

2023

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.

YES

NO

PERSONAL INFORMATION

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for \${Y+00}?

DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2023?

Did you have any children under age 19 or full-time students under age 24 at the end of 2023, with interest and dividend income in excess of \$1,250, or total investment income in excess of \$2,500?

HEALTH CARE COVERAGE

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

INCOME

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in \${Y+00}?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

2023

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	EDUCATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	ITEMIZED DEDUCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	ESTIMATED TAXES
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2022 taxes to your 2023 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2023 taxes, do you want the excess applied to your 2024 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2024 taxable income and withholdings to be different from 2023?
<input type="checkbox"/>	<input type="checkbox"/>	MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2023

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.

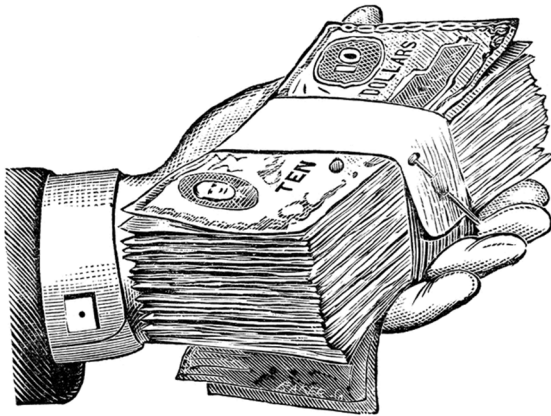
YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$17,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2023, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

INTEREST INCOME (1099 INT)

<u>Payer</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



DIVIDEND INCOME (1099 DIV)



Payee	Total Amount (1a)	Qualified dividends (1b)	Total capital gain distr. (2a)	CPA Use Only	

OTHER INCOME

1. State tax refund * (1099G)\$ _____

2. Alimony received\$ _____

3. Individual Retirement Account Taxpayer Spouse

Account distribution (1099R) ... \$ _____ \$ _____

Amount of rollover (1099R)\$ _____ \$ _____



4. Pension & Annuity income (1099R)\$ _____ \$ _____



5. Gambling income (W-2G)\$ _____

Memo: Gambling losses\$ _____

 Taxpayer Spouse

6. Unemployment compensation * (1099G)\$ _____ \$ _____

7. Social Security benefits * (SSA1099)\$ _____ \$ _____

7a. Social Security Medical (SSA1099)\$ _____ \$ _____

8. Other income: give description
 _____\$ _____ \$ _____

9. Partnerships, Estates & Trusts * (K-1)\$ _____ \$ _____

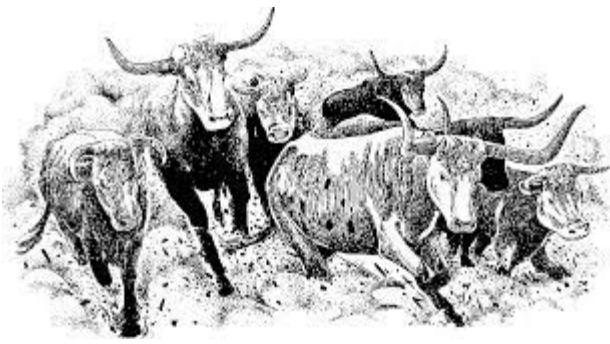
10. Installment sale collection\$ _____ \$ _____

 Federal State

Memo: withholding on any of the above items \$ _____ \$ _____

* Please attach all supporting documents. Thank you.

 Accountant's Use Only



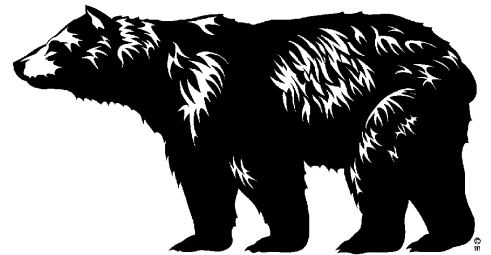
CAPITAL GAINS & LOSSES

*(1099-B and/or 1099-S
Brokerage Statement)*

Description of Property	Date acquired	Date Sold	Sales price (gross or net)	Cost or basis	Sales expense (if gross sales price entered)	Gain or (Loss)
		/ /23				
		/ /23				
		/ /23				
		/ /23				
		/ /23				
		/ /23				
		/ /23				
		/ /23				
		/ /23				
		/ /23				

Were any of the above business assets?

Yes No



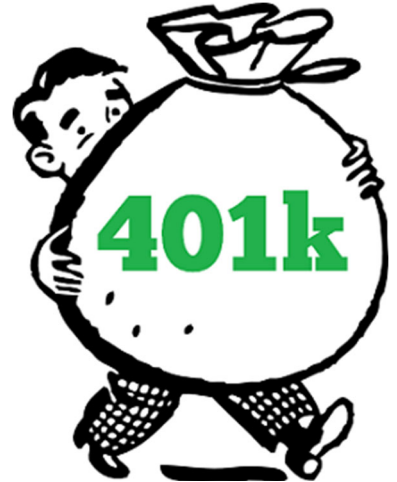
SCH D/4797

Accountant's Use Only

_____ F _____ S

Capital Loss C/O _____

ADJUSTMENTS TO INCOME



1 Individual Retirement Account contributions

 Taxpayer Spouse

Were you an active participant in an employer or self-employed pension, profit sharing or stock bonus plan, or a tax sheltered annuity at any time during the year?

Yes No Yes No

Would you like to make an IRA contribution?

Yes No Yes No

2 Would you like to make a Roth IRA contribution?

Yes No Yes No

3 Moving expenses\$ _____

4 Penalty on early withdrawal of savings.....\$ _____

5 Alimony paid.....\$ _____

6 If self-employed,

 Taxpayer Spouse

a. Health insurance\$ _____ \$ _____

b. Retirement contributions, KEOGH, ROTH or SEP IRA....\$ _____ \$ _____

7 Student interest expenses (1098-E)\$ _____ \$ _____

ADJ TO INC

Accountant's Use Only

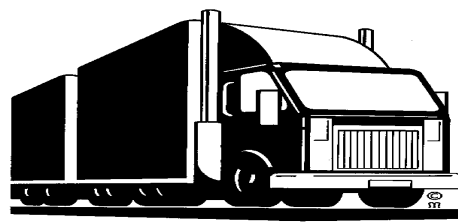
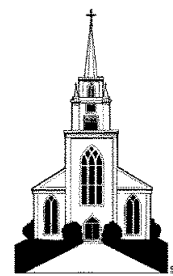
Doctors: Medical & Dental;
 Prescriptions, hospital, etc. \$ _____
 Medical miles: _____ @ 0.22 Jan. - Dec.



	1st Home	2nd Home
Mortgage Interest: 1st	\$ _____	\$ _____
(1098)		
2nd	\$ _____	\$ _____
3rd	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____

Charitable Deductions:

Cash/checks \$ _____
 Non Cash* \$ _____
 Charitable Miles _____ @ 0.14 per mile
 *If non cash over \$500, more details are necessary
 (i.e.: what was donated, when, etc.)



Moving expenses for new job: \$ _____
 Moving miles for new job: _____ @ 0.22 Jan. - Dec.

MISCELLANEOUS DEDUCTIONS

Unreimbursed employee expense	\$ _____	Safety deposit box	\$ _____
Union dues	\$ _____	Job Hunting Expense	\$ _____
Tax preparation fee	\$ _____		
Investment advisory fee	\$ _____		

AUTOMOBILE DEDUCTION

SCH A Accountant's Use Only



Please make a copy and fill out for each auto used for business.

Make and year of auto _____ When purchased or placed into business use _____

DMV fees \$ _____

• Did you use your automobile for business or do you have unreimbursed employee travel? Yes No

If yes, continue...

• Do you have written evidence to support your deduction? Yes No

• Is this a leased car? Yes No Memo: _____

For mileage incurred between January thru December, the rate is 65.5 cents per mile:

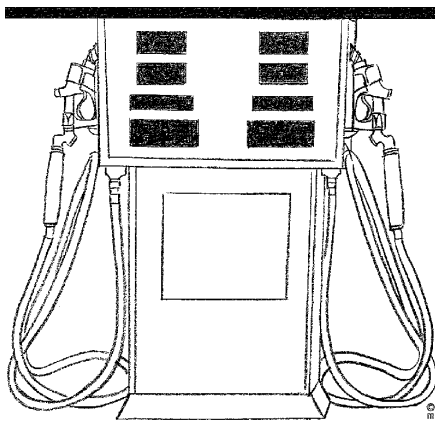
• Total Miles: January - December _____

DETAIL

Mileage / Percentage Used: Business _____ : _____ %

Mileage / Percentage Used: Personal _____ : _____ %

Mileage / Percentage Used: Commuting _____ : _____ %



- Auto Club \$ _____
- Car washes \$ _____
- Gasoline, lube, oil \$ _____
- Repairs \$ _____
- Tires \$ _____
- Insurance \$ _____
- Interest \$ _____
- Parking Fee \$ _____
- Miscellaneous \$ _____

CREDITS

Credit for foreign taxes paid.....\$ _____

Low income housing credit\$ _____

Credits - other\$ _____

Credit for child and dependent care expenses

Person or organization providing care:

1 Name _____
Street _____
City, St, Zip _____
SS./Tax ID# _____
Telephone # _____
Amt. Paid \$ _____

2 Name _____
Street _____
City, St, Zip _____
SS./Tax ID# _____
Telephone # _____
Amt. Paid \$ _____

3 Name _____
Street _____
City, St, Zip _____
SS./Tax ID# _____
Telephone # _____
Amt. Paid \$ _____

4 Name _____



Street _____
City, St, Zip _____
SS./Tax ID# _____
Telephone # _____
Amt. Paid \$ _____



Tax Payments & Estimates 2023
QUARTERLY ESTIMATES



Due Date	Description	Date Paid	Federal Amt.	State Amt.	City Amt.
4/18/2023	1 st Estimate				
6/15/2023	2 nd Estimate				
9/15/2023	3 rd Estimate				
12/31/2023	4 th State, if Early		N/A		N/A
1/16/2024	4 th Estimate				

Pymts _____ Accountant's Use Only _____ Sch A Est. Tax _____

**The following schedules
are for those
who have
Business or Rental
Property**

BUSINESS INCOME

GENERAL INFORMATION:

Principal business/profession: _____

Business name: _____

Business address: _____

Business city, state, zip: _____

Taxpayer Spouse

Sales (1099 Misc)	\$	_____
Cost of goods sold (if applicable)	\$	_____
Inventory at end of year	\$	_____
Gross profit	\$	_____

EXPENSES

Advertising	\$	_____
Bad debts	\$	_____
Car and truck expenses	\$	_____
Commissions	\$	_____
Continuing education	\$	_____
Dues and subscriptions	\$	_____
Insurance (other than health)	\$	_____
Other interest	\$	_____
Legal and professional	\$	_____
Office expense	\$	_____
Internet	\$	_____
Rent - Vehicles, Machinery & Equipment	\$	_____
Rent - other business property	\$	_____
Repairs	\$	_____
Supplies	\$	_____
Taxes - Real Estate	\$	_____
Taxes - other	\$	_____
Telephone	\$	_____
Travel	\$	_____
Total Entertainment	\$	_____
Total Meals	\$	_____
Reduction if other than 50% of above	\$	_____
Utilities	\$	_____
Wages	\$	_____
Other expenses:	\$	_____
_____	\$	_____
_____	\$	_____
Total Expenses	\$	_____
Net Income	\$	_____

Do you use your office at home, as your "office" for tax deduction purposes? Yes No
 (If we have the proration from last year, write: "see last year").

To be further discussed:

Total Square Feet _____ %
 Business Square Feet..... _____ %
 Other _____ %

 Total 100%

Home office expenses

Rent..... \$ _____
 Repairs..... \$ _____
 Utilities..... \$ _____
 Other \$ _____
 \$ _____
 \$ _____
 \$ _____

RENTAL & ROYALTY INCOME

GENERAL INFORMATION:

Kind of property: _____
Location of property: _____

INCOME

Rents received \$ _____
Royalties received \$ _____

EXPENSES

Advertising \$ _____
Association dues \$ _____
Auto and travel \$ _____
Cleaning and maintenance \$ _____
Commissions \$ _____
Dues and subscriptions \$ _____
Gardening \$ _____
Insurance \$ _____
Legal and Professional fees \$ _____
Licenses and permits \$ _____
Management fees \$ _____
Miscellaneous \$ _____
Mortgage Interest (paid to banks, etc.) \$ _____
Other interest \$ _____
Painting and decorating \$ _____
Pest control \$ _____
Plumbing and electrical \$ _____
Repairs \$ _____
Supplies \$ _____
Taxes - Real estate \$ _____
Taxes - Other \$ _____
Telephone \$ _____
Utilities \$ _____
Wages and salaries \$ _____

Other expenses:
_____ \$ _____
_____ \$ _____

Total Expenses \$ _____
Net Income \$ _____

.....
SCH E Accountant's Use Only

