









This Tax Organizer is designed to help you collect and report the information needed to prepare your 2023 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2023 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2022 information is included for your reference. You do not need to make any 2022 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2022 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, Form 1099-NEC or Form 1099-K.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- Copies of invoices regarding residential clean energy improvements.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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## General Questions

**ORG3**

### PERSONAL INFORMATION

	Yes	No
<b>1</b> Did your marital status change during 2023? ..... If <b>yes</b> , explain .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Do you want to allow your tax preparer to discuss this year's return with the IRS? ..... If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS. <b>Caution:</b> Review any transferred information for accuracy. Designee's Name ..... ▶ Phone Number ..... ▶ Personal Identification Number (5 digit PIN) ..... ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Do you or your spouse plan to retire in 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Were you or your spouse permanently and totally disabled in 2023? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Enter date of death for taxpayer or spouse (if during 2023 or 2024 ): Taxpayer: _____ Spouse: _____		
<b>6</b> Were you or your spouse a member of the U.S. Armed Forces during 2023? .....	<input type="checkbox"/>	<input type="checkbox"/>

### DEPENDENT INFORMATION

	Yes	No
<b>7 a</b> Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If <b>yes</b> , do you want us to prepare the return(s)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8 a</b> Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,500? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If <b>yes</b> , do you want to include your child's income on your return? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Are any of your dependents <b>not</b> U.S. citizens or residents? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did you provide over half the support for any other person during 2023? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you incur adoption expenses during 2023? .....	<input type="checkbox"/>	<input type="checkbox"/>

### IRA, PENSION AND EDUCATION SAVINGS PLANS

	Yes	No
<b>12</b> Did you receive payments from a pension or profit-sharing plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>14 a</b> Did you convert all or part of a regular IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you roll over all or part of a qualified plan into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did you contribute to a Coverdell Education Savings Account? .....	<input type="checkbox"/>	<input type="checkbox"/>

### ITEMS RELATED TO INCOME/LOSSES

	Yes	No
<b>16</b> Did you receive any disability payments in 2023? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>17</b> Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did you buy, sell, refinance, or abandon a principal residence or other real property in 2023? (Attach copies of any escrow statements or Forms 1099.) .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>19 a</b> If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Are you planning to purchase a home soon? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did you incur any casualty or theft losses during 2023? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>20</b> Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>

### PRIOR YEAR TAX RETURNS

	Yes	No
<b>21</b> Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? ..... If <b>yes</b> , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
<b>22</b> Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? .....	<input type="checkbox"/>	<input type="checkbox"/>

**General Questions (continued)**

**ORG3**

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

	Yes	No
<b>23</b> Did you have foreign income or pay any foreign taxes in 2023 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> At any time during 2023, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2023 ? Report all interest income on Org 11 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>25</b> Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>26</b> Did you at any time during 2023, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>

**HEALTH AND LIFE INSURANCE**

	Yes	No
<b>27</b> Did you receive Form 1095-A (Health Coverage)? If so, please attach .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>28a</b> Did you or your spouse have self-employed health insurance? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>29</b> Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>30</b> Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....	<input type="checkbox"/>	<input type="checkbox"/>

**MISCELLANEOUS**

	Yes	No
<b>31</b> Did you make energy efficient improvements to your home or purchase any energy-saving property during 2023 ? If <b>yes</b> , please attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>32</b> Did you purchase a motor vehicle or boat during 2023 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , attach documentation showing sales tax paid.		
<b>33</b> Did you purchase an energy efficient vehicle in 2023 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , enter year, make, model, and date purchased: _____ also provide VIN: _____		
<b>34</b> Did you donate a vehicle in 2023 ? If yes, attach Form 1098C .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>35</b> What was the sales tax rate in your locality in 2023 ? _____ % State ID _____		
<b>36</b> Did you or your spouse make gifts of over \$17,000 to an individual or contribute to a prepaid tuition plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>37</b> Did you make gifts to a trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>38</b> If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach details.		
<b>39</b> Did you or your spouse participate in a medical savings account in 2023 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
<b>40</b> Did you make a loan at an interest rate below market rate? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>41</b> Did you pay any individual for domestic services in 2023 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>42</b> Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>43</b> Did you, your spouse, or your dependents attend post-secondary school in 2023 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>44</b> Did a lender cancel any of your debt in 2023 ? (Attach any Forms 1099-A or 1099-C) .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>45</b> Did you receive any income not included in this Tax Organizer? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach information.		
<b>46</b> At any time during 2023, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ..	<input type="checkbox"/>	<input type="checkbox"/>
<b>47</b> Did you obtain a Paycheck Protection Program (PPP) loan? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, has any portion of that loan been forgiven? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>48a</b> Do you want to change the language with which the IRS communicates with you? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If yes, which language? .....		

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

	Yes	No
<b>49</b> If your tax return is eligible for Electronic Filing, would you like to file electronically? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>50</b> The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Caution:** Review transferred information for accuracy.

**51** If **yes**, please provide the following information:

<b>a</b> Name of your financial institution .....	_____
<b>b</b> Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....	_____
<b>c</b> Account number .....	_____
<b>d</b> What type of account is this? .....	Checking <input type="checkbox"/> Savings <input type="checkbox"/>

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.



# Health Insurance Coverage

**ORG3A**

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

**Part 1 Coverage**

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:														
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			

\*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

**ORG3A**

## Business/Investment Questions

ORG4

	Yes	No
<b>1</b> Did you receive stock from a stock bonus plan with your employer? ..... (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did you buy or sell any stocks or bonds in 2023? ..... If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you surrender any U.S. savings bonds during 2023? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2023? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did you sell property or equipment on installment in 2023? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you do a 'like-kind' exchange of property in 2023? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and <b>6</b> Business relationship of recipient Do you have records to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Did you purchase special fuels for non-highway use? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		



PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name.....	_____	_____
First name .....	_____	_____
Middle initial and suffix .....	MI ..... _____ Suffix ..... _____	MI ..... _____ Suffix ..... _____
Social security number .....	_____	_____
Occupation.....	_____	_____
Work phone/extension .....	_____	_____
Cell phone .....	_____	_____
E-mail address.....	_____	_____
Driver's License/Id issuing state .....	_____	_____
License /Id number.....	_____	_____
License/Id issue date .....	_____	_____
License/Id expiration date.....	_____	_____
Birthdate .....	MM/DD/YYYY ..... **/**/1965	MM/DD/YYYY.....
Blind .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number ..... _____
City.....	_____ State..... _____	ZIP code..... _____
Home phone.....	_____ Foreign country..... _____	_____
Fax.....	_____ Foreign phone..... _____	_____

FILING STATUS

**1** Single  
 **2** Married filing jointly  
 **3** Married filing separately  
 Check this box if you **did not** live with spouse at any time during the year .....   
 Check this box if you are eligible to claim spouse's exemption .....   
 Check this box if your spouse itemizes deductions.....   
 **4** Head of household  
 If the qualifying person is a child but not your dependent, enter  
 Child's name..... Child's social security number.....  
 **5** Qualifying surviving spouse  
 Check the box for the year the spouse died ..... 2021  2022

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Not qualified credit Other dep	Date of Birth *Not Citizen	2023 Child Care Expense
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**\*\* For the Dependent Code, enter the following:**  
 L = dependent child who lived with you  
 N = dependent child who didn't live with you due to divorce or separation  
 O = other dependent  
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)  
**+** Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.  
**\*** Check this box if dependent child is not a U.S. citizen or resident alien

**W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION**

**Attach all copies of your W-2 forms here.**

<b>1</b>	Employer's name .....	Check if not applicable for 2023 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input type="checkbox"/>
	<b>1</b> Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	<b>2</b> Enter any amounts forfeited from a flexible spending account .....		_____
	<b>3</b> Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	<b>4 a</b> Clergy: Enter your designated housing or parsonage allowance .....		_____
	<b>b</b> Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....		_____
	<b>c</b> Check SE tax on: <b>(a)</b> housing or parsonage allowance..... <input type="checkbox"/>	<b>(b)</b> W-2 wages..... <input type="checkbox"/>	<b>(c)</b> both..... <input type="checkbox"/>

  

<b>2</b>	Employer's name .....	Check if not applicable for 2023 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input type="checkbox"/>
	<b>1</b> Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	<b>2</b> Enter any amounts forfeited from a flexible spending account .....		_____
	<b>3</b> Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	<b>4 a</b> Clergy: Enter your designated housing or parsonage allowance .....		_____
	<b>b</b> Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....		_____
	<b>c</b> Check SE tax on: <b>(a)</b> housing or parsonage allowance..... <input type="checkbox"/>	<b>(b)</b> W-2 wages..... <input type="checkbox"/>	<b>(c)</b> both..... <input type="checkbox"/>

**1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC**

**Attach all copies of your 1099-R forms here.**

<b>1</b>	Payer's name.....	Check if not applicable for 2023 .....	<input type="checkbox"/>
	Payer's name.....	Check if for spouse .....	<input type="checkbox"/>
	<b>1</b> Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	<b>2 a</b> If a <b>partial</b> rollover, enter the amount rolled over .....		_____
	<b>b</b> If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		_____
	<b>3</b> Health insurance premiums deductible on Schedule A.....		_____
	<b>4 a</b> If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	<b>b</b> If <b>only part</b> of distribution is RMD, enter the part that is RMD.....		_____

  

<b>2</b>	Payer's name.....	Check if not applicable for 2023 .....	<input type="checkbox"/>
	Payer's name.....	Check if for spouse .....	<input type="checkbox"/>
	<b>1</b> Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	<b>2 a</b> If a <b>partial</b> rollover, enter the amount rolled over .....		_____
	<b>b</b> If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		_____
	<b>3</b> Health insurance premiums deductible on Schedule A.....		_____
	<b>4 a</b> If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	<b>b</b> If <b>only part</b> of distribution is RMD, enter the part that is RMD.....		_____

**W-2G – GAMBLING OR LOTTERY WINNINGS**

**Attach all copies of your W-2G forms here.**

Name of Payer	Check if Spouse	Reportable Winnings (Box 1)	Federal Tax Withheld (Box 4)	State Tax Withheld (Box 15)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

**W-2 Amounts**

**ORG7A**

<b>WAGES, SALARIES, TIPS, AND OTHER COMPENSATION</b>			
<b>Box</b>	<b>Description</b>	<b>2023</b>	<b>2022</b>
<b>c</b>	Employer's name (from ORG7) .....		
<b>1</b>	Wages, tips, etc.....		
<b>2</b>	Federal income tax withheld.....		
<b>3</b>	Social security wages.....		
<b>4</b>	Social security tax.....		
<b>5</b>	Medicare wages/tips .....		
<b>6</b>	Medicare tax withheld.....		
<b>13b</b>	Check if retirement plan participant.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	Social security tips .....		
<b>8</b>	Allocated tips.....		
	Unreported tips less than \$20 per month .....		
	Unreported tips \$20 or more per month .....		
<b>9</b>	(Not used).....		
<b>10</b>	Dependent care .....		
<b>11</b>	Nonqualified plans.....		
<b>13a</b>	Check if statutory employee .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13c</b>	Check if third-party sick pay .....	<input type="checkbox"/>	<input type="checkbox"/>

<b>Box 12</b> W-2 Code	<b>2023 Box 12</b> Amount	<b>2022 Box 12</b> Amount		<b>2023</b>	<b>2022</b>
			If Box 12 code is:		
			A: Attributable to RR Tier 2 tax.....		
			M: Attributable to RR Tier 2 tax.....		
			R: Taxpayer MSA .....		
			Spouse MSA .....		
			G: Not government employer .....	<input type="checkbox"/>	<input type="checkbox"/>

If Box 12 Code P - Link to Form 3903 in 2020 ProSeries

<b>2023 Box 14</b> Description or Code	<b>2023 Box 14</b> Amount	<b>2022 Box 14</b> Description or Code	<b>2022 Box 14</b> Amount

<b>Box 15</b> State	<b>2023 Box 16</b> Wages, tips, etc	<b>2023 Box 17</b> Income tax	<b>2022 Box 16</b> Wages, tips, etc	<b>2022 Box 17</b> Income tax

<b>Box 20</b> Locality	<b>2023 Box 18</b> Wages, tips, etc	<b>2023 Box 19</b> Income tax	<b>2022 Box 18</b> Wages, tips, etc	<b>2022 Box 19</b> Income tax

1099-R Amounts

ORG7B

Source From: 1099-R .....  CSA-1099-R .....  CSF-1099-R .....  RRB-1099-R.....

**DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT PLANS, IRAs, ETC.**

Payer's name.....

Box	Description	2023	2022
	This section is for RRB-1099-R use only		
1	Gross distribution		
2 a	Taxable amount		
	b Taxable amount not determined	<input type="checkbox"/>	<input type="checkbox"/>
	Total distribution	<input type="checkbox"/>	<input type="checkbox"/>
3	Capital gain (included in box 2a)		
	a If charitable gift annuity, amount at 28% rate		
	b Amount of unrecaptured section 1250 gain		
4	Federal income tax withheld.....		
5	Employee contributions or insurance premiums		
6	Net unrealized appreciation in employer securities		
7	Distribution code(s)		
	▶ IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>
	▶ If distribution code is 2 or 5, check if a Roth IRA distribution	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Check if a <b>qualified</b> Roth IRA distribution, but box 7 code is J or T, <b>not code Q</b>	<input type="checkbox"/>	<input type="checkbox"/>
	▶ If a fully taxable disability pension, check if recipient is under the minimum retirement age .....	<input type="checkbox"/>	<input type="checkbox"/>
8	Other		
	Percentage		
9 a	Percentage of total distribution		
	b Total employee contributions		
10	State tax withheld – State 1.....		
	State tax withheld – State 2.....		
11	State/Payer's state number – State 1 .....		
	State/Payer's state number – State 2 .....		
12	State distribution – State 1 .....		
	State distribution – State 2.....		
13	Local tax withheld – Locality 1.....		
	Local tax withheld – Locality 2.....		
14	Name of locality – Locality 1 .....		
	Name of locality – Locality 2 .....		
15	Local distribution – Locality 1 .....		
	Local distribution – Locality 2.....		
<b>Inherited IRA</b>	If this distribution is from an inherited IRA, indicate the distribution is from the IRA of		
	▶ Spouse and treat as recipient's own (treat as rollover).....	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Recipient, but originally was inherited from spouse's (own IRA).....	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Spouse and not treat as recipient's own (taxable amount in box 2a) .....	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Someone other than a spouse (taxable amount in box 2a) .....	<input type="checkbox"/>	<input type="checkbox"/>

# 1099-MISC Income and 1099-NEC Income

**ORG8**  
Copy 1

## MISCELLANEOUS INCOME

**Attach all copies of 1099-MISC and 1099-NEC forms here.**

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse .....			
	Check if you did not receive income from this payer in 2023 .....			
	Payer's name .....			
	Payer's federal identification number <b>or</b> .....			
	Payer's social security number .....			
<b>1</b>	Nonemployee compensation ( <b>Form 1099-NEC</b> ) .....			
<b>1</b>	Rents ( <b>Form 1099-MISC</b> ) .....			
<b>2</b>	Royalties .....			
<b>3</b>	Other income .....			
<b>4</b>	Federal income tax withheld .....			
<b>5</b>	Fishing boat proceeds .....			
<b>6</b>	Medical/health care payments .....			
<b>8</b>	Substitute payments .....			
<b>9</b>	Crop insurance proceeds .....			
<b>10</b>	Gross proceeds paid to an attorney .....			
<b>11</b>	Fish purchased for resale .....			
<b>12</b>	Section 409A deferrals .....			
<b>13</b>	Excess golden parachute payments .....			
<b>14</b>	Nonqualified deferred compensation .....			
<b>15</b>	State tax withheld – 1st state .....			
<b>16</b>	State name – two letters – 1st state .....			
	Payer's state number – 1st state .....			
<b>17</b>	State income – 1st state .....			
<b>18</b>	State tax withheld – 2nd state .....			
<b>19</b>	State name – two letters – 2nd state .....			
	Payer's state number – 2nd state .....			
<b>20</b>	State income – 2nd state .....			
	FATCA filing requirement .....			



**Social Security Benefits/Form 1099-G/Other Income**

ORG10

SOCIAL SECURITY BENEFITS		
<input checked="" type="checkbox"/> <b>Attach all copies of SSA and RRB forms.</b>	<b>Taxpayer</b>	<b>Spouse</b>
1 Social Security Benefits from Form SSA-1099.....		
2 Federal income tax withheld from Form SSA-1099 .....		
3 Medicare B premiums withheld from Form SSA-1099 .....		
4 Medicare C premiums withheld from Form SSA-1099 .....		
5 Medicare D premiums withheld from Form SSA-1099 .....		
6 Railroad Retirement Benefits from Form RRB-1099 .....		
7 Federal income tax withheld from Form RRB-1099 .....		
8 Medicare premiums withheld from Form RRB-1099.....		

FORM 1099-G				
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<input checked="" type="checkbox"/> <b>Attach all copies of 1099-G forms.</b>				
Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name.....			
1	Unemployment compensation.....			
a	Unemployment benefits you repaid in 2023 .....			
2	State and local income tax refunds .....			
3	Enter the tax year from 1099-G box 3 .....			
a	If tax year is 2022 or prior, enter the taxable portion of the amount reported in box 2 .....			
4	Federal income tax withheld.....			
5	RTAA payments.....			
6	Taxable grants .....			
7	Agriculture payments .....			
8	Check if box 2 amount is from trade or business .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain .....			
10a	Two-letter state abbreviation .....	_____	_____	_____
	Two or three-letter local abbreviation .....	_____	_____	_____
b	State identification number .....			
11	State income tax withheld.....			

OTHER INCOME			
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Nature and Source	2023 Taxpayer	2023 Spouse	2022 Combined
1 Alimony received .....			
2 Recovery of bad debts previously deducted .....			
3 Jury duty pay .....			
4 Gambling winnings not reported on W2G/1099.....			
5 Income from not for profit activities (hobbies).....			
6 Income from the rental of personal property.....			
7 Non-Government unemployment received/repaid in 2023 .....			
8 Other Taxable income:			
a Union unemployment benefits.....			
b Private fund unemployment benefits.....			
c State employee unemployment benefits .....			
9 Other miscellaneous income items:			
Description:			

# Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

## INTEREST INCOME

**Attach all copies of your Form 1099-INTs here.**

**\*\*Type of Interest**  
 blank = Regular taxable interest  
 ME1 = ME bond interest in federal income  
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest  
 NH1 = NH nontaxable interest — taxable federal  
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest  
 TN1 = TN nontaxable interest — taxable federal  
 WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2023 Box 1 Interest	Type of Interest**	2023 Box 3 US/Treasury Interest	2023 Box 8 Tax Exempt	State	2022 Box 1 + 3

X\* Check if you did not receive income from this account in 2023 .

## DIVIDEND INCOME

**Attach all copies of your Form 1099-DIVs here.**

TSJ	X*	Payer Name	2023 Box 1a Ordinary Dividends	2023 Box 1b Qualified Dividends	2023 Box 2a Capital Gains	State	2022 Box 1a + 2a

X\* Check if you did not receive income from this account in 2023 .

1099-INT Amounts

ORG11A

Interest Income		2023	2022
<b>Box</b>	<b>Payer Name</b> .....		
<b>2</b>	Early withdrawal penalty .....		
<b>4</b>	Federal taxes withheld.....		
<b>5</b>	Investment expenses .....		
<b>6</b>	Foreign taxes paid.....		
<b>7</b>	Foreign country .....		
<b>9</b>	Private activity bond interest .....		
	OR		
	Percent of private activity bond amount included in total interest. (Enter 75 percent as 75.00)		
<b>11</b>	Bond premium .....		
<b>12</b>	Bond premium on treasury obligations .....		
<b>13</b>	Bond premium on tax-exempt bond.....		
<b>14</b>	Tax-exempt and tax credit bond CUSIP number.....		
<b>15a</b>	State (postal code).....		
<b>15a</b>	State Identification number .....		
<b>15a</b>	State taxes withheld .....		
<b>15b</b>	State (postal code).....		
<b>15b</b>	State Identification number .....		
<b>15b</b>	State taxes withheld .....		
If state withholding is entered above, indicate the form type: <input type="checkbox"/> 1099-INT <input type="checkbox"/> 1099-OID Types of adjustments: * <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> U Amount of adjustment .....			
*Type of adjustment: N = Nominee distribution O = Original issue discount (OID) adjustment B = Amortizable bond premium (ABP) adjustment R = Bond premium on treasury obligations T = Bond premium on tax-exempt bonds A = Accrued interest adjustment H = Other adjustment U = U.S. Savings bond interest previously reported			
FATCA filing requirement .....			

**DIVIDEND INCOME**

**ORG11B**

Box	Form 1099-DIV	2023	2022
	<b>Payer Name</b> .....		
<b>2b</b>	Unrecaptured Section 1250 gain .....		
<b>2c</b>	Section 1202 gain:		
	Amount eligible for 50% exclusion .....		
	Amount eligible for 60% exclusion .....		
	Amount eligible for 75% exclusion .....		
	Amount eligible for 100% exclusion .....		
<b>2d</b>	Collectibles (28%) gain .....		
<b>3</b>	Nondividend distributions (Nontaxable distributions) .....		
<b>4</b>	Federal taxes withheld .....		
<b>5</b>	Section 199A dividends .....		
<b>6</b>	Investment expenses .....		
<b>7</b>	Foreign tax paid .....		
<b>8</b>	Foreign country .....		
<b>11</b>	Exempt-interest dividends (not included in box 1 or box 3) .....		
<b>12</b>	Private activity bond amount included above .....		
	<b>OR</b>		
	Percent of private activity bond amount included in total exempt-interest dividends (Enter 75 percent as 75.00) .....		
<b>13a</b>	State (postal code) .....		
<b>14a</b>	State Identification number .....		
<b>15a</b>	State taxes withheld .....		
<b>13b</b>	State (postal code) .....		
<b>14b</b>	State Identification number .....		
<b>15b</b>	State taxes withheld .....		
	U.S. government interest in dividends .....		
	Margin interest paid in 2023 .....		
	Types of adjustments: Nominee <input type="checkbox"/> Other <input type="checkbox"/> ESOP <input type="checkbox"/>		
	Amount of adjustment .....		
	FATCA filing requirement .....		

**Seller-Financed Interest/Child's Interest and Dividends**

**ORG12**

T = Taxpayer, S = Spouse, J = Joint

<b>SELLER-FINANCED MORTGAGE INTEREST</b>					
<b>TSJ</b>	<b>*X</b>	<b>Name of Payer</b>	<b>Address</b>	<b>SSN or EIN</b>	<b>Amount</b>

\*X Check if you did not receive interest from this payer in 2023.

<b>CHILD'S INTEREST AND DIVIDENDS (greater than \$1,100)</b>			
<b>*X</b>	<b>Child's Name</b>	<b>2023</b>	<b>2022</b>
	First name _____ MI ____ Last name _____ Suffix ____ SSN _____ Child's taxable interest ..... Child's tax-exempt interest..... Child's ordinary dividends ..... Child's capital gain distributions .....		
	First name _____ MI ____ Last name _____ Suffix ____ SSN _____ Child's taxable interest ..... Child's tax-exempt interest..... Child's ordinary dividends ..... Child's capital gain distributions .....		
	First name _____ MI ____ Last name _____ Suffix ____ SSN _____ Child's taxable interest ..... Child's tax-exempt interest..... Child's ordinary dividends ..... Child's capital gain distributions .....		

\*X Check if this child did not receive interest or dividend income in 2023.

### Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2023	2022
<b>1</b> Prescription medications .....		
<b>2</b> Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
<b>3</b> Qualified long-term care premiums		
<b>a</b> Taxpayer's gross long-term care premiums .....		
<b>b</b> Spouse's gross long-term care premiums .....		
<b>c</b> Dependent's gross long-term care premiums .....		
<b>4</b> Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
<b>5</b> Insurance reimbursement.....		
<b>6</b> Doctors, dentists, etc .....		
<b>7</b> Hospitals, clinics, etc .....		
<b>8</b> Lab and X-ray fees.....		
<b>9</b> Expenses for qualified long-term care.....		
<b>10</b> Eyeglasses and contact lenses .....		
<b>11</b> Medical equipment and supplies .....		
<b>12</b> Miles driven for medical purposes 01/01/2023 thru 12/31/2023 .....		
<b>13</b> Ambulance fees and other medical transportation costs .....		
<b>14</b> Lodging.....		
<b>15</b> Other medical and dental expenses:		
<b>a</b> _____		
<b>b</b> _____		
<b>c</b> _____		
<b>d</b> _____		
<b>e</b> _____		
<b>f</b> _____		
<b>g</b> _____		
<b>h</b> _____		
<b>i</b> _____		
<b>j</b> _____		
TAXES	2023	2022
Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>		
<b>16</b> Real estate taxes paid on principal residence .....		
<b>17</b> Real estate taxes paid on additional homes or land .....		
<b>18</b> Auto registration fees based on the value of the vehicle.....		
<b>19</b> Other personal property taxes .....		
<b>20</b> Other taxes:		
_____		
_____		

**Interest Paid and Cash Contributions**

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2023	2022
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2023
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
		.....
		.....

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address
	.....
	.....

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2022 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

QUALIFIED MORTGAGE INSURANCE PREMIUMS		
	2023	2022
Premiums paid in 2023 for qualified mortgage insurance <b>not</b> from Form 1098 import .....		

**Interest Paid and Cash Contributions (continued)**

**ORG14**

INVESTMENT INTEREST		
	2023	2022
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) .....		

LIMITED HOME MORTGAGE DEDUCTION					
If the mortgage meets the following reasons during 2023 complete the following: - The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or - You had home debt that was not used to buy, build or substantially improve the home that secures the loan					
	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
<b>1a</b> Interest paid in 2023 .....					
Points paid in 2023 .....					
Months loan outstanding .....					
Principal pd on loan in 2023 .....					
<b>b</b> Was all proceeds of this loan used to buy, build, or substantially improve the home? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
<b>2</b> Home Debt Origination on or after December 15, 2017					
Beginning of year balance ..					
Additional borrowed in <b>2023</b>					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
<b>3</b> Home Debt Origination after October 13, 1987 and Before December 15, 2017					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
<b>4</b> Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2023	2022
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven .....			
Miles driven to deliver noncash contributions .....			
Parking fees, tolls, and local transportation .....			



# Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns <b>only</b> for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

**\*Methods of determining FMV:**

- |               |                          |                   |             |
|---------------|--------------------------|-------------------|-------------|
| Appraisal     | Capitalization of income | Present value     | Thrift shop |
| Average share | Comparative sales        | Replacement cost  |             |
| Catalog       | Consignment shop         | Reproduction cost |             |

**\*\*Type of Donated Property**

- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| Household/clothing items        | Business equipment                | Intellectual property                  |
| Motor vehicle, boat or airplane | Business inventory                | Real property, conservation property   |
| Art, other than self-created    | Stock, publicly traded            | Real property, other than conservation |
| Art, self-created               | Stock, other than publicly traded | Other personal property                |
| Collectibles                    | Securities, other than stock      | Other intangible property              |

**\*\*\*How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

**Miscellaneous Itemized Deductions (FOR STATE USE ONLY)**

**ORG15**

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2023	2022	
<b>Employee Business Expenses</b>			
<b>Note:</b> If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete <b>ORG17</b> for all your employee expenses.			
1 Union and professional dues .....			
2 Professional subscriptions .....			
3 Uniforms and protective clothing .....			
4 Job search costs .....			
5 Other unreimbursed employee expenses:			
a _____			
b _____			
c _____			
d _____			
e _____			
<b>Other Expenses Subject to the 2% Limitation</b>			
Treat all MACRS assets for this activity as qualified Indian reservation property? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .....	<input type="checkbox"/> Regular	<input type="checkbox"/> Extension	
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was this property located in a Qualified Disaster Area? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Check to code assets as Investment Expense .....	<input type="checkbox"/>		
Use <b>ORG50</b> to record dispositions.			
Use <b>ORG51A</b> to enter additional assets.			
Use <b>ORG11a</b> for investment expenses related to interest income.			
Use <b>ORG11b</b> for investment interest related to dividend income.			
6 Tax return preparation fees .....			
7 Investment counsel and advisory fees .....			
8 Certain attorney and accounting fees .....			
9 Safe deposit box rental .....			
10 IRA custodial fees .....			
11 a Government unemployment benefits repaid in <b>2023</b> .....	<input type="checkbox"/>		
b Other expenses (list):			
_____			
_____			
_____			
_____			
_____			
<b>OTHER MISCELLANEOUS DEDUCTIONS</b>		<b>2023</b>	<b>2022</b>
12 Federal estate tax paid on income in respect of a decedent .....			
13 Amortizable bond premiums (acquired before 10/23/86) .....			
14 Gambling losses (to the extent of gambling income) .....			
15 Claim repayments .....			
16 Unrecovered investment in annuity .....			
17 Ordinary loss attributable to certain debt instruments .....			

## Employee Business Expenses

ORG17

Occupation in which expenses were incurred .....

Check box if spouse's employee expenses. If blank, taxpayer assumed.....

Check box if a fee-basis state or local government official .....

Check box if a Qualifying Performing Artist.....

Check box if armed forces reservist related travel more than 100 miles from home .....

Check box if impairment-related work expenses.....

Check box if miscellaneous 2% itemized deduction **(state only use)** .....

Check box if subject to Department of Transportation (DOT) hours of service limits.....

Treat all MACRS assets for activity as qualified Indian reservation property?.....  Yes  No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property?.....  Regular  Extension  No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?.....  Yes  No

Was this activity located in a Qualified Disaster Area.....  Yes  No

EXPENSES	2023	2022
1 Parking fees, tolls, and local transportation .....		
2 Travel expenses while away from home (excluding meal expenses) .....		
3 Meal expenses.....		
4 Business gifts .....		
5 Education .....		
6 Home office expenses <b>(Preparer Use Only – complete ORG17A)</b> .....		
7 Trade publications.....		
8 Depreciation expense other than vehicle <b>(Preparer Use Only)</b> .....		
9 Carryover of Section 179 expense from prior year .....		
10 Other: ..... ..... .....		

EMPLOYER REIMBURSEMENTS	2023	2022
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals and entertainment .....		
12 Reimbursements for meals and entertainment .....		

QUALIFIED PERFORMING ARTIST	2023	2022
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2023	2022
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Employee Business Expenses (continued)**

ORG17

GENERAL VEHICLE INFORMATION	Vehicle 1	Vehicle 2
15 Description of vehicle.....		
16 Date placed in service.....		
17 Enter detail on lines 17a and 17b, or total on line 17c:		
<b>a</b> Ending mileage reading.....		
<b>b</b> Beginning mileage reading.....		
<b>c</b> <b>Total miles</b> for the year (line 17a less line 17b).....		
18 Business miles from 01/01/2023 thru 12/31/2023.....		
19 Total commuting miles.....		
20 Average daily commuting miles.....		
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2
21 Do you qualify for standard mileage? <b>(Preparer Use Only)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2
23 Gasoline, oil, repairs, insurance, etc.....		
24 Vehicle registration fee (excluding property tax).....		
25 Vehicle lease or rental fee.....		
26 Inclusion amount <b>(Preparer Use Only)</b> .....		
27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2).....		
28 Depreciation <b>(Preparer Use Only)</b> .....		
VEHICLE DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2
29 Cost or basis.....		
30 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Type of vehicle <b>(Preparer Use Only)</b> .....		
33 Section 179 expense <b>(Preparer Use Only)</b> .....		
34 Qualified Property for Economic Stimulus? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Qualified Property for Qualified Disaster Area? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Qualified Property for Kansas Disaster Zone <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Qualified property for GO Zone? <b>(Preparer Use Only)</b> .....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
38 Percentage for Special Depreciation Allowance? <b>(Preparer Use)</b> .....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
39 Elect OUT of Special Depreciation Allowance? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40 Elect 30% in place of 50% Allowance? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41 Date sold.....		
42 Date acquired, if different from line 16.....		
43 Sales price.....		
44 Expense of sale.....		
45 Gain/loss basis, if different <b>(Preparer Use Only)</b> .....		
46 AMT gain/loss basis, if different <b>(Preparer Use Only)</b> .....		
VEHICLE QUESTIONS		
47 Was your vehicle available for personal use during off-duty hours?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48 Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49 Do you have evidence to support the business use claimed?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50 If <b>yes</b> , is the evidence written?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

# Employee Home Office Expense

ORG17A

for: ORG17

copy: 1

Simplified method election for Home Office expenses:

Elect the simplified method **in 2020** instead of entering actual expenses

Elected the simplified method **in 2019** instead of entering actual expenses

GENERAL INFORMATION	2023	2022
<b>1</b> Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) .....		
<b>2</b> Area used only partly for day care (square footage) .....		
<b>3</b> Total area of home (square footage) .....		
<b>4</b> Daycare hours		
<b>a</b> Number of weeks used for daycare, if less than full year .....		
<b>b</b> Number of days used for day care each week .....		
<b>c</b> Number of days closed for holidays, vacations, etc .....		
<b>d</b> Number of hours used for daycare each day .....		
<b>5</b> Total wages from this business .....		
<b>6</b> Enter the percent of wages above that are from the business use of this home .....		
<b>7</b> Gain from business use of home shown on Schedule D or Form 4797 ( <b>Preparer Use Only</b> ) ...		
<b>8</b> Any losses from this business shown on Schedule D or Form 4797 ( <b>Preparer Use Only</b> ) .....		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2023		2022	
	Direct	Indirect	Direct	Indirect
<b>9</b> Casualty losses ( <b>Preparer Use Only</b> ) .....				
<b>10</b> Mortgage interest/points on Form 1098 .....				
<b>11</b> Interest not on Form 1098 .....				
<b>12</b> Points not of Form 1098 .....				
<b>13</b> Real estate taxes .....				
<b>14</b> Qualified mortgage insurance .....				
<b>15</b> Other insurance .....				
<b>16</b> Rent .....				
<b>17</b> Repairs and maintenance .....				
<b>18</b> Utilities .....				
<b>19</b> Other expenses (e.g., rent) .....				
<b>20</b> Carryover of operating expenses .....				
<b>21</b> Excess casualty losses ( <b>Preparer Use Only</b> ) .....				
<b>22</b> Depreciation of your home ( <b>Preparer Use Only</b> ) .....				
<b>23</b> Carryover of excess casualty losses and depreciation .....				

## DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

24	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
<b>25</b>	Enter the land value included in cost for residence .....			

**Car And Truck Expenses**  
(Employees use ORG17 – Employee Business Expenses)

**ORG18**

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle.....			
2 a Date placed in service.....			
b Date acquired, if different from line 2a.....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading.....			
b Beginning mileage reading.....			
c <b>Total miles</b> for the year (line 3a less line 3b).....			
4 Business miles 01/01/2023 thru 12/31/2023.....			
5 Total commuting miles.....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc.....			
9 Vehicle registration fee (excluding property tax).....			
10 Vehicle lease or rental fee.....			
11 Inclusion amount ( <b>Preparer Use Only</b> ).....			
12 Depreciation ( <b>Preparer Use Only</b> ).....			
13 Parking fees, tolls, and local transportation.....			
14 Portion of vehicle registration fee based on value.....			
15 Interest on vehicle.....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis.....			
17 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle ( <b>Preparer Use</b> ).....			
20 Section 179 expense ( <b>Preparer Use</b> ).....			
21 Qualified Property for Economic Stimulus? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold.....			
29 Sales price.....			
30 Expense of sale.....			
31 Gain/loss basis, if different ( <b>Preparer Use</b> ).....			
32 AMT gain/loss basis, if different ( <b>Preparer Use</b> ).....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
33 Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34 Was vehicle available during off duty hours?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle used primarily by a greater than 5% owner or related person?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Do you have evidence to support the business use claimed?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
37 If <b>yes</b> , is the evidence written?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No

# Business Income and Expenses

**ORG19**

**GENERAL INFORMATION**

Is this activity a qualified trade or business under Section 199A?  Yes  No

**1** Check ownership  **Taxpayer**  **Spouse**  **Joint**

**2** Business name .....

**3 a** Business street address.....

**b 1** City, State and Zip Code, or .....

**2** Foreign country..... (not applicable)

**4** Principal business/profession .....

**5** Employer ID number.....

**6** Business code (**Preparer Use Only**) .....

**7** Was this business fully disposed of in a fully taxable transaction during 2023 ?  **Yes**  **No**

**8** Accounting method:  
 Cash  Accrual  Other (specify)  .....

**9** Method used to value closing inventory:  
 Cost  Lower of cost or market  Other (explain)  .....

**10** Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) .....  **Yes**  **No**

**11** Did you materially participate in the operation of this business during 2023 ? .....  **Yes**  **No**

**12** Did you start or acquire this business during 2023 ? .....  **Yes**  **No**

**13 a** Did you make any payments in 2023 that require you to file Forms 1099? .....  **Yes**  **No**

**b** If yes, did you or will you file all the required Forms 1099? .....  **Yes**  **No**

**14** At-risk determination:  
**a** Is all of the investment in this activity at risk? .....  **Yes**  **No**  
**b** Is some of the investment in this activity not at risk? .....  **Yes**  **No**

**15** Did you have unallowed passive losses in 2022 ? .....  **Yes**  **No**

**16 a** Treat all MACRS assets for this activity as qualified Indian reservation property? .....  **Yes**  **No**

**b** Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .....  **Regular**  **Extension**  **No**

**c** Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  **Yes**  **No**

**d** Was this business located in a Qualified Disaster Area? .....  **Yes**  **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2023	2022
<b>17</b> Gross receipts or sales.....		
<b>18</b> Returns and allowances plus other adjustments.....		
<b>19</b> Other income (include federal/state gas tax credit/refund) .....		

COST OF GOODS SOLD – IF APPLICABLE	2023	2022
<b>20</b> Inventory at beginning of year .....		
<b>21</b> Purchases .....		
<b>22</b> Items withdrawn for personal use .....		
<b>23</b> Cost of labor (do not include your salary) .....		
<b>24</b> Materials and supplies .....		
<b>25</b> Other costs .....		
<b>26</b> Inventory at end of year.....		

**Business Income and Expenses (continued)**

**ORG19**

EXPENSES	2023	2022
Business name _____		
<b>27</b> Advertising .....		
<b>28</b> Car and truck expenses (complete ORG18).....		
<b>29</b> Commissions and fees .....		
<b>30</b> Contract labor .....		
<b>31</b> Depletion .....		
<b>32</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ).....		
<b>33</b> Employee benefit programs:		
<b>a</b> Employee health insurance premiums .....		
<b>b</b> Other employee benefit programs .....		
<b>34</b> Insurance (other than health) .....		
<b>35</b> Self-employed health insurance attributable to this business .....		
<b>36</b> Interest:		
<b>a</b> Mortgage paid to banks not reported to you on Form 1098.....		
<b>b</b> Other .....		
<b>37</b> Legal and professional services .....		
<b>38</b> Office expenses .....		
<b>39</b> Pension and profit-sharing plans .....		
<b>40</b> Rent or lease:		
<b>a</b> Machinery and equipment (enter vehicle lease on ORG18) .....		
<b>b</b> Other business property.....		
<b>41</b> Repairs and maintenance .....		
<b>42</b> Supplies (not included in cost of goods sold) .....		
<b>43</b> Taxes and licenses not reported to you on Form 1098 .....		
<b>44</b> Travel and meals		
<b>a</b> Travel.....		
<b>b</b> Meals subject to 50% limit.....		
<b>c</b> Meals subject to 80% limit.....		
<b>d</b> Meals not subject to limit .....		
<b>45</b> Utilities .....		
<b>46</b> Gross wages .....		
<b>47</b> Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>48</b> Expenses for business use of your home ( <b>Preparer Use Only</b> ).....		
Complete ORG20 for Business Use of Home.		
<b>49</b> Qualified pension plan start-up costs .....		
<b>50</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018.....		
<b>51</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017 .....		



**Sales of Stocks and Securities**

ORG21A

Name _____	Social Security Number _____
---------------	---------------------------------

**Name of reporting financial institution** ▶ \_\_\_\_\_

**Acct Number** . . . . . ▶ \_\_\_\_\_ **Reporter's Tax ID** . . . ▶ \_\_\_\_\_

Owner of account . . . . . ▶ \_\_\_\_\_

Transactions were not reported to IRS . ▶

<b>Quick Entry Table</b>									
The following adjustment codes may be entered in the table below if applicable: B, C, E, M, O, T, and W. (If the only adjustment is a disallowed wash sale loss (W), use the Disallowed Wash Sale field. Otherwise, use only the Adjustment Amount & Adjustment Code fields.)									
Sale#	Property Description								
8949 Box	Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis		Disallowed Wash Sale			
Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?			Reported on Form 1099B?			
				Yes		No		Yes	
				Yes		No		Yes	
				Yes		No		Yes	
				Yes		No		Yes	

**Note:** For Sales Price, Cost Basis, or Adjustment Amount of \$10,000,000 or more, leave those fields blank and use the **Capital Gain (Loss) Adjustment Worksheet** after transferring. Additional adjustments and withholding are also supported on the **Capital Gain (Loss) Adjustment Worksheet**.

## Sale of Your Home

ORG22

### GENERAL INFORMATION

**Attach copies of your original purchase and the current sale settlement sheets here.**

Complete if the sale of your home occurred in the current year (2023).

	Yes	No
<b>1 a</b> Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did you use this home partially or completely in a trade or business or hold it for investment <b>AND</b> dispose of it in a like-kind (Section 1031) exchange? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did you claim the First-Time Homebuyer Credit when you purchased this home? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>2 a</b> Did <b>you</b> live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If married filing a joint return, did your <b>spouse</b> live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you receive a Form 1099-S? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4 a</b> Have <b>you</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If married filing a joint return, has your <b>spouse</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.)		
<b>a You</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b Your spouse</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6 a</b> Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the home used as investment or rental property after December 31, 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7 a</b> Will you be receiving periodic payments of principal or interest from this sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If <b>Yes</b> , what is the amount of the financial instrument? .....		

**8** Address of former home sold .....

**9 a** Date former home was sold .....

**b** Date former home was bought .....

**10** Sales price of the home sold .....

### COST BASIS OF HOME SOLD

Description	Amount
<b>Original cost of home sold:</b>	
<b>11 a</b> Purchase price of home sold .....	
<b>b</b> Postponed gain on the sale of your previous home sold before May 7, 1997 (Form 2219 for the year this home was bought) .....	
<b>Additions and increases to basis:</b>	
<b>12 a</b> Settlement fees or closing costs when home was purchased. <b>Do not</b> include amounts previously deducted as moving expenses .....	
<b>b</b> Cost of capital improvements .....	
<b>c</b> Additions, including costs of materials and labor .....	
<b>d</b> Other additions and increases to basis .....	
<b>Decreases to basis:</b>	
<b>13 a</b> Seller-paid points (for old home bought after 1990) .....	
<b>b</b> Other decreases to basis .....	

### COMMISSIONS AND OTHER EXPENSES OF SALE

Description	Amount
<b>14 a</b> .....	
<b>b</b> .....	
<b>c</b> .....	
<b>d</b> .....	

# Farm Income and Expenses

ORG27

## GENERAL INFORMATION

Name of this farm .....

Is this activity a qualified trade or business under Section 199A? .....  Yes  No

**1** Check ownership .....  Taxpayer  Spouse  Joint

**2** Principal product .....

**3** Employer identification number .....

**4** Agricultural activity code (**Preparer Use Only**) .....

**5** Accounting method .....  Cash  Accrual

	Yes	No
<b>6</b> Was this farm fully disposed of in a fully taxable transaction during 2023? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Did you materially participate in the operation of this business during 2023? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did you make any payments in 2023 that would require you to file Form(s) 1099 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> If 'Yes,' did you or will you file all required Forms 1099? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> At-risk determination:		
<b>a</b> Is all of the investment in this activity at risk? .....	<input type="checkbox"/>	
<b>b</b> Is some of the investment in this activity not at risk? .....	<input type="checkbox"/>	
<b>c</b> Did you receive a subsidy in 2023? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you have unallowed passive losses in 2022? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Treat all MACRS assets for this activity as qualified Indian reservation property? .....		
<b>b</b> Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .....	Regular <input type="checkbox"/>	Extension <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>c</b> Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Was this farm located in a Qualified Disaster Area? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FARM INCOME – CASH METHOD	2023	2022
<b>13</b> Sales of livestock, etc purchased for resale .....		
<b>14</b> Cost/Basis of livestock, etc purchased for resale .....		
<b>15</b> Sales of livestock, produce, grains, etc raised .....		
<b>16a</b> Total distributions received from cooperatives .....		
<b>b</b> Taxable amount of distributions from cooperatives .....		
<b>17a</b> Total agricultural program payments .....		
<b>b</b> Taxable amount of agricultural program payments .....		
<b>c</b> If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15 .....		
<b>18a</b> Commodity Credit Corporation (CCC) loans under election .....		
<b>b</b> CCC loans forfeited/repaid with certificates .....		
<b>c</b> Taxable amount of CCC loans forfeited/repaid .....		
<b>19a</b> Crop insurance proceeds/federal crop disaster payments received in 2023 .....		
<b>b</b> Taxable crop insurance proceeds/federal crop disaster payments .....		
<b>c</b> Crop insurance proceeds/federal crop disaster payments deferred from 2022 .....		
<b>20</b> Custom hire (machine work) income .....		
<b>21</b> Other income – include federal/state gas tax credit/refund .....		

FARM INCOME – ACCRUAL METHOD	2023	2022
<b>22</b> Sales – livestock, produce, grain, other products .....		
<b>23a</b> Total distributions received from cooperatives .....		
<b>b</b> Taxable amount of distributions from cooperatives .....		
<b>24a</b> Total agricultural program payments .....		
<b>b</b> Taxable amount of agricultural program payments .....		
<b>25a</b> Commodity Credit Corporation (CCC) loans under election .....		
<b>b</b> CCC loans forfeited/repaid with certificates .....		
<b>c</b> Taxable amount of CCC loans forfeited/repaid .....		
<b>26</b> Crop insurance proceeds and certain disaster payments .....		
<b>27</b> Custom hire (machine work) income .....		
<b>28</b> Other income include federal/state gas tax credit/refund .....		

**Farm Income and Expenses (continued)**

**ORG27**

<b>FARM INCOME – ACCRUAL METHOD (continued)</b>	<b>2023</b>	<b>2022</b>
<b>29</b> Cost of Goods Sold:		
<b>a</b> Beginning inventory – livestock, produce, etc .....		
<b>b</b> Cost of livestock, produce, etc purchased .....		
<b>c</b> Ending inventory – livestock, produce, etc .....		
<b>30</b> Check if you used the unit-livestock price method or farm-price method to value inventory.....	<input type="checkbox"/>	<input type="checkbox"/>

Complete ORG51 for acquisitions and ORG50 for dispositions.

<b>FARM EXPENSES – CASH AND ACCRUAL METHODS</b>	<b>2023</b>	<b>2022</b>
Name of this farm .....		
<b>31</b> Car and truck expense (complete ORG18) .....		
<b>32</b> Chemicals .....		
<b>33</b> Conservation expenses .....		
<b>34</b> Custom hire (machine work) .....		
<b>35</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ) .....		
<b>36</b> Employee benefit programs other than pension and profit-sharing plans.....		
<b>37</b> Feed .....		
<b>38</b> Fertilizers and lime.....		
<b>39</b> Freight and trucking.....		
<b>40</b> Gasoline, fuel and oil.....		
<b>41 a</b> Insurance (other than health) .....		
<b>b</b> Self-employed health insurance attributable to this farm business.....		
<b>42</b> Interest:		
<b>a</b> Mortgage (paid to banks, etc).....		
<b>b</b> Other .....		
<b>43</b> Labor hired .....		
<b>44</b> Pension and profit-sharing plans.....		
<b>45</b> Rent or lease:		
<b>a</b> Machinery, equipment, etc (for vehicle rent or lease, see ORG18) .....		
<b>b</b> Other (land, animals, etc) .....		
<b>46</b> Repairs and maintenance .....		
<b>47</b> Seeds and plants purchased .....		
<b>48</b> Storage and warehousing.....		
<b>49</b> Supplies purchased.....		
<b>50</b> Taxes.....		
<b>51</b> Utilities .....		
<b>52</b> Veterinary, breeding and medicine.....		
<b>53</b> Other expenses (specify):		
_____		
_____		
_____		
_____		
_____		
<b>54</b> Qualified pension plan start-up costs.....		
<b>55</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018 .....		
<b>56</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017.....		

**Tax Payments**

**ORG40**

**2023 ESTIMATED TAX PAYMENTS**

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/15/23 ....								
2 Qtr 2 due by 06/15/23 ....								
3 Qtr 3 due by 09/15/23 ....								
4 Qtr 4 due by 01/18/24 ....								
5 a Additional payments ...								
b Additional payments ...								
c Additional payments ...								
d Additional payments ...								

**OTHER TAX PAYMENTS**

	Federal	State	Local
6 2022 overpayment applied to 2023 .....			
7 Balance due paid with 2022 return .....			
8 a 2022 Quarter 4 payments paid in 2023 .....			
b 2022 extension payments paid in 2023 .....			
9 Other taxes paid in 2023 for prior years (include explanation) .....			

**2024 ESTIMATED TAX WORKSHEET**

If you expect any significant change in your income or expenses in 2024, please enter the increase or decrease below.

**Income**

10 Wages .....	Taxpayer .....	_____
	Spouse .....	_____
11 Self-Employment Income .....	Taxpayer .....	_____
	Spouse .....	_____
12 Capital Gains (sale of stock, real estate, etc) .....		_____
13 Other Income:		
Description .....		_____

**Deductions**

14 Allowable Itemized Deductions .....	_____
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description .....	_____
16 Federal Withholding .....	_____
17 Number of personal exemptions expected for 2024 .....	_____

**ADDITIONAL INFORMATION**

18 Check to use your 2023 tax amount for your 2024 estimate .....	<input type="checkbox"/>
19 If you have an overpayment of 2023 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess .....	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess .....	<input type="checkbox"/>
20 Amount to apply if not entire overpayment .....	_____
21 Number of installments for estimated tax (1 - 4) .....	_____

# State Information Worksheet

ORG60

## GENERAL INFORMATION

	<b>Taxpayer</b>	<b>Spouse</b>
1 Enter your state of residence .....		
2 Check the appropriate box if:	<b>Taxpayer</b>	<b>Spouse</b>
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident .....	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____ School district: _____ School district number: _____		
	<b>Taxpayer</b>	<b>Spouse</b>
5 Check if disabled .....	<input type="checkbox"/>	<input type="checkbox"/>

## STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## MISCELLANEOUS QUESTIONS

		<b>Yes</b>	<b>No</b>
8 Did you file a state return for 2022? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded .....	<input type="checkbox"/>	b Apply to 2024 estimates .....	<input type="checkbox"/>
		c Apply to 2024 taxes .....	<input type="checkbox"/>
12 Additional state information: _____			
_____			
_____			