2022 ORGANIZER

METZGER MANCINI & LACKNER LLP

CERTIFIED PUBLIC ACCOUNTANTS

115 S. Eddy Street, South Bend, IN 46617 T 574 232 9973 · F 574 232 8863

Form ID: 1040	Perso	nal Information			1
Filing (Marital) status code (1 = Single, 2 = Married fili	ng joint, 3 = Married filin	separate, 4 = Head of household.	5 = Qualifying surviving s	ousel	[1]
Mark if you were married but living apart all ye	ear			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[2]
Mark if your nonresident alien spouse does no	t have an Individua	Taxpayer Identification N	umber (ITIN)		(3]
		Taxpayer		Spous	е
Social security number		[4]			(5]
First name Last name		[6]			[7]
Occupation		[8]			
Designate \$3.00 to the presidential election cal	mnaign fund2/1 - vo	[10]			
Mark if dependent of another taxpayer	mpoign runu; (1 = re	5, 2 = NO, 3 = Blank)[12]			[14]
Taxpayer with income less than 1/2 support ag	e 18 or 19 - 23 full-	time student? (v. N) (17)			[16
Mark if legally blind		[20]			[21]
Date of birth		[22]			[24]
Date of death		[26]			[27]
Work/daytime telephone number/ext number		[28] [29]		[30]	[31]
Home/evening telephone number		[32]			[33]
Do you authorize us to discuss your return with	the IRS? (Y, N)	[34]			
	Presen	t Mailing Address			
Address					(40)
Apartment number					[40]
City, state postal code, zip code			[42]	[43]	[41] [44]
Foreign country name			[42]	(43]	[44]
Föreign phone number			¥		(49]
In care of addressee					[51]
	Depen	dent Information			
(*Pl		ndent Codes located at the	ne hottom)		Care
_ •			ic socioni,	Months**Dep	
First Name ^[52] Last Name	Date of Birth	Social Security No.	Relationship	in Codes home * **	paid for dependent
					•
		·			
			· ·		
				_ _	
Name of child who lived with you but is not you	dependent				[53]
Social security number of qualifying person					[54]
	Don	endent Codes			
*Basic 1 = Child who lived with you	Deb		nt (Age 19 - 23)		
2 = Child who did not live with	vou due to divorce		ed dependent		
3 = Other dependent	,		dent who is both a	s student and disale	alod
4 = Other dependents, but do n	ot qualify for Cred	it for Other Dependents	(ODC)	stadent and disar	,ieu
5 = Qualifying child for Earned			(000)		
6 = Children who lived with you			lit		
7 = Children who lived with you	ı, but do not qualif	y for Child Tax Credit			
8 = Children who lived with you	, but do not qualif	y for Child Tax Credit/Cre	dit for Other Depe	endents/Earned Inc	ome Credit
***Months 77 = Reported on odd year retu	rn	·	•	,	
88 = Reported on even year ret	urn				
99 = Not reported on return					
				Forn	n ID: 1040

Form	ın.	Info
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Client Contact Information

2

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related ques	stions) (Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address		[9]
Spouse email address		[10]
	Taxpayer	Spouse
Fax telephone number	[11]	[20]
Mobile telephone number	[12]	[21]
Mobile telephone #2 number	[13]	[22]
Pager number	[14]	[23]
Other:	[15]	
Telephone number		[24]
Extension	[16]	(25]
Preferred method of contact:	[17]	[26]
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[27]

NOTES/QUESTIONS:

Wages and Salaries #1

Please	provide	all	conies	of F	orm	VA/_	7
i icase	PIOVIGE	au	conies	OI I	orm.	WV	d

w "	2022 Inform	ation
Taxpayer/Spouse (T, S)		[1]
Employer name		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Fa	rming / Fishing, 4 = National Guard)	[5]
Mark if this is your current employer		[6]
Federal wages and salaries (Box 1)	+	[10]
Federal tax withheld (Box 2)	+	[12]
Social security wages (Box 3) (If different than federal wages)	+	[14]
Social security tax withheld (Box 4)	+	[16]
Medicare wages (Box 5) (If different than federal wages)	+	[18]
Medicare tax withheld (Box 6)	+	[21]
SS tips (Box 7)	+	[23]
Allocated tips (Box 8)	+	[25]
Dependent care benefits (Box 10)	<u> </u>	[27]
Box 13 -	· -	[27]
Statutory employee		(20)
Retirement plan		_[29]
Third-party sick pay		_[30]
State postal code (Box 15)		_[31]
State wages (Box 16) (If different than federal wages)	<u> </u>	[32]
State tax withheld (Box 17)	<u> </u>	[34]
Local wages (Box 18)	<u> </u>	[36]
Local tax withheld (Box 19)	Ť 	[38]
Name of locality (Box 20)	+	[40]
Traine of foculty (BOX 20)		[42]

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Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2. 2022 Information

Taxpayer/Spouse (T, S)			011
Employer name			_[1]
			[3]
Were these wages earned for service as: {1 = Minister, 2 = Military, 3 = Farmin	ng / Fishing, 4 = National G	iuard)	[5]
Mark if this your current employer			[6]
Federal wages and salaries (Box 1)	+		[10]
Federal tax withheld (Box 2)	+	69	[12]
Social security wages (Box 3) (If different than federal wages)	+		[14]
Social security tax withheld (Box 4)		+	[16]
Medicare wages (Box 5) (If different than federal wages)	+		[18]
Medicare tax withheld (Box 6)	+		[21]
SS tips (Box 7)	+		[23]
Allocated tips (Box 8)		+	[25]
Dependent care benefits (Box 10)		+	(27)
Box 13 -		· 	[27]
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			_
State postal code (Box 15)			_[31]
State wages (Box 16) (If different than federal wages)	_		[32]
State tax withheld (Box 17)	·		[34]
Local wages (Box 18)	s T		[36]
Local tax withheld (Box 19)	*		[38]
•	-	+	[40]
Name of locality (Box 20)			[43]

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	Control Totals +	
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	10		9				7		6		5		4		3		2		1	Type T/S/J Code (**See codes below)		Form ID: B-1
Amounts (+	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	below)	*Whole numb	
																	-			Interest [1]	Please provide copies of all Form 1099-INT or other statements reporting interest income. *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.	
														\$°						Tax Exempt Income	copies of all Form 1099 ounts. Enter percentag	Into
		8																		Penalty on Early Withdrawal	Please provide copies of all Form 1099-INT or other statements reporting interest income. treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% a	Interest Income
			_											8						U.S. Obligations* \$ or %	its reporting interes	
	nd ed			=				6						-						Tax Exempt* \$ or %	t income. er 100% as 100.0	
			1 No. 1				500000000000000000000000000000000000000												- 1	Foreign Taxes Paid Prio	0 or 75.5% as 75.50.	
	+																			Prior Year Information		13

		_		т-
		3 = Nominee Distribution	Blank = Regular Interest	
Control Totals +		5 = OID Adjustment	4 = Accrued Interest	**Interest Codes
		7 = Series EE & I Bond	6 = ABP Adjustment	

Form ID: B-1

		_		_				_		_						_		_		_ ~ ~ ¬		3
	<u>L</u>																			Type Code		011110, 0-2
Amounts +	10 Payer	Amounts +	Payer	Amounts	Payer	Amounts +	7 Payer	+	Payer	Amounts	Payer	Amounts +	A Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Type Code (**See codes below)		
			(2)				-													Ordinary [2]) Dividends	*Whole numbe	
			<i>E</i>					5										,		Qualified Dividends	Pleas rs will be treat	
			8		3										9					Total Cap Gain Distributions	e provide copie ed as \$ amount	
					=					*		:			£					Section 1250	s of all Form 10 s. Enter percent	D
					-										a)					Sec. 199A	99-DIV or oth	Dividend Income
					:			# # # # # # # # # # # # # # # # # # #						S	2					28% Capital Gain	er statements KX.XX format.	ome
										24										Tax Exempt Dividends	Please provide copies of all Form 1099-DIV or other statements reporting dividend income. treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as	
							-	F							00 20 	7				U.S. Obligations* \$ or %	nd income. ter 100% as 100	
	- ₁		8					2		32 33 34				:						Tax Exempt* \$ or %	Please provide copies of all Form 1099-DIV or other statements reporting dividend income. *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.	
		355555	= 1							5										Foreign Taxes Paid	75.50.	
																				Prior Yea Informati		Į.

Blank = Other

**Dividend Codes

3 = Nominee

Form ID: SSA-1099 Social Security, Tier 1 R	Railroad Benefits	25
Please provide a copy of Form(s)		
Taxpayer/Spouse (T, S) State postal code	_[1] [3]	
Social Security E	Benefits	
	2022 Information	Dulan Vanutufanna Alexandra
f you received a Form SSA - 1099, please complete the following information:		Prior Year Information
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums		
Prescription drug (Part D) premiums	(7)	
Net Benefits for 2022 (Box 3 minus Box 4) (Box 5)	+ [9]	
Voluntary Federal Income Tax Withheld (Box 6)	+ [12] + [14]	
Tier 1 Railroad E	Benefits	
	2022 Information	Prior Year Information
f you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2022 (Box 5)	+[22]	
Federal Income Tax Withheld (Box 10)	+[25]	
Medicare Premium Total (Box 11)	+[27]	
Additional Information Abo	ut Benefits Received	
		
dditional information about the benefits received not reported above. For ex	ample did you repay any benefits in	1 2022 or receive any prior y
dditional information about the benefits received not reported above. For ex	ample did you repay any benefits in	n 2022 or receive any prior y the RRB-1099 Boxes 7 thro
dditional information about the benefits received not reported above. For ex	ample did you repay any benefits in	n 2022 or receive any prior y the RRB-1099 Boxes 7 thro
dditional information about the benefits received not reported above. For ex	ample did you repay any benefits in	n 2022 or receive any prior y the RRB-1099 Boxes 7 thro
additional information about the benefits received not reported above. For ex	ample did you repay any benefits in	n 2022 or receive any prior y the RRB-1099 Boxes 7 thro
Additional Information About the benefits received not reported above. For extenefits in 2022. This information will be reported in the SSA-1099 DESCRIPTION	ample did you repay any benefits in	n 2022 or receive any prior y the RRB-1099 Boxes 7 thro

Form ID: IRA Traditional IRA	Α	26
	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (y, n)		
Do you want to contribute the maximum allowable traditional IRA contribution a	[1] mount? If	[2]
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	[3]	[4]
Enter the total traditional IRA contributions made for use in 2022	+[5] +	
		_
Enter the nondeductible contribution amount made for use in 2022	Taxpayer	Spouse
Enter the nondeductible contribution amount made in 2023 for use in 2022		[6] [8]
Traditional IRA basis	+[17] +	[18]
Value of all your traditional IRA's on December 31, 2022:		
	+[19] +	[20]
	++	
	++	
	++	
	+	
	++	
Roth IRA		
Please provide copies of any 1998 through 2021 Fo	orm 8606 not prepared by this offi	ce
Mark if you want to contribute the maximum Roth IRA contribution	Taxpayer	Spouse
Enter the total Roth IRA contributions made for use in 2022	[29] +[31] +	[30] [32]
Enter the amount a 2022 Roth IRA conversion should be adjusted by		[40]
Enter the total contribution Roth IRA basis on December 31, 2021		[44]
Enter the total Roth IRA contribution recharacterizations for 2022	+[45] +	[46]
Enter the Roth conversion IRA basis on December 31, 2021 Value of all your Roth IRA's on December 31, 2022:	+[47] +	[48]
	+ [49] +	[50]
	++	,
	++	-1
	++	
	+ +	
	++	
	++	
	++	
	+	
	<u> </u>	
NOTES/QUESTIONS:		

Form ID: IRA

Schedule C - General Information

Preparer use only			
Taynayor/Snoyca/Jaint		2022 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) Employer identification number		_[2]	
Business name		[3]	
Principal business/profession		[5]	
Business code			
Business address, if different from hom	an address on Organizar Form ID: 1040	[12]	
Address	ie address on Organizer Form ID: 1040		
City/State/Zip		[15]	
Accounting method (1 = Cash, 2 = Accrual, 3 =	Other)		
If other:	- Other)	[19]	_
Inventory method (1 = Cost, 2 = LCM, 3 = Othe		[21]	
If other enter explanation:	. ,	[22]	_
The state of the s		[24]	
		[24]	
Enter an explanation if there was a char	nge in determining your inventory:	-	
		[25]	
		[23]	
Did you "materially participate" in this b	ousiness? (v. N)	[36]	
If not, number of hours you did sign		[26] [28]	-
Mark if you began or acquired this busin		(30)	
Did you make any payments in 2022 tha		(35) N)[31]	
If "Yes", did you or will you file all re		[33]	-
Mark if this business is considered relate		r religious worker[35]	-
Did you receive wages as a statutory em	aployee or as a minister? (1 = Statutory em	ployee, 2 = Minister)[37]	
Medical insurance premiums paid by thi	is activity	+[40]	
Long-term care premiums paid by this a		+[44]	
Amount of wages received as a statutor		+ [47]	
	7		
	Description of the contract of		
· · · · · · · · · · · · · · · · · · ·	Business Inc	ome	
	Business Inc	ome 2022 Information	Prior Year Information
Gross receipts and sales	Business Inc		Prior Year Information
Gross receipts and sales	Business Inc	2022 Information +	Prior Year Information
Gross receipts and sales	Business Inc	2022 Information +	Prior Year Information
Gross receipts and sales	Business Inc	2022 Information +	Prior Year Information
	Business Inc	2022 Information +	Prior Year Information
Returns and allowances	Business Inc	2022 Information +	Prior Year Information
	Business Inc	#	Prior Year Information
Returns and allowances	Business Inc	2022 Information +	Prior Year Information
Returns and allowances	Business Inc	#	Prior Year Information
Returns and allowances	Business Inc	2022 Information +	Prior Year Information
Returns and allowances		2022 Information +	Prior Year Information
Returns and allowances	Business Inc	2022 Information +	Prior Year Information
Returns and allowances		2022 Information +	Prior Year Information Prior Year Information
Returns and allowances		2022 Information +	
Returns and allowances Other income:		2022 Information +	
Returns and allowances Other income: Beginning inventory		2022 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2022 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2022 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2022 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor:		2022 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2022 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2022 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2022 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2022 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2022 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials Other costs:		2022 Information +	

Preparer use only					
Principal business or profession					
		2022 Information	_	Duine Van	
Advertising				Prior Yea	r Information
Car and truck expenses		<u>+</u>	[6]		
Commissions and fees		+	[8]		
Contract labor		+	[10]		
		+			
Depletion		+	[14]		
Depreciation		+	[16]		
Employee benefit programs (Include Smal	Employer Health Ins Premiums credit):				
		+	[18]		
		+	_		
Insurance (Other than health):					
		+	[20]		
		+			
Interest:					
Mortgage (Paid to banks, etc.)					
, ,		+	[22]		
		+	_		
Other:		+		-	
Other.					
		+	[24]		
Levels I I I I		+	_		
Legal and professional services		+	_[26]		
Office expense		+	[29]		
Pension and profit sharing:					
		+	_[31]		
		+	_		
Rent or lease:					
Vehicles, machinery, and equipment		+	[33]		
Other business property		+	 _[35]		
Repairs and maintenance		+	_[37]		
Supplies	·	+	[39]		
Taxes and licenses:			-[35]		
		1	(41)		
·		+	_[41]		
		+	_		
	20.2	†	_		
	-	+	_		
Tuesday days also		+ <u> </u>	_		
Travel and meals:					
Travel	· ·	+	_[43]		
Meals (Enter 100% subject to 50% limit		t	_[45]		
Meals (Enter 100% subject to DOT 80%	limit) -	+ <u> </u>	_[47]		
Meals (Fully deductible)	-	+ <u></u>	_[49]		
Utilities		+ <u></u>	[51]		
Wages (Less employment credit):					
		+	[53]		
Other expenses:	V	+ 7	_ >		
·		<u>.</u>	[55]		
		<u></u>	_	····	
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	Control Totals +				Form ID: C-2

Form	ID-	Rant

Rent and Royalty Property - General Information

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	Rent and Royalty Flop	erty - deficial illiorination	<u> </u>	
Preparer use only		2022 Informat	ion	Prior Year Information
Description			[2]	
Taxpayer/Spouse/Joint (T, S, J)[3]		State postal code	[5]	
Physical address: Street			(6]	
City, state, zip code		[7][8]	[9]	
Foreign country	a		[11]	
Foreign province/county			[12]	
Foreign postal code			[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/sho	ort-term, 4=Commercial, 5=Land, 6=Roya	ilty, 7=Self-rental, 8=Other, 9=Personal ppty	[14]	
Description of other type (Type code #8)			[15]	
Did you make any payments in 2022 that		9? (Y,N)	[16]	
If "Yes", did you or will you file all requ			_[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5	5, 7 and 8 only) (Use Rent-2 for type 3)	_	[20]	
Percentage of ownership if not 100%			[22]	
Business use percentage, if not 100% (Not	vacation home percentage)		[24]	
		yalty Income		
Rents and royalties		2022 Information		Prior Year Information
	+_	[33]		
	Rent and Roy	valty Expenses		
		2022 Information Percent if	not 100%	Prior Year Information
Advertising				Thorres mornagon
Auto		[38]	[39]	
Travel			[42]	
Cleaning and maintenance		· · · · · · · · · · · · · · · · · · ·		
Commissions:	Ť <u></u>	[44]	[45]	
	12	(A3) 8	(40)	
	3	[47]	(49]	
Insurance:	T			
		5-1		
			[52]	
Legal and professional fees				
Management fees:	*	[54]	[55]	-
Management rees.				
		[57]	[59]	
Mortgage interest paid to banks, etc (Forn	+			
Wortgage interest paid to banks, etc (Forn	1 1098)			
			[62]	
Other mortgage interest				
Qualified mortgage insurance premiums	<u> </u>	[63]	[65]	
	+	[66]	[67]	
Other interest:				
	+	[69]	[71]	
	+			
Repairs	+	[72]	[73]	
Supplies	+	[75]	[76]	
Taxes:				
	+	[78]	[80]	
	+	<u> </u>		
Utilities	+	[81]	[82]	
Depreciation	* +	[84]	[85]	
Depletion	** +	[87]	[88]	
Other expenses:				
	+	[90]		
	+			
	+			
	+			
	Control Totals +			Form ID: Rent

Form ID: Income		Other I	ncome		18
State and local incon	ne tax refunds			Information [5]	Prior Year Information
Alimony received		T/S Agreemen	+	Information [3]	Prior Year Information
**Unemployment be any amount of tax	enefits are taxable income and s withheld. You may need to go to	hould be reported or your state's Depart	n your return. Your 1 ment of Labor websi	099-G should show b te to get your 1099-0	oth the amount received and G from your account.
	pensation federal withholding pensation state withholding pensation repaid	+ + +	[9] +	[10] [10] [13]	Prior Year Information
Self- Employmen Income ? T/S/J (Y, N)	t		2022	Information	Prior Year Information
			+ + + + + + + + + +	[15]	

Form ID: Income

Form	ID:	K1-1	

Partnerships and S Corporations

38

Please provide copies of Schedules K-1 showing income from partnerships and S-corporation	Please provide copies of Sc	chedules K-1 showing	ng income from part	nerships and S-corporation
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Taxpayer/Spouse/Joint (T, S, I)	[2]
Employer identification number	_(z)
Name of entity	
State postal code	[13]
	[14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)	[17]

	Preparer use only			
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter	Operating	[16]	[17]	[18]
on K1-7	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
-	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J)		
Employer identification number		[2]
		 [6]
Name of entity		 [13
State postal code		[14
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership	tnership)	[17

	Preparer use only			
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter	Operating	[16]	[17]	[18]
on K1-7	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
Į	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J)		(2)
Employer identification number		(2)
Name of entity		[6]
,		 [13]
State postal code		[14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Public	ly traded partnership)	[17]

	Preparer use only			
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter	Operating	[16]	[17]	[18]
on K1-7	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/los	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Form ID: K1-1	٦
	_

<u> </u>			and Trusts		39
Taynayor/	Please po Spouse/Joint (T, S, J)	rovide all copies of Schedules	K-1 showing income from estate	es and trusts.	
	identification number				_[:
Name of a				_	[3
State post	•				[4
otate post					[5
	Preparer use only Carryovers	Non-QBI & Tax	5 ODI 6 7-		
Enter	Operating	[16]	For QBI & Tax	AMT	
on K1T-	Short-term capital	[16]	[17]	(18]	
	Long-term capital		[19]	[20]	
	28% rate capital		[21]	[22]	
	Section 1231 loss	[25]	[26]	[24]	
	Ordinary business gain/loss	[28]	[29]	[27]	
	*		1=31	[30]	
	Spouse/Joint (T, S, J)				[2]
	dentification number				[3]
Name of a	-				[3] [4]
State posta	al code				(5)
	Preparer use only		2		
Fu.A.	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter on K1T-3	Operating	[16]	[17]	[18]	
0.11.11.3	Short-term capital	_	[19]	[20]	
	Long-term capital 28% rate capital	_	[21]	[22]	
	1 48% rate capital 1		[23]	[24]	
	Section 1231 loss	[25]	[26]	[27]	
	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J)	[25]	[26]	[30]	
Employer ic Name of ac	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code				[2] [3] [4] [5]
	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only	[28]	[29]	[30]	[3] [4]
Employer ic Name of ac State postal	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers	[28] Non-QBI & Tax	[29]		[3] [4]
Employer ic Name of ac	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating	[28]	[29] For QBI & Tax [17]	[30]	[3] [4]
Employer ic Name of ac State postal	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital	[28] Non-QBI & Tax	For QBI & Tax [17] [19]	AMT (18) [20]	[3] [4]
Employer ic Name of ac State postal	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital	Non-QBi & Tax [16]	For QBI & Tax [17] [19] [21]	AMT [18] [20]	[3] [4]
Employer ic Name of ac State postal	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital	Non-QBI & Tax [16]	For QBI & Tax [17] [19] [21] [23]	[30] AMT [18] [20] [22] [24]	[3] [4]
Employer ic Name of ac State postal	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss	Non-QBI & Tax [16]	[29] For QBI & Tax [17] [19] [21] [23] [26]	[30] AMT [18] [20] [22] [24] [27]	[3] [4]
Employer ic Name of ac State postal	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital	Non-QBI & Tax [16]	For QBI & Tax [17] [19] [21] [23]	[30] AMT [18] [20] [22] [24]	[3] [4]
Employer ic Name of ac State postal Enter on K1T-3	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss	Non-QBI & Tax [16]	[29] For QBI & Tax [17] [19] [21] [23] [26]	[30] AMT [18] [20] [22] [24] [27]	(3) (4) (5)
Employer id Name of ac State postal Enter on K1T-3	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) entification number	Non-QBI & Tax [16]	[29] For QBI & Tax [17] [19] [21] [23] [26]	[30] AMT [18] [20] [22] [24] [27]	
Employer ic Name of ac State postal Enter on K1T-3	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) entification number	Non-QBI & Tax [16]	[29] For QBI & Tax [17] [19] [21] [23] [26]	[30] AMT [18] [20] [22] [24] [27]	[3]
Employer id Name of ac State postal Enter on K1T-3	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) entification number ivity	Non-QBI & Tax [16]	[29] For QBI & Tax [17] [19] [21] [23] [26]	[30] AMT [18] [20] [22] [24] [27]	[3] [3] [4]
Employer id Name of act State postal Enter on K1T-3 Taxpayer/SpEmployer id Name of act	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) entification number ivity code	Non-QBI & Tax [16]	[29] For QBI & Tax [17] [19] [21] [23] [26]	[30] AMT [18] [20] [22] [24] [27]	[3]
Employer id Name of act State postal Enter on K1T-3 Taxpayer/Sp Employer id Name of act State postal	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) entification number ivity code Preparer use only Carryovers	Non-QBI & Tax [16]	[29] For QBI & Tax [17] [19] [21] [23] [26]	[30] AMT [18] [20] [22] [24] [27] [30]	[3] [3] [4]
Employer id Name of ac State postal Enter on K1T-3 Taxpayer/Sp Employer id Name of act State postal Enter	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) entification number ivity code Preparer use only Carryovers Operating	[28] Non-QBI & Tax [16] [25] [28]	[29] For QBI & Tax [17] [19] [21] [23] [26] [29]	AMT [18] [20] [22] [24] [27] [30]	[3] [3] [4]
Employer id Name of act State postal Enter on K1T-3 Taxpayer/Sp Employer id Name of act State postal	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) entification number ivity code Preparer use only Carryovers Operating Short-term capital	Non-QBI & Tax [16] [28] [28] Non-QBI & Tax	For QBI & Tax [17] [19] [21] [23] [26] [29] For QBI & Tax	[30] AMT [18] [20] [22] [24] [27] [30] AMT [18]	[3] [3] [4]
Employer id Name of ac State postal Enter on K1T-3 Taxpayer/Sp Employer id Name of act State postal Enter	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) entification number ivity code Preparer use only Carryovers Operating Short-term capital Long-term capital Long-term capital Douse/Joint (T, S, J) entification number ivity code Preparer use only Carryovers Operating Short-term capital Long-term capital	Non-QBI & Tax [16] [28] [28]	For QBI & Tax [17] [19] [21] [23] [26] [29] For QBI & Tax [17]	AMT [18] [20] [22] [24] [27] [30]	[3] [3] [4]
Employer id Name of ac State postal Enter on K1T-3 Taxpayer/Sp Employer id Name of act State postal Enter	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) entification number ivity code Preparer use only Carryovers Operating Short-term capital Long-term capital Long-term capital Section 1231 loss Ordinary business gain/loss	Non-QBI & Tax [16] [28] [28]	For QBI & Tax [17] [19] [21] [23] [26] [29] For QBI & Tax [17] [19]	AMT [18] [20] [22] [24] [27] [30] AMT [18] [20]	[3] [3] [4]
Employer id Name of ac State postal Enter on K1T-3 Taxpayer/Sp Employer id Name of act State postal Enter	Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) entification number ivity code Preparer use only Carryovers Operating Short-term capital Long-term capital Long-term capital Douse/Joint (T, S, J) entification number ivity code Preparer use only Carryovers Operating Short-term capital Long-term capital	Non-QBI & Tax [16] [28] [28]	For QBI & Tax [17] [19] [21] [23] [26] [29] For QBI & Tax [17] [19] [19] [21]	AMT [18] [20] [22] [24] [27] [30] AMT [18] [20] [22]	[3] [3] [4]

Form	m.	Educate2
I Other	· •	Luucatez

Student Loan Interest Paid

53

Complete this section if you paid interest on a qualified student loan in 2022 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2022. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender		2022 Interest Paid	Prior Year Information
_		+][1]
		+_		
_		+-		
_		+		

NOTES/QUESTIONS:

Form		

Education Credits and Tuition and Fees Deduction

54

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2		
Taxpayer/Spouse (T, S)		
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit)		-
Student's social security number		-
Student's first name		
Student's last name		
Institution Information		·
Enter information from each institution on a separate page, including the complete address	and federal identific	ation number of the in
Institution's federal identification number		
Institution's name		
Institution's street address		
Institution's city, state, zip code		
		*
Tuition Paid and Related Informatio	n	
Tuition Paid and Related Informatio Amounts reported in Box 1 may not reflect the actual amount paid for th Enter the amount actually paid during 2022.	e student during 202	22.
Amounts reported in Box 1 may not reflect the actual amount paid for th	e student during 202	22. Prior Year Informatio
Amounts reported in Box 1 may not reflect the actual amount paid for th Enter the amount actually paid during 2022. Tuition paid (Enter only the amount actually paid) (Box 1)	e student during 202	
Amounts reported in Box 1 may not reflect the actual amount paid for the Enter the amount actually paid during 2022. Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (Box 3)	e student during 202	
Amounts reported in Box 1 may not reflect the actual amount paid for the Enter the amount actually paid during 2022. Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (Box 3) Adjustments made for a prior year (Box 4)	e student during 202	
Amounts reported in Box 1 may not reflect the actual amount paid for the Enter the amount actually paid during 2022. Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5)	e student during 202	
Amounts reported in Box 1 may not reflect the actual amount paid for the Enter the amount actually paid during 2022. Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6)	e student during 202	
Amounts reported in Box 1 may not reflect the actual amount paid for the Enter the amount actually paid during 2022. Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2023 (Box 7)	e student during 202	
Amounts reported in Box 1 may not reflect the actual amount paid for the Enter the amount actually paid during 2022. Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2023 (Box 7) At least half-time student (Box 8)	e student during 202	
Amounts reported in Box 1 may not reflect the actual amount paid for the Enter the amount actually paid during 2022. Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2023 (Box 7) At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No)	e student during 202	
Amounts reported in Box 1 may not reflect the actual amount paid for the Enter the amount actually paid during 2022. Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2023 (Box 7) At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No) Insurance contract reimbursement/refund (Box 10)	e student during 202	
Amounts reported in Box 1 may not reflect the actual amount paid for the Enter the amount actually paid during 2022. Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2023 (Box 7) At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No) Insurance contract reimbursement/refund (Box 10) Non-Institution expenses (Books and fees not paid directly to the educational institution)	e student during 202	
Amounts reported in Box 1 may not reflect the actual amount paid for the Enter the amount actually paid during 2022. Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2022 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2023 (Box 7) At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No) Insurance contract reimbursement/refund (Box 10)	e student during 202 2022 Information +[8]	

/J	2022 Information	Prior Year Informa
Medical and dental expenses, such as: Doctors, Dentists, Hospital/r Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insur	nursing home fees, Lab/x-ray fees,	
1		
Medical insurance premiums you paid:		
Do not include pre-tax amounts paid by an employer-sponsored plan or amounts ente self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on	ered elsewhere, such as amounts paid for your Form SSA-1099.	
	+	
	+	
lane terms and the second seco	+	
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts ente	red elsewhere such as amounts paid for your	
self-employed business (Sch C, Sch F, Sch K-1, etc.)	red elsewhere, such as amounts pale for your	
	+	
Prescription medicines and drugs:		
		-
Miles driven for medical items (1/1/22 - 6/30/22, 18 cents)		
ij Miles driven for medical items (7/1/22 - 12/31/22, 22 cents)	[14]	
		
Schedule A - Ta	x expenses	
	2022 Information	Prior Year Informa
State/local income taxes paid:		
		-
		-
		-
2021 state and local income taxes paid in 2022:		
I	+ {22}	
	+	
	+	
Real estate taxes paid:		
	<u> </u>	
Personal property taxes:	_ +	
	+ (20)	
Other taxes, such as: foreign taxes and State disability taxes	*	
	+	
	+	
	+	
Sales tax paid on major purchases:		
3.5		
Salar tay paid on actual oversess.	_ +	
Sales tax paid on actual expenses:		
	+[40]	
Control Totals +		Form ID: A

	Interest Expe	1ses 		58
S/J Home mortgage interest: From Form 1098		2022 Interest Paid ₂]	2022 Points Paid	Type*Prior Year Informati
[1]	. +	+		
	. +	+		_
	+	+		_
	+	+		<u> </u>
	+	+		_
	+	+		
	+			
	*Mortgage T			
Blank = Used to buy, build or improve main/qualified s	econd home 1	= Not used to buy, b	uild, improve h	nome or investment
/S/J Payee's Name Other, such as: Home mortgage interest paid to in-	SSN o	EIN 2022 I	nformation	Prior Year Information
[4]	dividuals	+	[5]	
Address				
City, state and zip code		1+		
Address	2	ĮŤ.		
City, state and zip code				
Street Address City/State/Zip code				
Refinancing Points paid in 2022 - Taxpayer/Spouse/Joint (T, S, J)			_[11]	
Recipient/Lender name Total points paid at time of refinance				
Points deemed as paid in 2022 (Preparer use only)	+	[12]	
Date of refinance				
Term of new loan (in months) Reported on Form 1098 in 2022				
			_	
Taxpayer/Spouse/Joint (T, S, J)			_	
Recipient/Lender name Total points paid at time of refinance			<u> </u>	
Points deemed as paid in 2022 (Preparer use only))	+		
Date of refinance		•		
Tayon of a seed land the seconds of				
Term of new loan (in months)				
Reported on Form 1098 in 2022				
Reported on Form 1098 in 2022		2022 Ir	formation	Prior Year Information
Reported on Form 1098 in 2022	(s) K-1:	2022 Ir	formation	Prior Year Information
Reported on Form 1098 in 2022 5/J Investment interest expense, other than on Schedule		+	[16]	Prior Year Information
Reported on Form 1098 in 2022 S/J Investment interest expense, other than on Schedule		+	[16]	Prior Year Information
Reported on Form 1098 in 2022 S/J Investment interest expense, other than on Schedule		+	[16]	Prior Year Information
Reported on Form 1098 in 2022 S/J Investment interest expense, other than on Schedule		+	[16]	
Reported on Form 1098 in 2022 S/J Investment interest expense, other than on Schedule		+ + + + +	[16]	
Reported on Form 1098 in 2022 S/J Investment interest expense, other than on Schedule		+ + + + +	[16]	

Form ID: A-2

Form ID: A-3

Charitable Contributions

(2022 Information		Prior Year Information
•	Contributions made by cash or check (including out-of-pocket expenses)			
	Any contribution of cash, a check or other monetary gift requires a written record of the contribution			
	Individual contributions of \$250 or more must be accompanied by a written acknowledgment from	the charity to claim the contri	oution	on your return.
[2]		+	_[3]	
		+	_	
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		f		
		t		
		+		
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		+		
		+		
		+		
		15		-
		F	_	
(E) \/	olunteer miles driven			
		-	_[6]	
	oncash items, such as: Goodwill/Salvation Army/clothing/household goods			
[8]			_[9]	
		·		
	<u> </u>	·	_	
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		-	_	
			_	PRODUCE AND ADDRESS OF A STREET OF THE PROPERTY OF THE PROPERT
			-	
			_	
	Miscellaneous Deducti	ons	-	
		ons 2022 Information		
0	ther expenses	2022 Information	(12)	
0		2022 Information	_	Prior Year Information
0	ther expenses	2022 Information	_	
0	ther expenses	2022 Information	_	Prior Year Information
0	ther expenses	2022 Information	_	Prior Year Information
0	ther expenses	2022 Information	-	Prior Year Information
0	ther expenses	2022 Information	-	Prior Year Informatio
O 12]	ther expenses + + + + + + + + + + + + + + + + + +	2022 Information	-	Prior Year Informatio
O 12]	ther expenses	2022 Information	-	Prior Year Information
O 12]	ther expenses + + + + + + + + + + + + + + + + + +	2022 Information	-	Prior Year Information
O[12]	ther expenses + + + + + + + + + + + + + + + + + +	2022 Information	[16]	Prior Year Information
O 12]	ther expenses + + + + + + + + + + + + + + + + + +	2022 Information	[16]	Prior Year Informatio
O 12]	ther expenses + + + + + + + + + + + + + + + + + +	2022 Information	[16]	Prior Year Informatio
O[12]	ther expenses	2022 Information	[16]	Prior Year Information
[12]	ther expenses	2022 Information	[16]	Prior Year Information
O [12]	ther expenses	2022 Information	[16]	Prior Year Information
O [12]	ther expenses	2022 Information	[16]	Prior Year Information

Please provide all Forms 5498-SA.

	2022 Informat	ion	Prior Year Information					
Taxpayer/Spouse (T, S)		_[1]						
Name of Trustee		[4]						
State postal code		[2]						
Indicate type of health or medical savings account:								
HSA		[6]						
Archer MSA		_[7]						
MA (Medicare Advantage) MSA		[9]						
Total HSA/MSA contributions made								
for 2022 (Enter all amounts contributed, including through employer cafeteria plans)	+	[10]						
Indicate type of coverage under qualifying high deductible health plan (1 = self-Only, 2 =	Family)	[12]						
Number of months in qualified high deductible health plan in 2022		[13]						
Mark if you want to contribute the maximum allowable health or								
medical savings account contribution amount		[14]						
Total HSA/MSA contribution to be made for 2022	+	[15]						
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+	[16]						
Excess contributions for 2021 taken as constructive contributions for 2022	+	[19]						
Rollover contribution (Form 5498-SA, Box 4)	+	[21]						
Complete this section if your account is an A	archer MSA or MA M	SA						
Amount of annual deductible	+	[24]						
Enter compensation from employer maintaining high deductible health plan	+	[27]						
If self-employed, enter earned income from business	- 26							
under which plan was established	+	[31]						
Complete this section if your accor	ınt is an HSA							
complete this section it your account is all risk								
Was the high deductible health plan in effect for December 2022? (Y, N)		[33]						

NOTES/QUESTIONS:

Please enter all amounts paid in 2022 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

2024	. 5	Taxpayer	Spouse
	are benefits used during 2022 grace period +	[3] +	[4]
Employer-provided dependent care be		(5] +	[6]
Total qualified expenses incurred in 20			
Were you or your spouse a full time st		[10]	[11]
——————————————————————————————————————	person(s) who is not listed as a dependent? (Y, N)		[12]
Business name of provider			
First and last name of provider			
Street address of provider	9	-	
City, State and Zip code			
Social security number OR Employer id	antification number		
		-	
Amount paid to care provider in 2022	Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider r		
Foreign province or state of provider		+	[7]
Foreign country and Foreign postal cod	o of securidae		
	e or provider		
Business name of provider			
First and last name of provider			
Street address of provider	9.2		
City, State and Zip code			
Social security number OR Employer id	entification number		
Amount paid to care provider in 2022	Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider n		
		+	
Foreign province or state of provider			
Foreign country and Foreign postal cod	e of provider		
Business name of provider	el		
First and last name of provider			
Street address of provider			
City, State and Zip code			
Social security number OR Employer ide	entification number		N N
Tax Exempt / LAFCP / Due Diligence (1 -	Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider m		
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City, State and Zip code			
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Fax Exempt / LAFCP / Due Diligence (1 =	Fax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider m	oved and unable to get TIN 4 - Provider	refuses to give TINI)
Amount paid to care provider in 2022	and analysis a street of the s		
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Amount paid to care provider in 2022	F-7 Saar Stellin Care (Toylact, 3 110VIGE) IIII		
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