

## 2023 Tax Organizer Personal Information

### Personal Information

	SSN	Has IP PIN	Date of Birth
Name			
Taxpayer			
Spouse			
Name of person to whom all information should be addressed, if not the taxpayer			
Street address, city, state, and ZIP			
	Occupation	Daytime Phone	Evening Phone
Taxpayer			
Spouse			
Taxpayer email			
Spouse email			

### Filing status at the end of 2023

Single    Married    Widowed - If widowed and your spouse died after December 31, 2021, enter the date of death \_\_\_\_\_

Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2023? \_\_\_\_\_

### Yes No

Are you or your spouse blind?

Are you or your spouse disabled?

Are you or your spouse a full-time student?

Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?

At any time during 2023 did you:

(a) receive (as a reward, award, or payment for property or services) a digital asset?

(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

### Identification Information

#### Taxpayer's type of photo ID

Driver's license    State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

#### Spouse's type of photo ID

Driver's license    State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

### Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account For	
			Checking	Savings	Deposits	Withdrawals

### Appointment Information

Your 2023 appointment is scheduled for \_\_\_\_\_

## Healthcare Coverage Questionnaire

Name:

SSN:

### Healthcare Information

Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at All

**YES     NO**

     Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

     Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

- Employer     Medicare     Medicaid     Marketplace (Exchange)     Other

**If you didn't have coverage part or all of the year:**

Answer YES if the following applies to any member of the household

- Was your previous insurance policy canceled in 2023?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

### Dependent and Other Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

#### Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2022	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

### Child and Dependent Care

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Child Care Provider's Information**

You or your spouse were a full-time student or disabled during 2023?

	2023	2022
Social Security Number or Employer ID Number _____	Amount paid _____	<div style="background-color: #cccccc; width: 100px; height: 20px;"></div>

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province / state, Country, Postal code \_\_\_\_\_

Check here if the care provider is your household employee (Schedule H)

	2023	2022
Social Security Number or Employer ID Number _____	Amount paid _____	<div style="background-color: #cccccc; width: 100px; height: 20px;"></div>

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province / state, Country, Postal code \_\_\_\_\_

Check here if the care provider is your household employee (Schedule H)

	2023	2022
Social Security Number or Employer ID Number _____	Amount paid _____	<div style="background-color: #cccccc; width: 100px; height: 20px;"></div>

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province / state, Country, Postal code \_\_\_\_\_

Check here if the care provider is your household employee (Schedule H)

2023

Interest Income

Name:

SSN:

Provide all Forms 1099-INT, 1099-OID, and statements relating to interest income

TSJ	Name of payer Account number ID and address of payer (if seller-financed mortgage)	Interest Income	Federal Income Tax Withheld	Foreign Tax Paid	Tax Exempt Interest	Amount of Resident State Municipal Interest	Nominee Interest

Dividend Income

Name:

SSN:

Provide all Forms 1099-DIV, 1099-PATR, and statements related to dividend income

TSJ	Name of Payer Account Number	Ordinary	Qualified	Capital Gains	Federal Income Tax Withheld	Section 199A Dividends	Foreign Tax Paid







**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

TS \_\_\_\_\_ Professional product or service \_\_\_\_\_ Business code \_\_\_\_\_

Employer ID number \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province / state, Country, Postal code \_\_\_\_\_

Accounting method, if not cash  Accrual  Other \_\_\_\_\_

- This business was started or acquired during 2023.
- Some investment is NOT at risk.
- This business was disposed of during 2023.

Select if this business is for:

- Professional gambler  Newspaper delivery and you are under 18 years of age
- Exempt Notary income  A clergy

Yes No

- Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
- If "Yes," did you file Forms 1099 for the individuals?
- Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
- If "Yes," was any portion of the loan forgiven in 2023?

**Income**

	2023	2022
Gross receipts or sales . . . . .	_____	_____
Returns and allowances . . . . .	_____	_____
Other income . . . . .	_____	_____

**Cost of Goods Sold**

Inventory method, if not cost  Lower of cost or market  Other

Change of inventory method  Yes  No

	2023	2022
Inventory at beginning of year . . . . .	_____	_____
Purchases (less cost of items withdrawn for personal use) . . . . .	_____	_____
Cost of labor . . . . .	_____	_____
Materials and supplies . . . . .	_____	_____
Other costs (list on detail worksheet) . . . . .	_____	_____
Inventory at end of year . . . . .	_____	_____

Schedule C - Profit or Loss from Business

Name:

SSN:

Expenses

TS \_\_\_\_\_

Business name \_\_\_\_\_

Profession or product \_\_\_\_\_

2023

2022

Advertising . . . . . \_\_\_\_\_

Car and truck expenses . . . . . \_\_\_\_\_

Commissions and fees . . . . . \_\_\_\_\_

Contract labor . . . . . \_\_\_\_\_

Depletion . . . . . \_\_\_\_\_

Employee benefit programs . . . . . \_\_\_\_\_

Insurance (other than health) . . . . . \_\_\_\_\_

Interest - mortgage (paid to banks, etc.) . . . . . \_\_\_\_\_

Interest - other . . . . . \_\_\_\_\_

Legal and professional services . . . . . \_\_\_\_\_

Office expenses . . . . . \_\_\_\_\_

Pension and profit-sharing plans . . . . . \_\_\_\_\_

Rent or lease (vehicles, machinery, and equipment) . . . . . \_\_\_\_\_

Rent (other business property) . . . . . \_\_\_\_\_

Repairs and maintenance . . . . . \_\_\_\_\_

Supplies . . . . . \_\_\_\_\_

Taxes and licenses (including real estate taxes) . . . . . \_\_\_\_\_

Travel . . . . . \_\_\_\_\_

Total meals . . . . . \_\_\_\_\_

Utilities . . . . . \_\_\_\_\_

Wages . . . . . \_\_\_\_\_

Family health coverage payments for taxpayer, spouse or dependents . . . . . \_\_\_\_\_

Other expenses (list): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Schedule E - Income or Loss from Rental Real Estate & Royalties**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Property Information**

TSJ \_\_\_\_\_  
 Property description \_\_\_\_\_  
 Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- Single family residence     
  Vacation / short-term rental     
  Land     
  Self-rental  
 Multi-family residence     
  Commercial     
  Royalties     
  Other \_\_\_\_\_

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- This property was placed in service during 2023.      Yes      No  
 This property was disposed of during 2023.             Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.  
 This property is your main home or second home.             If "Yes," did you file Forms 1099 for the individuals?  
 This property was owned as a qualified joint venture.

**Income**

	2023	2022		2023	2022
Rent Income . . . . .	_____	_____	Royalties from oil, gas, mineral, copyright, or patent . . . . .	_____	_____

**Expenses**

	Rental Unit Expenses		Rental <u>and</u> Homeowner Expenses		
Advertising . . . . .	_____	_____	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto and travel . . . . .	_____	_____	_____	_____	
Cleaning and maintenance . . . . .	_____	_____	_____	_____	
Commissions . . . . .	_____	_____	_____	_____	
Insurance . . . . .	_____	_____	_____	_____	
Legal and professional fees . . . . .	_____	_____	_____	_____	
Management fees . . . . .	_____	_____	_____	_____	
Mortgage interest . . . . .	_____	_____	_____	_____	
Other interest . . . . .	_____	_____	_____	_____	
Repairs . . . . .	_____	_____	_____	_____	
Supplies . . . . .	_____	_____	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Taxes . . . . .	_____	_____	_____	_____	
Utilities . . . . .	_____	_____	_____	_____	
Depletion . . . . .	_____	_____	_____	_____	
Other expenses (list)	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

Schedule F - Profit or Loss from Farming

Name:

SSN:

General Information

TS Principal product Employer ID number

Accounting method, if not cash: Accrual

This farm was disposed of during 2023.

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

If "Yes," did you file Forms 1099 for the individuals?

You received a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021.

If "Yes," was any portion of the loan forgiven in 2023?

Income

Table with columns for 2023 and 2022. Rows include: Sale of livestock and other items, Cost of items bought for resale, Sale of products you raised, Total cooperative distributions, Total agricultural payments, Commodity Credit Corporation (CCC) loans, Crop insurance proceeds, Amount received in 2023, Amount deferred from 2022, Custom hire income, Beginning inventory for accrual, Ending inventory for accrual, Other income.

Expenses

Table with columns for 2023 and 2022. Rows include: Car and truck expenses, Chemicals, Conservation expenses, Custom hire (machine work), Employee benefit programs, Feed purchased, Fertilizers and lime, Freight and trucking, Gasoline, fuel, and oil, Insurance (other than health), Interest - mortgage, Interest - other, Non-W-2 labor hired, W-2 wages paid, Pension and profit-sharing plans, Rent - vehicles, machinery, equipment, Rent - other, Repairs and maintenance, Seeds and plants purchased, Storage and warehousing, Supplies purchased, Taxes, Utilities, Veterinary, breeding, medicine, Family health coverage payments, Other expenses (list).

**Form 4835 - Farm Rental Income and Expenses**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

TSJ \_\_\_\_\_ Employer ID number \_\_\_\_\_

Description \_\_\_\_\_

This farm was disposed of during 2023.

**Income**

	2023	2022		2023	2022
Income from production of livestock, produce, grains, and other crops . . .	_____	_____	Crop insurance proceeds:		
Total cooperative distributions . . . . .	_____	_____	Amount received in 2023 . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____	<input type="checkbox"/> You elect to defer to 2024		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2022 . . . . .	_____	_____
CCC loans reported . . . . .	_____	_____	Other income . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____		_____	_____

**Expenses**

	2023	2022		2023	2022
Car and truck expenses . . . . .	_____	_____	Seeds and plants purchased . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Storage and warehousing . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Taxes . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Utilities . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Veterinary, breeding, medicine . . . . .	_____	_____
Fertilizer and lime . . . . .	_____	_____	Other expenses (list)		
Freight and trucking . . . . .	_____	_____	_____	_____	_____
Gasoline, fuel, and oil . . . . .	_____	_____	_____	_____	_____
Insurance (other than health) . . . . .	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____	_____	_____
Interest - other . . . . .	_____	_____	_____	_____	_____
Labor hired (less jobs credit) . . . . .	_____	_____	_____	_____	_____
Pension and profit-sharing plans . . . . .	_____	_____	_____	_____	_____
Rent - vehicles, machinery, equipment	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____	_____	_____	_____
Repairs and maintenance . . . . .	_____	_____	_____	_____	_____

### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

	2023 Taxpayer	2022 Taxpayer	2023 Spouse	2022 Spouse
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Unemployment compensation repaid in 2023 . . . . .	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____	_____	_____
Alaska Permanent Fund . . . . .	_____	_____	_____	_____
Jury duty pay . . . . .	_____	_____	_____	_____
ABLE distributions . . . . .	_____	_____	_____	_____
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Adjustments

	2023 Taxpayer	2022 Taxpayer	2023 Spouse	2022 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____	_____	_____
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____	_____	_____
Interest paid on a student loan . . . . .	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

Education Credits

Name:

SSN:

Provide all Forms 1098-T

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? . . . . . Yes

Was the student enrolled at least half-time for at least one academic period that began in 2023 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential? . . . . .

Did the student complete the first four years of post-secondary education before 2023? . . . . .

Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance? . . . . .

Is the student pursuing a degree? . . . . .

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

Total qualified educational expenses (including the cost of tuition, required enrollment fees, books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution . . . . . 2023 2022

ADDITIONAL qualified educational expenses that were NOT required to be paid directly to the educational institution . . . . .

Tax-free educational assistance received in 2023 allocable to the academic period . . . . .

Tax-free educational assistance received in 2024 (and before 2023 return is filed) allocable to the academic period . . . . .

Refunds of qualified education expenses paid in 2023 if the refund is received before the 2023 return is filed . . . . .

Did the student receive Form 1098-T from this institution for 2023? Yes  No

Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? Yes  No

Educational Institution EIN \_\_\_\_\_ Name \_\_\_\_\_ Street address, city, state, and ZIP \_\_\_\_\_

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? . . . . . Yes

Was the student enrolled at least half-time for at least one academic period that began in 2023 at an eligible educational institution pursuing a post-secondary degree, certificate, or other recognized post-secondary education credential? . . . . .

Did the student complete the first four years of post-secondary education before 2023? . . . . .

Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance? . . . . .

Is the student pursuing a degree? . . . . .

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution . . . . . 2023 2022

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution . . . . .

Tax-free educational assistance received in 2023 allocable to the academic period . . . . .

Tax-free educational assistance received in 2024 (and before 2023 return is filed) allocable to the academic period . . . . .

Refunds of qualified education expenses paid in 2023 if the refund is received before the 2023 return is filed . . . . .

Did the student receive Form 1098-T from this institution for 2023? Yes  No

Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? Yes  No

Educational Institution EIN \_\_\_\_\_ Name \_\_\_\_\_ Street address, city, state, and ZIP \_\_\_\_\_



Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses	
2023	2022
Health insurance premiums (paid by you, not through work) . . . . .	
Amount above that is for Medicare premiums . . . . .	
Long-term care premiums (you) . . . . .	
Long-term care premiums (your spouse)	
Long-term care premiums (dependents)	
Mileage driven for medical purposes . . . . .	
Out of pocket medical and dental expenses (list) . . . . .	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	

Charitable Contributions	
2023	2022
Donations to charity (cash) . . . . .	
Disaster relief contributions . . . . .	
Miles driven for charitable purposes _____	
Donations to charity (noncash) . . . . .	
If noncash donations are greater than \$500, list below.	
_____	
_____	
_____	
_____	
_____	

Taxes Paid	
State and local income taxes . . . . .	
General sales tax (vehicle, boat, home, etc.) . . . . .	
Real estate taxes . . . . .	
Personal property taxes . . . . .	
Auto registration taxes not deductible for state . . . . .	
Other taxes (list)	
_____	
_____	

Other Miscellaneous Deductions	
Amortizable bond premiums . . . . .	
Federal estate tax . . . . .	
Gambling losses . . . . .	
Impairment-related work expenses _____	
Claim repayments . . . . .	
Unrecovered pension investments _____	
Loss from other activities from Schedule K-1 . . . . .	
Ordinary loss debt instrument . . . . .	
Excess deduction on termination _____	

Interest Paid	
Home mortgage interest paid (attach Form 1098) . . . . .	
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home.	
Home mortgage interest paid to an individual _____	
Paid to:	
Name _____	
Address _____	
City, State, ZIP _____	
SSN or EIN _____	
Points not reported on Form 1098 . . . . .	
Investment interest . . . . .	

For state purposes ONLY Job Expenses & Certain Miscellaneous Deductions	
Necessary job expenses you paid that were not reimbursed by your employer (list)	
_____	
_____	
_____	
_____	
_____	
Union dues . . . . .	
Tax preparation fees . . . . .	
Other nonpersonal expenses related to taxable income (list)	
_____	
_____	
Investment expenses not entered elsewhere . . . . .	
Home equity interest . . . . .	

### Mortgage Interest

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form 1098**

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_

Product \_\_\_\_\_

Recipient / Lender's information: Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Foreign only** Province / State \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

	2023	2022		2023	2022
Mortgage interest received . . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . . . . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Date mortgage began . . . . .	_____	_____	<input type="checkbox"/> Mortgage interest is for primary residence	<input type="checkbox"/> Address of property securing mortgage is same as current address of taxpayer	
Mortgage insurance premiums . . . . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_

Product \_\_\_\_\_

Recipient / Lender's information: Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Foreign only** Province / State \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

	2023	2022		2023	2022
Mortgage interest received . . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . . . . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Date mortgage began . . . . .	_____	_____	<input type="checkbox"/> Mortgage interest is for primary residence	<input type="checkbox"/> Address of property securing mortgage is same as current address of taxpayer	
Mortgage insurance premiums . . . . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_

Product \_\_\_\_\_

Recipient / Lender's information: Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Foreign only** Province / State \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

	2023	2022		2023	2022
Mortgage interest received . . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . . . . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Date mortgage began . . . . .	_____	_____	<input type="checkbox"/> Mortgage interest is for primary residence	<input type="checkbox"/> Address of property securing mortgage is same as current address of taxpayer	
Mortgage insurance premiums . . . . .	_____	_____	Account number _____		

### Noncash Charitable Contributions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province / state, country, postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_ Date contributed \_\_\_\_\_  Bargain sale was capital gain property

**Property type (if over \$5,000)**  Donated property is publicly traded security

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Art valued more than \$20,000                           | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual property        |
| <input type="checkbox"/> Qualified conservation - qualified farmer / rancher     | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles                     |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer / rancher | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Clothing and household items |
| <input type="checkbox"/> Qualified conservation                                  | <input type="checkbox"/> Collectibles                  | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Equipment   |  |   |

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province / state, country, postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_ Date contributed \_\_\_\_\_  Bargain sale was capital gain property

**Property type (if over \$5,000)**  Donated property is publicly traded security

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Art valued more than \$20,000                           | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual property        |
| <input type="checkbox"/> Qualified conservation - qualified farmer / rancher     | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles                     |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer / rancher | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Clothing and household items |
| <input type="checkbox"/> Qualified conservation                                  | <input type="checkbox"/> Collectibles                  | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Equipment   |  |   |

Residential Energy Credits

Name:

SSN:

TSJ \_\_\_\_\_

Part I - Residential Energy Efficient Property Credit

- Qualified solar electric property costs
Qualified solar water heating property costs
Qualified small wind energy property costs
Qualified geothermal heat pump property costs
Qualified battery storage technology - Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours?
Qualified battery storage costs
Was a qualified fuel cell property installed on or in your main home in U.S.?
Address of main home
City, state, and ZIP
Qualified fuel cell property costs
Kilowatt capacity of qualified fuel cell property entered above
Amount of unused credit from 2022 Form 5695, line 16

Part II - Energy Efficient Home Improvement Credit

Qualified Energy Efficient Improvements

- Were improvements or costs made to your main home located in the US?
Were you the original user of the qualified energy efficiency improvements?
Are the components reasonably expected to remain in use for at least five years?
Were improvements or costs related to the construction of this main home?
Address of main home
City, state, and ZIP
Were improvements or costs related to the construction of this home?
Cost of insulation or air sealing material or system
Cost of the exterior doors: Most expensive exterior door All other qualifying exterior doors
Cost of exterior windows and skylights

Residential Energy Property Costs

- Did you incur costs for qualified energy property installed on or in connection with a U.S. home?
Was the qualified energy property originally placed into service by you or your spouse?
Address of home that you installed qualified energy property (if more than one list separately)
Street address
City, state, and ZIP
Cost of central air conditioners
Cost of natural gas, propane: Water heaters Furnace or hot water boilers
Cost of improvements to or replacement of panelboards, subpanelboards, branch circuits, or feeders
Did you incur costs for a home energy audit that included an inspection of your main home located in the U.S. and a written report prepared by a certified home energy auditor?
Cost of electric or natural gas: Heat pumps Heat pump water heaters
Cost of biomass stoves and boilers

## Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Moving Expenses

TSJ \_\_\_\_\_

Select this box and complete the fields below only if you are a member of the armed forces on active duty, and moved due to a military order for a permanent change of station.

2023

2022

Enter the number of miles from your OLD home to your NEW workplace . . . . .		
Enter the number of miles from your OLD home to your OLD workplace . . . . .		
Enter the amount you paid for transportation and storage of household goods and personal effects . . .		
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)		
Enter the amount of moving expenses reimbursed to you by your employer . . . . .		

### Self-Employed Health Insurance

TSJ \_\_\_\_\_

2023

2022

Enter the qualified long-term care amount . . . . .		
Enter your Medicare wages from an S corporation . . . . .		

### Self-Employed Pensions

TSJ \_\_\_\_\_

2023

2022

Enter your plan contribution rate as a decimal . . . . .		
Enter your allowable elective deferrals made during 2023 . . . . .		
Enter your catch-up contributions . . . . .		
Enter the amount of designated ROTH contributions included above . . . . .		

### Nondeductible IRAs

TS \_\_\_\_\_

This person is covered by a retirement plan at work or through self-employment.

2023

2022

Total traditional IRA contributions made for 2023 . . . . .		
Amount included above that was contributed between 1/1/2024 and 4/15/2024 . . . . .		
Total basis of traditional IRAs as of 12/31/2023 . . . . .		
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers.) . . . . .		
<input type="checkbox"/> Distributions received were used for disaster relief		
Amount of traditional IRAs converted to ROTH IRAs . . . . .		
IRA basis before conversion . . . . .		
Total ROTH IRA contributions made for 2023 . . . . .		

### Health Savings Account

TS \_\_\_\_\_

2023

2022

The taxpayer's coverage is under a high-deductible health plan for:

Taxpayer only       Family

HSA contributions made for 2023 . . . . .		
Total distributions from all HSAs during 2023 . . . . .		
Distributions included above that were rolled over into another HSA account . . . . .		
Qualified medical expenses paid using HSA distributions . . . . .		

## Expenses for Business Use of Your Home

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Business Use of Home

For \_\_\_\_\_ Name of business home is used for \_\_\_\_\_

	2023	2022
Square footage of home used exclusively for business . . . . .		
Total square footage of home . . . . .		

### Use of Home for Daycare

	2023	2022
Area used part time for business . . . . .		
Total hours used for day care . . . . .		
Total hours available . . . . .		

Did you live in the home all year?    Yes    No

### Expenses

	Office expenses		Home expenses		
	2023	2022	2023	2022	
Mortgage interest . . . . .					In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes . . . . .					
Excess mortgage interest . . . . .					
Excess real estate taxes . . . . .					
Insurance . . . . .					
Rent . . . . .					
Repairs and maintenance . . . . .					
Utilities . . . . .					
Other expenses . . . . .					

### Cost of Home

	2023	2022
Enter the <b>smaller</b> of your home's adjusted basis or its fair market value . . . . .		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No . . . . . Value of land		
Date placed in service . . . . .		
Date taken out of service . . . . .		

