2023 TAX ORGANIZER

T O

This tax organizer has been prepared for your use in gathering the information needed for your 2023 tax return.

To save you time, selected information from your 2022 tax return has been entered in this organizer. Please line through any information that does not apply to your 2023 tax return.

In some cases, 2022 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

2023 TAX ORGANIZER

T O

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

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Personal Information

Taxpayer:									
	First Name and Initial		Last Name					Social Securi	ty Number
	Occupation		Date of Birth (Mo/Da	a/Yr) [Date of Deat	h (Mo/Da/Yr)			
	Driver's License or State-Issued ID Num	nber	Expiration Date (Mo	/Da/Yr) I	ssue Date (N	/lo/Da/Yr)	State	D	oes not expire
	Driver's License	State-Issued ID	No Identificat	tion					
Spouse:									
	First Name and Initial		Last Name					Social Securi	ty Number
	Occupation		Date of Birth (Mo/Da	a/Yr) [Date of Deat	h (Mo/Da/Yr)			
	Driver's License or State-Issued ID Num	nber	Expiration Date (Mo	/Da/Yr)	ssue Date (N	Mo/Da/Yr)	State	D	oes not expire
	Driver's License	State-Issued ID	No Identificat	tion					
Contact Information:									
	Street Address							Apartment N	umber
	City		Sta	te				ZIP or Postal	Code
	Foreign Province or County								
	Foreign Country								
	Taxpayer Daytime/Work Phone	Taxpayer Evening/Home	Phone Taxpaye	r Foreign P	hone				
	Taxpayer Cell Phone	Taxpayer Fax Number							
	Spouse Daytime/Work Phone	Spouse Evening/Home P	hone Spouse I	Foreign Ph	one				
	Spouse Cell Phone	Spouse Fax Number							
	Taxpayer Email Address								
	Spouse Email Address								
	Preferred Method of Contact								
						Ye	s N	ο	
	uthority discuss the return with dependent on someone else's t						_		
is the taxpayer claimed as a c							axpaye		Spouse
						Ye			
Are you considered legally bli	nd per IRS regulations?								5 NU
Do you want to contribute to	the Presidential Election Camp								
Are you a U.S. citizen or Gree	[
Personal Identification Num							V		
filing security. If you would lik	nat taxpayers have an Identity F e an IP PIN for yourself, your s e IP PIN assigned, visit IRS.gov	pouse, or your depe	endents or	TS	State	City	Cod	e	PIN
have one but do not know the		a to retrieve it of app	y.						

Tax Organizer Legend:

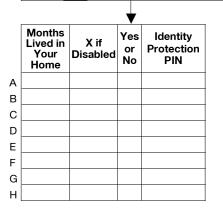
Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
в						
С						
D						
E						
F						
G						
н						

Did dependent have income over \$4,700?



Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
13		Taxable Wayes	Federal	FICA/TIER 1	Medicare	State	Local

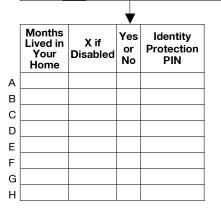


Dependents

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
в						
С						
D						
E						
F						
G						
н[

Did dependent have income over \$4,700?



Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.



Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return	
Do not electronically file the state return(s)	

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN? Taxpayer	Yes	No
Spouse		
If No, enter a 5-digit self-selected PIN: Taxpayer PIN		
Spouse PIN		



Direct Deposit and Electronic Funds Withdrawal Account Information:

receive your refund or pay	a balance due electronically, cor	nplete the following information. Ad	tly from your financial institution. If you v ditional space has been provided for the t information is already included below.	e use o	f
Mould you like only refund	a awad ta way diraatly dagaaitad			Yes	NO
	·				
If Yes, what amount would you like withdrawn, if not the entire balance due?					
•	•		、 、 、 、		
	ould you like withdrawn, if not the				
·	e withdrawal occur, if other than t		(Mo/Da/Yr)		
		electronically withdrawn on the due			
			withdrawal?		
Would you like to pay a	any estimated payments due for y	our s <u>tate r</u> eturn(s) using electronica	ally withdrawal, if available?		
Routing Transit Numbe	r (RTN)				
-					
Type of account:	Checking	Traditional Savings	IRA Savings		
	Archer MSA Savings	Coverdell Ed. Savings	HSA Savings		
Is this a business acco	unt?	Yes	No		
Account owner		Taxpayer	Spouse	Joir	nt
I confirm that the bank		ct deposit/electronic withdrawal op	tions selected above are correct.]	
Would you like to pay any If Yes, what amount wo	s owed to you directly deposited	? n using electronic withdrawal? e entire balance due?	 	Yes	<u>No</u>
Would you like to pay any	amount due on your state return	s) using electronic withdrawal?	· · · · · · · · · · · · · · · ·		
	ould you like withdrawn, if not the				
	withdrawal occur, if other than t		(Mo/Da/Yr)		
		electronically withdrawn on the due	()		
		-	withdrawal?		
		our state return(s) using electronica			
				LI	
Name of bank or financ	sial institution				
	r (RTN)				
		· · · · · ·			
Type of ecolupt:	Chooking	Traditional Savinga	IBA Sovingo		
Type of account:	Checking	Traditional Savings	IRA Savings		
	Archer MSA Savings	Coverdell Ed. Savings	HSA Savings		
Is this a business acco	unt?	Yes	No		
Account owner		Taxpayer	Spouse	Joir	nt
I confirm that the bank	account information and the dire	ct deposit/electronic withdrawal op	tions selected above are correct.]	



U.S. Series I Savings Bonds Purchase

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

			E
Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds?			L
Do you want to use any or your refund to purchase any 0.3. Series i Savings bonds?			L
	-	•	•

If Yes, provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

Joint: Co-owner name
Beneficiary name
Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds
Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.
Taxpayer:
Co-owner name
Beneficiary name
Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds
Spouse:
Co-owner name
Beneficiary name
· · · · · · · · · · · · · · · · · · ·
Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds
Bond purchases for someone other than the taxpayer or spouse:
Taxpayer name
Co-owner name
Beneficiary name
Amount of purchase
Taxpayer name
Co-owner name
Beneficiary name
· · · · · · · · · · · · · · · · · · ·
Amount of purchase

4B

Yes

No



Interest Income

Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

		Tax-Exempt Interes	st Code: 1 - 1099-II	NT 2 - Private Acti	vity Bon	d 3 - Both	
TSJ	Name o	f Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2022 Interest Amount
							_
							_
							4
							4
							-
							-
							-
							-
							-
							-
							4
							4
L							
		Total					

Seller-Financed Mortgage Interest Information:

Name of Individual from Whom	Identification	2023 Interest	2022 Interest
Mortgage Interest Was Received	Number of Individual	Amount	Amount

Address of Individual from Whom Mortgage Interest Was Received

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



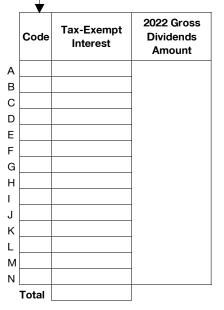
Dividend Income

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TS	J	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
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ן 📙						
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N [
		Total				

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both



Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



Interest Income:

(List all items sold during the year on Form 7.)

	Spe	cial Interest Code:	2 - Seller Financed	3 - Early With	drawal Penalty	5 - Acc	rued Interest		7 - Amortizable Bond
	1 -	Qualified Educational Series EE Bonds	Mortgage Interest	4 - Nominee Ir	nterest	6 - Orig	jinal Issue Discount Adju	stment	Premium Adjustment
	▼								
	TSJ	Sou	ırce		Interest In	come	U.S. Bonds and Obligations	Code	Special Interest
A									
В									
С									
D									
Е									

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

			•	
	Social Security No. of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
А				
в				
С				
D				
Е				

	Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2022 Interest Amount
А					
В					
С					
D					
Е					

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
Α						
в						
С						
D						
E						

Additional State Information:

	Payer ID	New Hampshire or Illinois Reason Interest is Nontaxable
А		
в		
С		
D		
Е		

Foreign Bank Accounts and Trusts:

At any time during 2023, did you have an interest in or a signature authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?	Yes		No
If Yes, enter name of foreign country			
Were you the grantor of, or transferor to, a foreign trust that existed during 2023, whether or not you had any beneficial interest in it?		[



B C D E

Include all Forms 1099-DIV or other documents for dividends received **Dividend Income:** (List all items sold during the year on Form 7.) Form 1099-DIV Box 1a Total Ordinary U.S. Bond Interest TSJ Box 1b Source Tax-Exempt Amount or Percent in Box 1a Code Qualified Interest Dividends Dividends А в С D Е ▲ Form 1099-DIV Tax-Exempt Interest Code: Box 2a Total Capital Box 2b 2022 Box 2c Box 2d Box 3 1 - 1099-DIV Gross Unrecaptured Section 1202 Collectibles Nondividend Section 1250 Dividends Gain (28%) Gain Distributions 2 - Private Activity Bonds Gain Distribution Gain Amount 3 - Both А

	Form 1099-DIV						
	Box 4 Federal Withholding	Box 5 Section 199A Dividends	Box 6 Investment Expenses	State Withholding			
А							
В							
С							
D							
Е							

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
в						
С						
D						
E						

Additional State Information:

	Payer ID	New Hampshire Reason Dividend is Nontaxable
A		
в		
С		
D		
E		

Foreign Bank Accounts and Trusts:

At any time during 2023, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?	Yes	No	,
If Yes, enter name of foreign country			
Were you the grantor of, or transferor to, a foreign trust that existed during 2023, whether or not you had any beneficial interest in it?			٦



Asset Information:

Form BNK-3

Description			Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported
Value	Foreign Currency	Exchange Rate	Source of Exchange Rate				

If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

		▼	1 - Partnership	2 - Corporation	3 - Tr	ust 4 - I	Estate
Name of Fore	Type of Foreign Entity		Mailing Address o	f Foreign	Entity		
City or Town of Foreign Entity	Province, County or State of Foreign Entity	2					
Asset is NOT Stock of a Fo	reign Entity or an Interes	st in a Fo	reign Entity				S. person
	Name of Issuer		1 - Issuer 2	- Counterparty	▼ Issuer	Type of	reign perso ▼ Resideno

Name of Issuer					Type of Issuer	Residence of Issuer
1 - Individual	2 - Partnership	3 - Corporation	4 - Trust	5 - Estate		

Mailing Address of Issuer	City or Town of Issuer

Country of Issuer	Postal Code of Issuer
	of Issuer

	Yes	No	
Foreign assets were acquired or sold during the tax year			
Foreign Bank Accounts and Trusts:			
At any time during 2023, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?]
If Yes, enter name of foreign country			
Were you the grantor of, or transferor to, a foreign trust that existed during 2023, whether or not you had any beneficial interest in it?]
Worksheet: 114 and 8938 - Foreign Assets > General Information, Form 8938 Part VI - Asset Info, Stock/Int in Foreign Entity and Form 8938 Part VI - Not Stock or Interest in Foreign Entity (Continued)	300595	04-01-23	3



Brokerage Statement Details

	TSJ	Payer Name	Account No.	Information Included (X or ∽)
A				
в				
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D				
E				
F 🗋				
G				
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۱ <u> </u>				
J				
к 🗌				
L				
м				
N				
0				
Р				
Q_				
R				
s				
т				

Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a

Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



TSJ	Account Number
	ΓSJ

Interest Income and Foreign Information

Int	eres	t Income:	(List all items	sold during the year	on Form 5G.)						
		cial Interest Coc Qualified Education	de: onal Series EE Bon	2 - Early Withdra ds 3 - Nominee Inter		ccrued In Driginal Iss	terest sue Discount Ac		6 - Amortiza Premium A		
			Sou	urce		Intere	st Income	U.S. Bor Obliga		▼ Code	Special Interest
А											
В											
С											
D											
Е											
	Tax ▼	-Exempt Interes	st Code: 1 - 1	099-INT 2 - Private	e Activity Bond	3 - Both]				
	Code	Tax-Exe Intere		Investment Expenses	Federal Withholdi		Sta Withho		Tax Exe Bond CUS		2022 Interest Amount
А											
В											
С											

Foreign Taxes Paid or Accrued:

D E

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
в						
c						
D						
E						

Additional State Information:

	Payer ID	New Hampshire or Illinois Reason Interest is Nontaxable			
A					
в					
С					
D					
Ε					



List all items sold during the year on Form 5G.

	5 , , , , , , , , , , , , , , , , , , ,							
.	idend Income.	т	Гах-Е	xempt Interest C	ode: 1 - 1099-DIV 2	2 - Priva	te Activity Bonds	3 - Both
עוט	idend Income:					•		
				Fo	orm 1099-DIV]
	Source	Box 1a Total Ordin Dividends	ary	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest]
А								
в								
С								
D								
Е								

[
	Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nondividend Distributions	2022 Gross Dividends Amount
A						
в						
С						
D						
E						

	Form 1099-DIV								
	Box 4 Federal Withholding	Box 5 Section 199A Dividends	Box 6 Investment Expenses	State Withholding					
А									
в									
С									
D									
Е									

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
в						
С						
D						
E						

Additional State Information:

	Payer ID	New Hampshire Reason Dividend is Nontaxable
A		
в		
С		
D		
Ε		



Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-MISC, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Securities which became worthless		

	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
Α				
в				
С				
D				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
А				
в				
С				
D				

Other Income:

Nature and Source	2023 Amount	2022 Amount

Other Adjustments to Income:

Nature and Source	2023 Amount	2022 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

Paid To	2023 Amount	2022 Amount

Foreign Bank Accounts and Trusts:

At any time during 2023, did you have an interest in or a signature or other authority over a financial account	Yes	No
in a foreign country, such as a bank account, securities account, or other financial account?		
If Yes, enter name of foreign country		
Were you the grantor of, or transferor to, a foreign trust that existed during 2023, whether or not you had any beneficial interest in it?		

Worksheet: Consolidated 1099 > Form 1099-MISC Miscellaneous Income, Investment Interest and Foreign Account Information 300158 04-01-23 Forms CN-4



Name of Business:		
Principal Business or Profession:		
TSJ Employer ID number Street address City, state, ZIP or postal code, and country Method of inventory Method of accounting		
Business Questions for 2023:		Yes
Did you dispose of this business? If Yes, what was the disposition date? Was there a change in determining quantities, costs or valuations between opening and closing invent Were you involved in the operations of this business on a regular, continuous and substantial basis? Have you prepared or will you prepare all required Forms 1099? Health insurance premiums paid for yourself and your dependents	(Mo/Da/Yr) ory?	
Income:	<u> </u>	1
Payment card and third party transactions:	2023 Amount	2022 Amount
Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC		-
Other Income:		-
U Other gross receipts or sales Less returns and allowances		-
Cost of Goods Sold:	2023 Amount	2022 Amount
Beginning inventory Purchases less cost of items withdrawn for personal use Cost of labor (do not include amounts paid to yourself) Materials and supplies Other costs of goods sold:		-
Description	2023 Amount	2022 Amount
		-

Ending inventory

Worksheet: Business > General, Income and Cost of Goods Sold; Other Income > Miscellaneous Income, Nonemployee Compensation and Payment Cards and Other Third Party Transactions Forms C-1, C-2, C-3, IRS 1099-K, IRS 1099-MISC, and IRS 1099-NEC

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Name of Business:

Principal Business or Profession:

Advertising Car and truck expenses Parking fees and tolls	
Parking fees and tolls	
Γ	
Commissions and face	
Commissions and fees	
Contract labor	
Employee benefit programs and health insurance (other than pension and profit-sharing plans)	
Insurance (other than health)	
Interest - mortgage (paid to banks, etc.)	
Interest - other	
Legal and professional fees	
Office expense	
Pension and profit-sharing plans	
Rent or lease - vehicles, machinery and equipment	
Rent or lease - other business property	
Repairs and maintenance	
Entertainment (deductible only on some state returns)	
Utilities	
Wages	
Dependent care benefits	L

Description	2023 Amount	2022 Amount

Property and Equipment: Include a list if more space is needed

X if not new	Acquisitions - Description			Date Acquired (Mo/Da/Yr)	Cost
	Dispositions - Description	Date Acquired	Cost	Date Sold	Selling Price
	Dispositions - Description	(Mo/Da/Yr)	COSL	(Mo/Da/Yr)	Sening Price



Business Expenses - Vehicle and Other Listed Property

Name of Business:		
Principal Business or Profession:		
Listed Property Questions for 2023:	Yes	No
Do you have evidence to support your deduction? If Yes, is the evidence written? Do you have evidence to support the business use percentage claimed on listed property? If Yes, is the evidence written?		
If you are an employer who provides vehicles for use by employees:		
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?		
Do you treat all use of vehicles by employees as personal use?		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?		
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?		
Vehicle 1 Vehicle 2		

Vehicle:	venic		ven	
Description of vehicle	Yes No		YesNo	
Mileage:	2023 Miles	2022 Miles	2023 Miles	2022 Miles
Total miles Total business miles Total commuting miles for the year				-
Actual Expenses:	2023 Amount	2022 Amount	2023 Amount	2022 Amount
Gasoline, oil, repairs, insurance, etc				



Business Expenses

Name of Business: Principal Business o	pr Profession:		
Business Expenses	Enter all expenses at 100 percent		
If not 100%, please en	er the percentage to apply to this business		
		2023 Amount	2022 Amount
Parking fees and tolls			
Local transportation			
Mar ala			
	ble only on some state returns)		
Other Business Expension			1
	Description	2023 Amount	2022 Amount
			_
Reimbursements:	List only reimbursements NOT reported in Box 1 of your Form W-2	2023 Amount	2022 Amount
Amount received for of			
Amount received for of Amount received for m			_
Amount received for er			
	mployee, does your employer's reimbursement plan for meals	<u> </u>	
	allow for offset of other reimbursements?	Yes	No
Vehicle:			
If not 100%, please ent	er the percentage to apply to this business	%	
Description of vehicle			
Date vehicle was place	d in service (Mo/Da/Yr)		
Do vou (or vour spouse	e) have another vehicle available for personal purposes?	Yes	No
	able for personal use during off-duty hours?		No
		2023	2022
Total miles			
Total business miles			_
Average daily commut	na miles		_
• •	for the year		_
Distance in the			
La companya di s			
Interest			
Taxes			
Value of employer prov	vided vehicle		
Temporary vehicle rent	als		
Fair market value of lea	ased vehicle		
Vehicle leases			

Other Vehicle Expenses:

Description	2023 Amount	2022 Amount



Business Use of Home

Name of Business:				
Principal Business or Profession:				
Partial Use of Your Home for Business:	2023	2022		
Square footage of home used exclusively for business				
Total square footage of home				

Was your home used for day care purposes for the entire year? Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

.

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2023 Amount	2022 Amount	2023 Amount	2022 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct E	xpenses	Indirect Expenses						
Description	2023 Amount	2022 Amount	2023 Amount	2022 Amount					
		_							
		4							
		-							
		-							
		-							
		-							
]							

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

id you have any of the following during the year?	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of gains in a qualified opportunity fund		
Sale of any investments in qualified opportunity funds		
Debts that became uncollectible		
Securities that became worthless		
Sale of any property where you will receive payments in future years		

TSJ	Kind of Property and Description	Quantity A (M						
A								
в								
с								
D								
E								
F								
G								
н								

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
в				
С				
D				
E				
F				
G				
н				

Installment Sales: Do not include interest received in principal amount

TSJ	Property Description	2023 Principal Received	2022 Principal Received						



Sale or Exchange of Your Home:

	Include the closing statements from the purchase and sale of your former and	d new home
Forme	r Home Information:	
Т	SJ	
D	ate acquired	(Mo/Da/Yr)
D	ate sold	(Mo/Da/Yr)
S	elling price	

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount
Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?	
in the home for at least 2 of the 5 years preceding the sale?	
was acquired or the date the mortgage was most recently renegotiated	
······································	
Moving Expenses:	
TSJ	····
Were the moving expenses reimbursed by your employer?	
	· · · · · ·
Was the move due to a permanent change of station pursuant to a military order?	Yes No
Mileage:	Miles
Number of miles from old home to new workplace (applicable only on some state returns) Number of miles from old home to old workplace (applicable only on some state returns) Number of automobile miles	
Transportation Expenses:	Amount
Costs of transportation of household goods and personal effects Costs of travel and lodging (do not include meals or automobile expenses)	

 Automobile expenses (gasoline, oil, etc.)

 Meals (Pennsylvania only)



9

Individual Retirement Account (IRA): Include all copies of Forms 1099-R and 5498.

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

IRA Questions for 2023:	Yes	No
Are you covered by an employer's retirement plan?		
If no, is your spouse covered by an employer's retirement plan?		
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?		
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?		
Did you use any IRA as security for a loan this year?		
Did you have any transactions with any IRA during the year?		
If Yes, explain.		

IRA Values, Rollovers, and Distributions:

Total value of all traditional IRAs on December 31, 2023	
Note: This information or Form 5498 is required if you received a distribution during the year.	
Outstanding rollovers on December 31, 2023	
Total distributions converted to Roth IRAs	
Total retirement plans converted to Roth IRAs	

Contributions:

IRA:	
Contributions in 2023 for the 2023 tax return	
Contributions in 2024 for the 2023 tax return	
Amount for 2023 you choose to be treated as nondeductible	
Roth IRA:	
Contributions made for the 2023 tax year	

Distributions:

Include all Forms 1099-R and any nontaxable distribution details

Name of Payer	2023 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	
						1
						1
						1
						1
						1



Include all Forms 1099-R and any nontaxable distribution details **Pensions and Annuities:**

TSJ	Name of Payer	2023 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	ls this a Rollover?	2022 Gross Distributions

Self-Employed Retirement Plan:

Include copies of all Forms 1099-R

	Taxpayer	Spouse
Have you established a self-employed retirement or SIMPLE plan with deductible contributions?	Yes No	Yes No
Contributions to:	2023 Amount	2023 Amou
Simplified employee pension plan Defined benefit plan Defined contribution plan SIMPLE plan		

2023 Amo	unt



Location of Property:

TSJ		
Have you prepared or will you prepare all required Forms 1099?		Yes No
	2023	2022
Ownership percentage if not 100%	%	
How many days was this property rented at fair market value?		
How many days was this property used personally (including use by family members)?		
ncome:	2023 Amount	2022 Amount
Rents received		
Royalties received		

Payment card and third party transactions:

Include all Forms 1099-K

Description	2023 Amount	2022 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2023 Amount	2022 Amount

Other income:

Description	2023 Amount	2022 Amount



Location of Property:

xpenses:	2023 Amount	2022 Amount
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest		
Repairs		-
Supplies		
Taxes		
Utilities		-
Dependent care benefits		-
Employee benefits		
Other Expenses:		ł

Description	2023 Amount	2022 Amount



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Rental and Royalty Vehicle and Other Listed Property

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Location of Property: Listed Property Questions for 2023: Yes No Do you have evidence to support your deduction? If Yes, is the evidence written? Do you have evidence to support the business use percentage claimed on listed property? If Yes, is the evidence written? If you are an employer who provides vehicles for use by employees: Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?

/ehicle:	Vehio	cle 1	Vehic	le 2
Description of vehicle	Yes No		Yes No	
Mileage: Total miles Total business miles	2023 Miles	2022 Miles	2023 Miles	2022 Miles
Total commuting miles for the year . Actual Expenses: Gasoline, oil, repairs, insurance, etc Interest . Taxes .	2023 Amount	2022 Amount	2023 Amount	2022 Amount
Fair market value of leased vehicle Vehicle rentals/leases				



Rental and Royalty Business Expenses

Location of Propert	ty:		
Business Expenses	Enter all expenses at 100 percent		
If not 100%, enter the	percentage to apply to this business		9
		2023 Amount	2022 Amount
Local transportation Travel expenses Meals	tible only on some state returns)	· · · · · · · · · · · · · · · · · · ·	
	Description	2023 Amount	2022 Amount
Reimbursements:	List only reimbursements NOT reported in Box 1 of your Form W-2	2023 Amount	2022 Amount
Amount received for o	pther expenses		
	neals		
	entertainment		
If not 100%, enter the	percentage to apply to this business	%	
Description of vehicle			
Date vehicle was place	ed in service (Mo/	Da/Yr)	
	e) have another vehicle available for personal purposes?		
		2023	2022
Total business miles Average daily commun Total commuting miles		· · · · · · · · · · · · · · · · · · ·	
Repairs	· · · · · · · · · · · · · · · · · · ·		
Taxes	· · · · · · · · · · · · · · · · · · ·		
Value of employer pro Temporary vehicle ren			
Fair market value of le	eased vehicle		

Other Vehicle Expenses:

Description	2023 Amount	2022 Amount



No

2023

Yes

Location of Property:

Square footage of home used exclusively for business	
Total square footage of home	

Were improvements made to the home and/or home office since the time you began using the home for business?

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home. Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2023 Amount	2022 Amount	2023 Amount	2022 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2023 Amount	2022 Amount	2023 Amount	2022 Amount
		-		
		-		
		-		
		-		

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Se

Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income:

Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income:

Include all Schedules Q

TSJ	Entity Name	Employer ID Number



Activity Name:			
Business Expenses	Enter all expenses at 100 percent		
If not 100%, enter the	percentage to apply to this business		
		2023 Amount	2022 Amount
Local transportation Travel expenses Meals	tible only on some state returns)		
	Description	2023 Amount	2022 Amount
Reimbursements:	List only reimbursements NOT reported in Box 1 of your Form W-2	2023 Amount	2022 Amount
Amount received for	other expenses		
	meals		
	entertainment		
If not 100%, enter the	percentage to apply to this business	%	
Description of vehicle			
Date vehicle was plac	ed in service (Mo/Da/Yr)		
	e) have another vehicle available for personal purposes?	Yes No Yes No	
		2023	2022
Total business miles Average daily commun Total commuting miles Gasoline and oil Repairs Insurance Interest	s for the year		
Temporary vehicle ren	tals		
Fair market value of le	ased vehicle		
Vehicle leases			

Other Vehicle Expenses:

Description	2023 Amount	2022 Amount



Activity Name:

Partial Use of Your Home for Business: 2023 Square footage of home used exclusively for business	2023
Were improvements made to the home and/or home office since the time you began using the home for business?	Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home. Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2023 Amount	2022 Amount	2023 Amount	2022 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

	Direct E	xpenses	Indirect Expenses		
Description	2023 Amount	2022 Amount	2023 Amount	2022 Amount	
		_			
		-			
		-			
		-			
		1			

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

Miscellaneous Income and Adjustments:	TSJ		TSJ		
	2023 Amount	2022 Amount	2023 Amount	2022 Amount	
Unemployment compensation received					
Unemployment compensation repaid in 2023					
Social security benefits received					
Social security benefits repaid in 2023					
Medicare premiums withheld					
Tier 1 railroad retirement benefits received					
Tier 1 railroad retirement benefits repaid in 2023					
Total lump sum social security received					
Lump sum taxable social security					
Other federal withholding					
Other state withholding					

State and Local Income Tax Refunds:

тет	State	City	Tax Year	Income Ta	ax Refund
130	State	City		State	Local

Other Income:

TSJ	Nature and Source	2023 Amount	2022 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security Number	Date of Original Divorce or Separation (Mo/Da/Yr)	Date Divorce or Separation Agreement Modified (Mo/Da/Yr)	2023 Amount	2022 Amount



Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2023 Amount	2022 Amount

Health Savings Accounts (HSAs) Include all Forms 1099-SA

TS	Description	2023 Amount	2022	Amou	nt
	Contributions made for 2023				
	Distributions received from all HSAs in 2023				
What typ	be of coverage applies to your high deductible health plan?			Yes	No
Were an	y HSA contributions listed above also shown on your Form W-2?				
Were all	distributions from your HSA for unreimbursed medical expenses?				
Did you	or your spouse enroll in Medicare?				
If Yes	s, what month did you enroll?				
What	month did your spouse enroll?				

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2023 Amount	2022 Amount

2023

Ministerial Income

13E	3
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TS		
Do you have any expenses associated with a business as a minister?	Yes	No
If Yes, enter the name of the business:		
Do you have any expenses associated with your wages received as a minister?		
If Yes, enter the occupation:		

Parsonage:

Fair rental value of parsonage provided by church	
Jtility allowance of parsonage	
Actual expenses for utilities of parsonage	

2023 Amount	2022 Amount

Rental or Parsonage Allowance:	2023 Amount	2022 Amount
Parsonage or rental allowance		
Utility allowance		
Actual expenses for parsonage		
Actual expenses for utilities		
Fair rental value of home, plus the cost of utilities		



Medical and Dental Expenses:	TSJ	2023 Amount	2022 Amount
Prescription medicines and drugs			
Total medical insurance premiums paid *			
Long-term care expenses			
Total insurance reimbursement			
Number of miles traveled for medical care			
Personal protective equipment			
Lodging			
Doctors, dentists, etc.			
Hospitals			
Lab fees			
Eyeglasses and contacts			
		2023 Amount	2022 Amount

	2023 Amount	202
Taxpayer long-term care insurance premiums paid		
Spouse long-term care insurance premiums paid		

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2023 Amount	2022 Amount

Taxes Paid: Include copies of your tax bills

	TSJ	2023 Amount	2022 Amount
Personal property taxes paid (include vehicle taxes)			
General sales taxes paid on specified items			

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2023 Amount	2022 Amount

Other Taxes Paid:

TSJ	Description	2023 Amount	2022 Amount

If you purchased or sold your home in 2023, did you include any taxes from your closing statement in the amounts above?

Yes

No



Yes No

Mortgage Questions for 2023:

	 	÷
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below?		
Did you refinance your home? (If Yes, enclose the closing statement.)		
If Yes, how many years is your new mortgage loan?	 	
Did you purchase a new home or sell your former home during the year?		
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US	 	
during the 3 year period prior to the purchase of this home?		
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence	 	
in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?		

Home Mortgage Interest Paid To Financial Institutions:

TSJ		Did You Form	Did You Receive Form 1098? 2023 Amount 2022		2022 Amount
150		Yes	No	2023 Amount	2022 Amount

Other Home Mortgage Interest Paid:

TSJ		Paid To	ID Number 2023 Amoun	2002 Amount	2022 Amount
130	Name	Address		2023 Amount	2022 Amount

Deductible Points:

TSJ Paid To	Paid To	Did You Receive Form 1098?				2023 Amount	2022 Amount
		Yes	No				

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2023 Amount	2022 Amount



Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2023 Amount	2022 Amount

TSJ	Conservation Real Property	2023 Amount	2022 Amount
	100% limit		
	50% limit		
	–		
TSJ	Description	2023 Miles	2022 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling \$500 or Less: Include all documentation.

TSJ	Description of Donated Property	2023 Amount	2022 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

	TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
А					
в					
С					

	Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description		Method of Acquisition
A					
в					
c					
-			ppraisal 3 - Comparable Sale 5 - Thrift Shop Value atalog 4 - Other (Describe)	1 - Gift 3 - Exchang 2 - Inheritance 4 - Purchas	ge

	Donee Organization Name	Donee Organization Address
A		
в		
c		



* These expenses are not deductible on the federal return but may be deductible on some state returns.

TSJ

Miscellaneous Itemized Deductions:

Union and professional dues *	
Tax preparation fee *	
Professional subscriptions *	
Hobby expense (To extent of income) *	
Safe deposit box *	
Uniforms and protective clothing *	
Work tools *	
Gambling losses	
Estate taxes	

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees *
- Employment agency fees *
- Impairment-related work expense of a disabled person
- Repayment of amounts under a claim of right

2023 Amount

- Investment expenses *
 Custodial fees *
- Certain educational expenses *
 Amortizable bond premium

Casualty or Theft Loss:

TSJ
Property description
Which of the following describes the type of property that sustained the casualty or theft loss?
Personal use Business use Income producing Employee Use Personal use attributable to insolvent or bankrupt financial institution losses on deposits
Was the loss due to a federally declared disaster?
Date acquired
Date damaged or lost (Mo/Da/Yr)
Original cost or other basis
Fair market value before casualty
Fair market value after casualty
Cost of replacement
Insurance reimbursement

Worksheets: Itemized Deductions > Miscellaneous Deductions and Gains and Losses > Business Property, Casualties and Thefts 300261 04-01-23 Forms A-4 and D-2

2022 Amount



Itemized Deductions - Business Use of Home

These expenses are not deductible on the Federal return but may be deductible on some state returns.

Partial Use of Your Home for Business:	2023	2022	
Square footage of home used exclusively for business Total square footage of home Total hours home was used for day care during the year		-	
Was your home used for day care purposes for the entire year?		Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2023 Amount	2022 Amount	2023 Amount	2022 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2023 Amount	2022 Amount	2023 Amount	2022 Amount
		-		
		-		
		-		

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



siness Expense	es: Enter all expense	es at 100 percent Include all docu	mentation	
Occupation code				
	1 - Performing artist	3 - Fee-basis state or local government official	5 - Outside salesperson	
	2 - Handicapped employee	4 - National Guard or Reserve	(Big Rapids, MI only)	
If not 100%, enter th	e percentage to apply to Sch	nedule A		-
			2023 Amount	2022 Amount
Parking fees and tol	ls			
Local transportation				
Travel expenses				
Entertainment (dedu	ctible only on some state ret	urns)		
Other Business Exp	enses:			
	Dese	cription	2023 Amount	2022 Amount

eimpursements:	in Box 1 of your Form W-2	2023 Amount	2022 Amount
Amount received for o Amount received for m Amount received for e	neals		-

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?

Yes

No



Employee Business Expenses (Page 2 of 2)

Vehicle: Include all documentation

If not 100%, please enter the percentage to apply to Schedule A	<u> % </u>	
Date vehicle was placed in service (Mo/Da/Yr)		
Do you (or your spouse) have another vehicle available for personal purposes?	Yes No Yes No	
	2023	2022
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2023 Amount	2022 Amount



Employee Business Expenses-Business Use of Home

Partial Use of Your Home for Business:	2023	2022	
Square footage of home used exclusively for business			
Total square footage of home			
Total hours home was used for day care during the year			
		Yes	No
Was your home used for day care purposes for the entire year?			
Were improvements made to the home and/or home office since the time you began using the home	for business?		

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect E	xpenses
	2023 Amount 2022 Amount		2023 Amount	2022 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct E	xpenses	Indirect Expenses		
Description	2023 Amount	2022 Amount	2023 Amount	2022 Amount	
		-			
		-			
		-			
		-			
		-			

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ			
Were you or your spouse a full time student or disabled?	Y	′es	No
Did you pay an individual for services performed in your home?	Y	′es	No
Expenses incurred in 2022 but paid in 2023			
Employer-provided dependent care benefits that were forfeited in 2023			
2022 carryover used in grace period			

Child/Dependent Care Providers:

Provider 1:			
Name			
Street address			
City, state, ZIP or postal code, and country			
Social security number OR			
Employer identification number			
Telephone number (California only)			
Provider was a household employee	Yes No		_
	2023 Amount	2022 Amount	
Expenses incurred and paid in 2023			
Expenses incurred and not paid in 2023			

Provider 2:				
Name				
Street address				
City, state, ZIP or postal code, and country				
Social security number OR				
Employer identification number				
Telephone number (California only)				
Provider was a household employee	Yes	No		_
	2023 An	nount	2022 Amount	
Expenses incurred and paid in 2023				
Expenses incurred and not paid in 2023				

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	Dis- abled	2023 Expenses Incurred	2022 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2023 Qualified Expenses



Federal Tax Payments

Refund Application:

If you have an overpayment of 2023 taxes, do you want the excess:

Refunded Applied to your 2024 esti	mated tax liability	Yes Yes		No No
Federal Estimated Tax I	Payments:			
2023 1st Quarter Estimate		 	(Due 04	-18-202
2023 2nd Quarter Estimate		 	(Due 06	-15-202
2023 3rd Quarter Estimate		 	(Due 09	-15-202
2023 4th Quarter Estimate		 	(Due 01	-16-202

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
(Due 04-18-202	3)		
(Due 06-15-202	:3)		
(Due 09-15-202	:3)		
(Due 01-16-202	24)		

Tax Planning Information for Tax Year 2024:

2022 overpayment applied to 2023 estimate

Do you expect any of the following to occur in 2024?	Yes	No
A change in your marital status		
A change in the number of your dependents		
A substantial change in your income		
A substantial change in your withholding		
A substantial change in deductions		

If you answered Yes to any of the above questions, provide details.



TSJ

State and City Estimated Tax Payments:

	State/City		
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2023 1st Quarter Estimate			
2023 2nd Quarter Estimate			
2023 3rd Quarter Estimate			
2023 4th Quarter Estimate			
If you have an overpayment of 2023 taxes, do you			
want the excess applied to your 2024 estimated tax liability?			Yes No
2022 overpayment applied to 2023 estimate		[
amount paid with 2022 extensions			
Estimated tax payments for 2022 paid in 2023			

State and City Estimated Tax Payments:

State and City Estimated Tax Payments:	TSJ State/City		
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2023 1st Quarter Estimate			
2023 2nd Quarter Estimate			
2023 3rd Quarter Estimate			
2023 4th Quarter Estimate			
If you have an overpayment of 2023 taxes, do you			
want the excess applied to your 2024 estimated tax liability?			Yes No
2022 overpayment applied to 2023 estimate		[
Balance of prior year(s)' tax paid in 2023 plus		r	
amount paid with 2022 extensions			
Estimated tax payments for 2022 paid in 2023			

State and City Estimated Tax Payments:	TSJ State/City		
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2023 1st Quarter Estimate			
2023 2nd Quarter Estimate			
2023 3rd Quarter Estimate			
2023 4th Quarter Estimate			
If you have an overpayment of 2023 taxes, do you			
want the excess applied to your 2024 estimated tax liability?			Yes No
2022 overpayment applied to 2023 estimate		Γ	
Balance of prior year(s)' tax paid in 2023 plus			
amount paid with 2022 extensions			
Estimated tax payments for 2022 paid in 2023			



Include all of your current year Forms W-2G

те	S Name of Payer	0	Tax Withheld		
TS		Gross Winnings	Federal	State	



General Information:

		Taxpayer	Spouse	
Do you qualify as disabled?		Yes No	Yes N	10
Enter the amount of Internet or out of state purchases for which y	ou did not pay sales tax			
Did you, your spouse, and all household members have insurance				
the entire year?Attach all Forms 1095 received and/or any applicable exempti		Yes	No	
sidency Information:			From (Mo/Da/Y	/r) (Mo/Da/Y
f you did not live in New Jersey for all of 2023, onter the dates yo	u did live in New Jersey			
If you did not live in New Jersey for all of 2023, enter the dates yo Enter the state names other than New Jersey where you had inco				
	····· · · · · · · · · · · · · · · · · ·	·		
untary Contributions:				
Enter the amount you wish to contribute on your 2023 tax return			Г	
Endangered and Nongame Species of Wildlife Conservation F	und			
Children's Trust Fund				
Vietnam Veterans' Memorial Fund				
Other contributions. Choose one fund from the list below and ent	er the amount you wish to co	ntribute on you		n:
	er the amount you wish to co	ntribute on you		n:
Other contributions. Choose one fund from the list below and ent Fund	er the amount you wish to co	ntribute on you	r 2023 tax returr	n:
Other contributions. Choose one fund from the list below and ent	er the amount you wish to co	ntribute on you	r 2023 tax returr	n:
Other contributions. Choose one fund from the list below and ent Fund	er the amount you wish to co	ntribute on you	r 2023 tax returr	n:
Other contributions. Choose one fund from the list below and ent Fund Amount	er the amount you wish to co	ntribute on you	ır 2023 tax returr	
Other contributions. Choose one fund from the list below and ent Fund Amount Other contribution funds:	er the amount you wish to co	ntribute on you	r 2023 tax returr	
Other contributions. Choose one fund from the list below and ent Fund Amount Other contribution funds: Drug Abuse Education Fund	er the amount you wish to co	ntribute on you	r 2023 tax returr	
Other contributions. Choose one fund from the list below and ent Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund	Northern New Jersey Veter New Jersey Farm to Schoo Local Library Support Fund ALS Association Support F	ntribute on you	r 2023 tax returr	opment Fund
Other contributions. Choose one fund from the list below and ent Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund	Northern New Jersey Veter New Jersey Farm to Schoo Local Library Support Fund ALS Association Support of Ne	ans Memorial C ans Memorial C and School G u und w Jersey Nonp	r 2023 tax returr	opment Fund
Other contributions. Choose one fund from the list below and ent Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund	Northern New Jersey Veter New Jersey Farm to Schoo Local Library Support Fund ALS Association Support of Ne New Jersey Yellow Ribbon	ans Memorial C ans Memorial C and School G u und w Jersey Nonp	r 2023 tax returr	opment Fund
Other contributions. Choose one fund from the list below and ent Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund	Northern New Jersey Veter New Jersey Farm to Schoo Local Library Support Fund ALS Association Support of Ne New Jersey Yellow Ribbon Autism Programs Fund	ntribute on you ans Memorial (ans Memorial (and School G d und w Jersey Nonp Fund	r 2023 tax returr	opment Fund
Other contributions. Choose one fund from the list below and ent Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund New Jersey Veterans Haven Support Fund	Northern New Jersey Veter New Jersey Farm to Schoo Local Library Support Fund ALS Association Support of Ne New Jersey Yellow Ribbon Autism Programs Fund Boy Scouts Councils in Ne	ntribute on you ans Memorial (ans Memorial (and School G und w Jersey Nonp Fund w Jersey Fund	r 2023 tax returr	opment Fund
Other contributions. Choose one fund from the list below and ent Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund New Jersey Veterans Haven Support Fund Community Food Pantry Fund	Northern New Jersey Veter New Jersey Farm to Schoo Local Library Support Fund ALS Association Support of Ne Fund for the Support of Ne New Jersey Yellow Ribbon Autism Programs Fund Boy Scouts Councils in Ne NJ Memorials to War Veter	ntribute on you ans Memorial (ans Memorial (and School G und w Jersey Nonp Fund w Jersey Fund ans Maintenan	r 2023 tax returr	opment Fund
Other contributions. Choose one fund from the list below and ent Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund New Jersey Veterans Haven Support Fund Community Food Pantry Fund Cat and Dog Spay/Neuter Fund	Northern New Jersey Veter New Jersey Farm to Schoo Local Library Support Fund ALS Association Support F Fund for the Support of Ne New Jersey Yellow Ribbon Autism Programs Fund Boy Scouts Councils in Ne NJ Memorials to War Veter Jersey Fresh Program Fund	ntribute on you ans Memorial (ans Memorial (and School G und w Jersey Nonp Fund w Jersey Fund ans Maintenand	r 2023 tax returr	opment Fund
Other contributions. Choose one fund from the list below and ent Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund New Jersey Veterans Haven Support Fund Cat and Dog Spay/Neuter Fund New Jersey Lung Cancer Research Fund	Northern New Jersey Veter New Jersey Farm to Schoo Local Library Support Fund ALS Association Support of Ne New Jersey Yellow Ribbon Autism Programs Fund Boy Scouts Councils in Ne NJ Memorials to War Veter Jersey Fresh Program Fund NJ World War II Veterans' I	ntribute on you ans Memorial (and School G and School G and w Jersey Nonp Fund w Jersey Fund ans Maintenand Memorial Fund	r 2023 tax returr	opment Fund
Other contributions. Choose one fund from the list below and ent Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund New Jersey Veterans Haven Support Fund Community Food Pantry Fund Cat and Dog Spay/Neuter Fund	Northern New Jersey Veter New Jersey Farm to Schoo Local Library Support Fund ALS Association Support F Fund for the Support of Ne New Jersey Yellow Ribbon Autism Programs Fund Boy Scouts Councils in Ne NJ Memorials to War Veter Jersey Fresh Program Fund	ntribute on you ans Memorial O and School G and School G and w Jersey Nonp Fund w Jersey Fund ans Maintenand Memorial Fund ersey Fund	r 2023 tax returr	opment Fund
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Other contributions. Choose one fund from the list below and ent Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund New Jersey Veterans Haven Support Fund Community Food Pantry Fund Cat and Dog Spay/Neuter Fund New Jersey Lung Cancer Research Fund Boys and Girls Clubs in New Jersey Fund NJ National Guard State Family Readiness Council Fund	Northern New Jersey Veter New Jersey Farm to Schoo Local Library Support Fund ALS Association Support F Fund for the Support of Ne New Jersey Yellow Ribbon Autism Programs Fund Boy Scouts Councils in Ne NJ Memorials to War Veter Jersey Fresh Program Fund NJ World War II Veterans' I Meals on Wheels in New Je New Jersey Pediatric Canc	ntribute on you ans Memorial O and School G and School G and w Jersey Nonp Fund w Jersey Fund ans Maintenand Memorial Fund ersey Fund er Research Fu	r 2023 tax returr	opment Fund
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Dther contributions. Choose one fund from the list below and ent Fund Amount Other contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund New Jersey Veterans Haven Support Fund Community Food Pantry Fund Cat and Dog Spay/Neuter Fund New Jersey Lung Cancer Research Fund Boys and Girls Clubs in New Jersey Fund NJ National Guard State Family Readiness Council Fund American Red Cross - NJ Fund Girl Scouts Councils in New Jersey Fund Homeless Veterans Grant Fund	Northern New Jersey Veter New Jersey Farm to Schoo Local Library Support Fund ALS Association Support F Fund for the Support of Ne New Jersey Yellow Ribbon Autism Programs Fund Boy Scouts Councils in Ne NJ Memorials to War Veter Jersey Fresh Program Fund NJ World War II Veterans' I Meals on Wheels in New Je New Jersey Pediatric Canc	ntribute on you ans Memorial O and School G and School G and w Jersey Nonp Fund w Jersey Fund ans Maintenand Memorial Fund ersey Fund er Research Fu	r 2023 tax returr	ppment Fund rganizations



Property Tax Reimbursement Application Information:

Property tax paid on principal residence	
Rent paid on principal residence	

Enter Any Additional New Jersey Information:



General Information:

Resident county		
School district name		
School district code number		
	Taxpayer	Spouse
Driver's license document ID (if issued by NY)		
Did you make out of state, Internet or catalog purchases on which no sales tax was paid?	Yes	No
Did you receive a property tax freeze credit? If Yes, enter the amount	Yes	No
Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government?	Yes	No
Permanent Home Address if Different from Mailing Address:		
Street		
City ZIP code Foreign country ZIP code		
Residency Information:	From	To (Ma (Da (Vr)
If you did not live in New York state for all of 2023, enter the dates you did live in New York	(Mo/Da/Yr)	(Mo/Da/Yr)
If you were not a resident of New York state for any of 2023, enter the number of days spent in the state		
Were you a part-year resident and received New York State income during nonresidency period?	Yes	No
If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse		
		┐
Do you still maintain these living quarters in New York?	Yes	No No
Were New York Olste living an electric science of facility and the section of a	Yes	INU
	Yes Yes	No
Were New York State living quarters maintained for the entire year? Were you a New York City resident for only part of the taxable year?		_
Were New York State living quarters maintained for the entire year?	Yes From	No To
Were New York State living quarters maintained for the entire year? Were you a New York City resident for only part of the taxable year?	Yes From	No To
Were New York State living quarters maintained for the entire year? Were you a New York City resident for only part of the taxable year? If Yes, enter the dates you did live in New York City Were you a Yonkers resident for only part of the taxable year?	Yes From (Mo/Da/Yr)	No To (Mo/Da/Yr)
Were New York State living quarters maintained for the entire year? Were you a New York City resident for only part of the taxable year? If Yes, enter the dates you did live in New York City	Yes From (Mo/Da/Yr) Yes From	No (Mo/Da/Yr) No To



.

No

Education Savings:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2023 Amount Contributed

Would you like to allocate some or all of your refund to a New York 529 College Savings Program?

Plan code: 552 - College Savings Program	Routing Number	Plan Code	Account Number	2023 Amount to Contribute
Direct Plan				
553 - Advisor Guided College				
Savings Program				

Voluntary Gifts/Contributions:

Enter the amount you wish to contribute on your 2023 tax return to:

Return a Gift to Wildlife	Love Your Library Fund	
Missing and Exploited Children		
Breast Cancer Research	Military Family Fund	
Alzheimer's Fund		
Olympic Fund (\$2 or \$4 if filing jointly)	Home Delivered Meals for Seniors	
Prostate Cancer	Life Pass It On Fund	
9/11 Memorial	Gift to the Arts Fund	
Volunteer Firefighting		
Teen Health Education		
Veterans Remembrance		
Homeless Veterans		
Mental Illness Anti-Stigma	New Vork State Compaign Finance Fund	
Women's Cancers Fund	Firearm Violence Research Fund	
William B. Hoyt Memorial Children and Family	Retired and Rescued Thoroughbred	
Trust Fund	Race Horse Aftercare	
Substance Use Disorder Education and	Retired and Rescued Standardbred	
Recovery Fund	Race Horse Aftercare	
Autism Fund	Gifts for the State Library System	
Veterans' Homes	Gift for Lyme and Tick-Borne Diseases	
	Education, Research, and Preventation	

Enter Any Additional New York Information:



Pennsylvania Information (Page 1 of 2)

General Information:		Taxpayer		Spo	pouse			
Daytime	telephone number (including area code)							
Gambling	g and lottery winnings							
Name of	county							
School d	istrict name							
Note:	If your school district has changed, update the sch	nool district shown above.						
	amount of Internet or out of state purchases vices for which you did not pay sales tax							
Residenc	y Information:			From (Mo/Da/Yr)	To (Mo/Da/Yr)			
If you dic	I not live in Pennsylvania for all of 2023, enter the date	you moved into or out of Per	nnsylvania:					
_	ayer							
Spou REV-1882 Did you,	se 2, Health Insurance Coverage Information your spouse, and/or dependents have health insurance	• Request: re during the year?		Yes No				
Spou: REV-1882 Did you, Taxpa Spou:	se 2, Health Insurance Coverage Informatior	Request: re during the year?		Yes No				
Spou: REV-1882 Did you, Taxpa Spou: Deper	se 2, Health Insurance Coverage Information your spouse, and/or dependents have health insuranc ayer se	Request: re during the year?		Yes No				
Spour REV-1882 Did you, Taxpa Spour Deper Education Did you of other	Se 2, Health Insurance Coverage Information your spouse, and/or dependents have health insurance ayer Se Se S	Request: be during the year?		Yes No				
Spour REV-1882 Did you, Taxpa Spour Deper Education Did you of other	se 2, Health Insurance Coverage Information your spouse, and/or dependents have health insurance ayer se ndents Savings: r your spouse make any contributions to a Pennsylvan state's qualified tuition (Section 529) account?	Request: the during the year?		Yes No	2023 Amount Contributed			
Spour REV-1882 Did you, Taxpa Spour Deper Education Did you or other If Yes	se	n Request: re during the year? nia 529 College Savings Progr	am or	Yes No				

Juntary Contributions.	Taxpayer	Spouse
Enter the amount that you wish to contribute on your 2023 tax return to:	Тахраует	Spouse
PA Breast Cancer Coalition's Refunds for Breast and Cervical Cancer Research Fund		
Military Family Relief Assistance Program		
Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund		
Juvenile (Type 1) Diabetes Cure Research Fund		
American Red Cross		
PA Children's Trust Fund		
Pediatric Cancer Research Fund		
Veterans' Trust Fund		
Pennsylvania 529 College Savings Program Account:		- · · · ·

TS	Name of Designated Beneficiary	Social Security Number	Account Number	Donation Amount



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Sale of Residence Information:

If you sold your residence in 2023, enter the following information about the sold residence:

Address									
City, state and ZIP	code			 					

Enter Any Additional Pennsylvania Information: