 2021 Mark if you want to contribute the maximum Roth IRA contribution enter the total Roth IRA contributions made for use in 2022 enter the amount a 2022 Roth IRA conversion should be adjusted by enter the total contribution Roth IRA basis on December 31, 2021 enter the total Roth IRA contribution recharacterizations for 2022 enter the Roth conversion IRA basis on December 31, 2021	Taxpayer +	+ + +
	Taxpayer +	+ + +
Please provide copies of any 1998 through 2021 Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2022 Enter the amount a 2022 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2021 Enter the total Roth IRA contribution recharacterizations for 2022 Enter the Roth conversion IRA basis on December 31, 2021	Taxpayer +	+ + +

Control Totals+	Form ID: IRA

Schedule C - General Information

Preparer use only		
	2022 Information	Prior Year Information
Taxpayer/Spouse/Joint (τ, s, J)	<u> </u>	
Employer identification number		
Business name		
Principal business/profession		
Business code		<u></u> _
Business address, if different from home address on Organizer Form II	D: 1040	
Address		
City/State/Zip	_	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other) If other:		_
Inventory method (1 = Cost, 2 = LCM, 3 = Other)		
If other enter explanation:	-	 -
Enter an explanation if there was a change in determining your invent	ory:	
Did you "materially participate" in this business? (Y, N)	-	
If not, number of hours you did significantly participate		
Mark if you began or acquired this business in 2022	<u> </u>	
Did you make any payments in 2022 that require you to file Form(s) 1	099? (Y, N)	<u> </u>
If "Yes", did you or will you file all required Forms 1099? (Y, N)	<u> </u>	<u> </u>
Mark if this business is considered related to qualified services as a mi	-	<u> </u>
Did you receive wages as a statutory employee or as a minister? (1 = Sta	atutory employee, 2 = Minister)	<u>—</u>
Medical insurance premiums paid by this activity	+	
Long-term care premiums paid by this activity	+	
Amount of wages received as a statutory employee	+	
Destar		
Busines	s Income	
Busines	s Income	
	2022 Information	Prior Year Information
Gross receipts and sales		Prior Year Information
		Prior Year Information
	2022 Information	Prior Year Information
	2022 Information	Prior Year Information
	2022 Information	Prior Year Information
	2022 Information	Prior Year Information
Gross receipts and sales	2022 Information	Prior Year Information
Gross receipts and sales Returns and allowances	2022 Information	Prior Year Information
Gross receipts and sales Returns and allowances	2022 Information	Prior Year Information
Gross receipts and sales Returns and allowances	2022 Information	Prior Year Information
Gross receipts and sales Returns and allowances	2022 Information	Prior Year Information
Returns and allowances Other income:	#	Prior Year Information
Returns and allowances Other income:	2022 Information +	
Returns and allowances Other income: Cost of G	2022 Information +	Prior Year Information Prior Year Information
Gross receipts and sales Returns and allowances Other income: Cost of G Beginning inventory	2022 Information +	
Gross receipts and sales Returns and allowances Other income: Beginning inventory Purchases	2022 Information +	
Gross receipts and sales Returns and allowances Other income: Cost of G Beginning inventory	2022 Information +	
Gross receipts and sales Returns and allowances Other income: Beginning inventory Purchases	2022 Information +	
Gross receipts and sales Returns and allowances Other income: Cost of G Beginning inventory Purchases Labor:	2022 Information +	
Gross receipts and sales Returns and allowances Other income: Beginning inventory Purchases	2022 Information +	
Gross receipts and sales Returns and allowances Other income: Cost of G Beginning inventory Purchases Labor:	2022 Information +	
Gross receipts and sales Returns and allowances Other income: Beginning inventory Purchases Labor: Materials	2022 Information +	
Gross receipts and sales Returns and allowances Other income: Cost of G Beginning inventory Purchases Labor: Materials	2022 Information +	
Gross receipts and sales Returns and allowances Other income: Cost of G Beginning inventory Purchases Labor: Materials	2022 Information +	
Gross receipts and sales Returns and allowances Other income: Cost of G Beginning inventory Purchases Labor: Materials	2022 Information +	
Gross receipts and sales Returns and allowances Other income: Cost of G Beginning inventory Purchases Labor: Materials	2022 Information +	

Schedule C - Expenses

Preparer use only			
Principal business or profession			
	20	022 Information	Prior Year Information
Advertising			
Car and truck expenses			
Commissions and fees			
Contract labor			
	* <u>-</u> -		
Depletion	+		
Depreciation	+ <u></u>		
Employee benefit programs (Include Small Employer He	ealth Ins Premiums credit):		
	+		
	+		
Insurance (Other than health):			
modrance (other than nearth).	_		
	 :		
	+		
Interest:			
Mortgage (Paid to banks, etc.)			
	+		
	+	_	
	+		
Other:			
	_		
		_	
Legal and professional services	+		
Office expense	+ <u></u>		
Pension and profit sharing:			
	+		
	<u> </u>		
Rent or lease:			
Vehicles, machinery, and equipment	_		
Other business property			
Repairs and maintenance			
Supplies	+		
Taxes and licenses:			
	+		
			-
	·		
	 <u>-</u>	<u> </u>	
	+		
Travel and meals:			
Travel	+		
Meals (Enter 100% subject to 50% limitation)	+		
Meals (Enter 100% subject to DOT 80% limit)	+	<u> </u>	
Meals (Fully deductible)	<u>-</u>		
Utilities	·		
	T		
Wages (Less employment credit):			
	+ <u></u>		
	+		
Other expenses:			
	+		
	+		
	+ <u></u>		
	+		
	+		
	+		
			-
			_
Control Tatala	<u>, </u>		Form ID: C 3
Control Totals	т		Form ID: C-2

Form ID: Rent and Roy.	alty Property - General Information	31
Preparer use only	2022 Information	Prior Year Information
Description		
Taxpayer/Spouse/Joint (T, S, J)	State postal code	
Physical address: Street	•	
C'I alala is sails		
Foreign country		
Foreign postal code		
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercia	al. 5=Land. 6=Royalty. 7=Self-rental. 8=Other. 9=Personal poty)	
Description of other type (Type code #8)		
Did you make any payments in 2022 that require you to fil	e Form(s) 1099? (y N)	
If "Yes", did you or will you file all required Forms 1099		
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Ri		
Percentage of ownership if not 100%		
Business use percentage, if not 100% (Not vacation home	nercentage)	
business use percentage, it not 100% (Not vacation nome		
	nt and Royalty Income	
Rents and royalties	2022 Information	Prior Year Information
	+	
Ren	it and Royalty Expenses	
	2022 Information Percent if not 10	0% Prior Year Information
Advertising	+	
Auto	+	
Travel	+	
Cleaning and maintenance	+	
Commissions:		
	++	
	+	
Insurance:		
	+	
	+	
Legal and professional fees	+	
Management fees:		
	+	
	+	
Mortgage interest paid to banks, etc (Form 1098)	 ·_ _	
	+	
Other mortgage interest	·	
Qualified mortgage insurance premiums	+	
Other interest:	· ————	
other interest.	+	
Repairs		
Supplies	<u> </u>	
Taxes:	T	
TUACS.	_	
Utilities		
	+	
Depreciation	<u> </u>	
Depletion Other purposes	+	
Other expenses:		
	+	
	+	
	+	

Form ID: Rent

Form ID: F-1

_	_
-2	2

Form ID: F-1

Farm Income - General Information

		Tincome General III		
		Please provide all Forms 1	099-К	
Prepa	arer use only		2022 Information	Prior Year Information
Taxpayer/Spouse	e/loint /T s I)			
Employer identif			_	
Description				
Principal Product				
State postal code			_	
•	nod (1 = Cash, 2 = Accrual)			
Agricultural activ			_	<u> </u>
Did you "materia	ally participate" in this business? (Y, N)			
Did you make an	y payments in 2022 that require you	to file Form(s) 1099? (Y, N)	_	
	u or will you file all required Forms 10		_	
	F net income or loss should be excluded	ded from self-employment	income	
	ce premiums paid by this activity		+	
Long-term care p	premiums paid by this activity		+	
		Schedule F Incom	e	
Sales Code**			2022 Information	Prior Year Information
	Income description	1		
	·		+	
<u>_</u>			+	
_			+	
<u> </u>			+	
_	-		+	
		** Sales Codes		
	1 = Cash sales of items bou		= Custom hire (machine wo	ork)
	2 = Cash sales of items rais	-	= Other income	•
	3 = Accrual sales			
			2022 Information	Prior Year Information
			2022 Illioilliation	Thor real information
	sis of livestock and other items you bo	_	+	
	tory of livestock and other items (Accrui		+	-
	vestock, produce, grains, and other pr	•	+	
	y of livestock and other items (Accrual m	ethod)	+	
	e distributions you received		<u>+</u>	-
raxable coopera	tive distributions you received	2022 Total	* 2022 Taxable	Prior Year Information
		2022 TOtal	ZUZZ TAXADIE	Prior real information
Agricultural prog	gram payments			
			+	
		+	+	
		+	+	
			2022 Information	Prior Year Information
CRP payments re	eceived while enrolled to receive socia	al security or disability bene	fit s	
	lit loans reported under election:			
	y credit loans forfeited		+	
Taxable commod	dity credit loans forfeited		+	
		2022 Total	2022 Taxable	Prior Year Information
Total crop insura	ance proceeds you received in 2022			
•		+	+	
		+	+	
		+	+	
Mark if electing	to defer crop insurance proceeds to 2	023		
_	proceeds deferred from 2021		+	

Preparer use only		
Description		
	2022 Information	Prior Year Information
Car and truck expenses	+	
Chemicals	+	
Conservation expenses	+	
Carryover from prior years	+	
Custom hire (machine work)	+	
Depreciation	+	
Employee benefit programs (Include Small Employer Health Ins Premiums credit		
Feed purchased	′ + <u></u>	
Fertilizers and lime	1	
Freight and trucking	+	
Gasoline, fuel, and oil	+	
Insurance (Other than health)	+	
insurance (Other than health)	+	
	+	
Mortgage interest (Paid to banks, etc.)	+	
	+	
	+	
	+	
Other interest	1	
Labor hired (Less employment credit)	+	
Pension and profit sharing	+	
Rent - vehicles, machinery, and equipment	+	
Rent - other	T	
Repairs and maintenance	<u> </u>	
·	<u> </u>	-
Seed and plants purchased	<u>+</u>	
Storage and warehousing	+	
Supplies purchased	+	
Taxes:		
·	+	
<u> </u>	+	
	+	
· · · · · · · · · · · · · · · · · · ·	+	
	+	
Utilities	+	
Veterinary, breeding, and medicine	+	
Other expenses:		
	+	
	+	
	+	
	+	
	+	
	+	
-		
	+	
	+	-
	+	-
	+	-
	+	
	+	
	+	
	+	
	+	
Preproductive period expenses	+	
		

Form ID: F-2

Form ID: 4835 Farm Re	ental - General Info	rmation	36
Preparer use only		2022 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		_	
Employer identification number			
Description State postal code			
Did you "actively participate" in the operation of this busin	ess this year? (Y, N)	<u> </u>	
	Income Items		
Income from production of livestock, produce, grains, and	other crops:	2022 Information	Prior Year Informatio
	-	÷	
	· · · · · · · · · · · · · · · · · · ·	+ 	-
	-	+	
Tarabas and a distribution of a second	-	<u> </u>	
Total cooperative distributions you received Taxable cooperative distributions you received	4	+ 	
Taxable cooperative distributions you received		·	
	2022 Total	2022 Taxable	Prior Year Information
Agricultural program payments:			
		+ 	-
+		+	
		2022 1 6	5. V 16
Commodity credit loans reported under election:		2022 Information	Prior Year Information
	-	+	
	=	+	
Total commodity credit loans forfeited Taxable commodity credit loans forfeited	+	<u> </u>	
raxable commonly credit loans for effect		·	
	2022 Total	2022 Taxable	Prior Year Information
Crop insurance proceeds you received in 2022			
		+ 	
		· •	
Manula if all ations to defend on a incompany and a second at 2022		2022 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2023 Crop insurance proceeds deferred from 2021	_	_ +	
Other income:			_
	<u>-</u>	+	
	-	·	
	-	r +	
	- -	+	
	_	·	
	-	<u> </u>	
		- +	
	<u>. </u>	+	

Control Totals+

Form ID: 4835

Form ID: 4835-2	Farm Rental Expenses	37
Preparer use only		
Description		
	2022 Information	Prior Year Informatio
Car and truck expenses	+	
Chemicals	+	
Conservation expenses	+	
Carryover from prior years	+	
Custom hire (machine work)	+	<u> </u>
Depreciation	+	
Employee benefit programs	+	
Feed purchased	+	
Fertilizers and lime	+	
Freight and trucking	+	
Gasoline, fuel, and oil	+	
Insurance (Other than health):		
	+	
	+	
	+	
Mortgage interest (Paid to banks, etc.):		
	+	
	+	
-	+	
Other interest	+	
Labor hired (Less employment credit)		
Pension and profit sharing	+	
Rent - vehicles, machinery, and equipment	<u>+</u>	
Rent - venicles, machinery, and equipment	+	
Repairs and maintenance	+	-
	<u>+</u>	
Seed and plants purchased	+	-
Storage and warehousing	<u> </u>	
Supplies purchased	+	
Taxes:		
	+	
	+	
	+	
	+	
	+	
Jtilities	+	
/eterinary, breeding, and medicine	+	
Other expenses:		
	+	
	+	
	+	
	+	-
		-

			·	
Preprodu	active period expenses		+	
	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
	Operating	+	+	+
	Short-term capital		+	+
	Long-term capital		+	+
	28% rate capital		+	+
	Section 1231 loss	+	+	+
	Ordinary business gain/lo	\$S+	+	+
	Section 179	+	+	+

Control Totals+	Form ID: 4835-2

Partnerships and S Corporations

axpaver/S	Spouse/Joint (т, s, л)	•			
	dentification number				
lame of er					
tate posta					
-	tity (1 = Partnership, 2 = S Corporation,	3 = Foreign partnership, 4 = Public	ly traded partnership)		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Preparer use only	, , , , , , , , , , , , , , , , , , ,	,		
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating		111 521 1111		
on K1-7	Short-term capital				
	Long-term capital				
	28% rate capital				
	Section 1231 loss				
	Ordinary business gain/loss				
	Other losses - 1040 Sch 1				
	Section 179				
lame of er tate posta		3 = Foreign partnership, 4 = Public	ly traded partnership)		
	Preparer use only	. , , , , , , , , , , , , , , , , , , ,	•		
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	,			
on K1-7	Short-term capital				
	Long-term capital				
	28% rate capital				
	Section 1231 loss				
	Ordinary business gain/loss				
	Other losses - 1040 Sch 1				
	Section 179				
	Spouse/Joint (T, S, J) dentification number ntity				
tate posta	al code				
ype of ent	tity (1 = Partnership, 2 = S Corporation,	3 = Foreign partnership, 4 = Public	ly traded partnership)		
	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	ואטוו-עטו מ ומג	FUI QUI & TAX	AIVII	
on K1-7	Short-term capital				
	Long-term capital				
	28% rate capital				
	-				
	Section 1231 loss				
	Ordinary business gain/loss				

	Form ID: K1-1

Form ID: K1T		Estates	s and Trusts		39
	Please pr	ovide all copies of Schedul	es K-1 showing income from 6	estates and trusts.	
	Spouse/Joint (T, S, J)	•	Ü		_
	dentification number				
Name of a	· ·				
State posta	al code				
	Preparer use only		-		
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating				
on K1T-3	Short term capital	-			
	Long-term capital	-			
	28% rate capital				
	Section 1231 loss				
	Ordinary business gain/los	SS			
	Spouse/Joint (T, S, J)				_
	dentification number				
Name of a	· ·				
State posta	al code				
	Preparer use only				
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter on K1T-3	Operating				
011 KT1-3	Short term capital	-			
	Long-term capital	-			
	28% rate capital				
	Section 1231 loss				
	Ordinary business gain/los	SS			
	•				_
	Preparer use only		-		
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating				
on K1T-3	3HOIT-TEITH Capital	-			
	Long-term capital				
	28% rate capital				
	Section 1231 loss				
	Ordinary business gain/los	SS			
	al code				_
	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	HOII-QUI & TAX	וטו קטו פו ומא	AIVII	
on K1T-3	Short-term capital				
_	Long-term capital		+		
	28% rate capital				
	Section 1231 loss				
	Ordinary business gain/los				
	Ordinary Dusiness gain/10:				

Form ID: K1T

Schedule A - Medical and Dental Expenses

	2 . 2	2022 Information	Prior Year Informa
	as: Doctors, Dentists, Hospital/nursir	=	
Medical supplies, Hearing aids, Eye	glasses/contact lenses, and Insurance	reimbursements received	
		F	
		·	
		H	
		H	
	<u> </u>	+ <u> </u>	
		+ <u> </u>	
self-employed business (Sch C, Sch F, Sch K	aid: employer-sponsored plan or amounts entered e -1, etc.) or Medicare premiums entered on Form	elsewhere, such as amounts paid for yons SA-1099.	our
	-	+	
		<u> </u>	-
Long-term care premiums you paid Do not include pre-tax amounts paid by an self-employed business (Sch C, Sch F, Sch K	employer-sponsored plan or amounts entered e	elsewhere, such as amounts paid for y	pur
		+ 	
Prescription medicines and drugs:			
_	_	+	
		·	
-		+	
Nation deliver for resulted them. 14.14	/22 (/20/22 19 *****)	<u> </u>	
Miles driven for medical items (1/1 Miles driven for medical items (7/1			
	Schedule A - Tax Exp	enses	
		2022 Information	Prior Year Informa
State/local income taxes paid:			
,	-	+	
		+	
		·	
		<u> </u>	-
		+	
2021 state and local income taxes p	oaid in 2022:		
		H	
		+	
	-	+	
Real estate taxes paid:			
		+	_
		+	
	-	<u></u>	
Personal property taxes:	-	·	
	_	_	
		<u> </u>	
Other toyes such as fereign toyes	and Ctata disability tayon		
Other taxes, such as: foreign taxes	and State disability taxes		
		F	
		H	
		+	
Sales tax paid on major purchases:			
		+	
		+	
Sales tax paid on actual expenses:	-		
·	_	<u> </u>	
		·	
-		Г	
		+	
	ontrol Totals+		Form ID: A

*Mortgage Types Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment T/S/J Payee's Name SSN or EIN 2022 Information Prior Year Informatic Other, such as: Home mortgage interest paid to individuals Address City, state and zip code	/S/J Home mortgage interest: From Form 1098	2022 Interest Paid	2022 Points Paid	Type*Prior Year Information
**Mortgage Types Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment T/S/I Payee's Name Other, such as: Home mortgage interest paid to individuals Address		+	+	
*Mortgage Types Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment T/S/I Payee's Name Other, such as: Home mortgage interest paid to individuals Address		+	_+	
#Mortgage Types Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment T/S/J Payee's Name Other, such as: Home mortgage interest paid to individuals		+	_ · +	
*Mortgage Types Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment T/S/) Payee's Name Other, such as: Home mortgage interest paid to individuals		+	+	
*Mortgage Types Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment T/S/I) Payee's Name SSN or EIN 2022 Information Other, such as: Home mortgage interest paid to individuals Address City, state and zip code S/I) Name and address of other person who received Form 1098 for jointly liable mortgage interest you pad-Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2022 - Taxpayer/Spouse/Injoint (1: 5. 1) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 Taxpayer/Spouse/Joint (1: 5. 1) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 Trampayer/Spouse/Joint (1: 5. 1) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 Trampayer/Spouse/Joint (1: 5. 1) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 Trampayer/Spouse/Joint (1: 5. 1) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer use only) Prior Year Information		+	_+	
# Mortgage Types Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment T/S/) Payee's Name SSN or EIN 2022 Information Other, such as: Home mortgage interest paid to individuals Address City, state and zip code	<u> </u>	+		
Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment T/S/) Payee's Name Other, such as: Home mortgage interest paid to individuals		+		
Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment T/S/) Payee's Name Other, such as: Home mortgage interest paid to individuals	*•	Mortgage Types		
Other, such as: Home mortgage interest paid to individuals Address			uy, build, improve	e home or investment
Other, such as: Home mortgage interest paid to individuals Address				
Address City, state and zip code	Other, such as: Home mortgage interest paid to individu	als	22 Information	Prior Year Information
City, state and zip code Address City, state and zip code S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid - Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2022 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 F/S/J Investment interest expense, other than on Schedule(s) K-1:	Address	+		
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S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid - Payer's Porrower's name Street Address City/State/Zip code Refinancing Points paid in 2022 - Taxpayer/Spouse/Joint (r, s, r)		T T		-
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City/State/Zip code Refinancing Points paid in 2022 - Taxpayer/Spouse/Joint (T, S, I) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 Taxpayer/Spouse/Joint (T, S, I) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 T/S/J Reported on Form 1098 in 2022 T/S/J Prior Year Information				
Refinancing Points paid in 2022 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 T/S/J Investment interest expense, other than on Schedule(s) K-1: #### ###############################	C:+ ./C+++ /7:			
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Reported on Form 1098 in 2022 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 T/S/J Investment interest expense, other than on Schedule(s) K-1: + + + + + + + + + + + + + + + + + + +				_
Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 IT/S/J Investment interest expense, other than on Schedule(s) K-1: + + + + + + + + + + + + + + + + + + +				
Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 IT/S/J Investment interest expense, other than on Schedule(s) K-1: + + + + + + + + + + + + + + + + + + +	T /6 /1			
Total points paid at time of refinance Points deemed as paid in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 T/S/J Investment interest expense, other than on Schedule(s) K-1: + + + + + + + + + + + + + + + + + + +			_	
Points deemed as paid in 2022 (Preparer use only) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2022 T/S/J Investment interest expense, other than on Schedule(s) K-1: + + + + + + + + + + + + + + + + + + +	· · · · · · · · · · · · · · · · · · ·			
Term of new loan (in months) Reported on Form 1098 in 2022 T/S/J Investment interest expense, other than on Schedule(s) K-1:		+		
Reported on Form 1098 in 2022 T/S/J Investment interest expense, other than on Schedule(s) K-1:				
Investment interest expense, other than on Schedule(s) K-1: + + + + + + + + + + + + + + + + + + +	,			
Investment interest expense, other than on Schedule(s) K-1: + + + + + + + + + + + + + + + + + + +	Reported on Form 1098 in 2022		_	
	т/s/J	20	22 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-	1:		
	_			
	_			_
	_			_
<u>+</u>	_			
<u>+</u>	_			

Form ID: A-2

Form ID: A-3

Charitable Contributions

	2022 Information	Prior Year Informat
Contributions made by cash or check (including out-of-pocket expense: Any contribution of cash, a check or other monetary gift requires a written record of the	contribution in order to claim the con	
Individual contributions of \$250 or more must be accompanied by a written acknowledge	gment from the charity to claim the con	tribution on your return.
	+	
	+	
	+	
	+	
<u> </u>	+	
	+	
	+	-
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	: 	
	+	
	+	
Volunteer miles driven		
Noncash items, such as: Goodwill/Salvation Army/clothing/household	goods	
	+	
	+	
	+	
	+	
	<u> </u>	
	+	
	+	-
	+	-
	+	
	+	
	+	
Miscellaneous De	eductions	
J	eductions 2022 Information	Prior Year Informat
		Prior Year Informat
J		Prior Year Informat
Other expenses		Prior Year Informat
J		Prior Year Informat
Other expenses	2022 Information + + + + + + + + + + + +	Prior Year Informat
Other expenses		Prior Year Informat
Other expenses	2022 Information + + + + + + + + + + + +	Prior Year Informat
Other expenses	2022 Information + + + + + + + + + + + + + + + + +	Prior Year Informat
Other expenses	2022 Information + + + + + + + + + + + + + + + + +	Prior Year Informat
Other expenses	2022 Information + + + + + + + + + + + + + + + + +	Prior Year Informat
Other expenses Gambling losses: (Enter only if you have gambling income)	2022 Information + + + + + + + + + + + + + + + + +	Prior Year Informat
Other expenses	2022 Information + + + + + + + + + + + + + + + + +	Prior Year Informat
Other expenses Gambling losses: (Enter only if you have gambling income)	2022 Information + + + + + + + + + + + + + + + + +	Prior Year Informat