

**2023**

**ORGANIZER**

**METZGER**

**MANCINI & LACKNER LLP**

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**CERTIFIED PUBLIC ACCOUNTANTS**

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

## Personal Information

1

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) [1]

Mark if you were married but living apart all year [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

	Taxpayer	Spouse
Social security number	[4]	[5]
First name	[6]	[7]
Last name	[8]	[9]
Occupation	[10]	[11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	[12]	[14]
Mark if dependent of another taxpayer	[15]	[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	[17]	
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]	

## Present Mailing Address

Address [40]

Apartment number [41]

City, state postal code, zip code [42] [43] [44]

Foreign country name [46]

Foreign phone number [49]

In care of addressee [51]

## Dependent Information

(\*Please refer to Dependent Codes located at the bottom)

First Name <sup>[52]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Months <sup>***</sup> in home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent [53]

Social security number of qualifying person [54]

## Dependent Codes

<b>*Basic</b>	1 = Child who lived with you	<b>**Other</b>	1 = Student (Age 19 - 23)
	2 = Child who did not live with you due to divorce/separation		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)		
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit		
<b>***Months</b>	77 = Reported on odd year return		
	88 = Reported on even year return		
	99 = Not reported on return		

## Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (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]

[24]

Telephone number

[16]

[25]

Extension

[17]

[26]

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

[18]

[27]

NOTES/QUESTIONS:

## Wages and Salaries #1

12

Please provide all copies of Form W-2.

## 2023 Information

## Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Employer name \_\_\_\_\_ [3]  
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care) \_\_\_\_\_ [5]  
 Mark if this is your current employer \_\_\_\_\_ [6]  
 Mark if this is the last year for this employer \_\_\_\_\_ [9]  
 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) + \_\_\_\_\_ [27]  
**Box 13 -**  
     Statutory employee \_\_\_\_\_ [29]  
     Retirement plan \_\_\_\_\_ [30]  
     Third-party sick pay \_\_\_\_\_ [31]  
 State postal code (Box 15) \_\_\_\_\_ [32]  
 State wages (Box 16) (If different than federal wages) + \_\_\_\_\_ [34]  
 State tax withheld (Box 17) + \_\_\_\_\_ [36]  
 Local wages (Box 18) + \_\_\_\_\_ [38]  
 Local tax withheld (Box 19) + \_\_\_\_\_ [40]  
 Name of locality (Box 20) \_\_\_\_\_ [43]

Control Totals +

## Wages and Salaries #2

Please provide all copies of Form W-2.

## 2023 Information

## Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Employer name \_\_\_\_\_ [3]  
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard, 5 = Diff of Care) \_\_\_\_\_ [5]  
 Mark if this your current employer \_\_\_\_\_ [6]  
 Mark if this is the last year for this employer \_\_\_\_\_ [9]  
 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) + \_\_\_\_\_ [27]  
**Box 13 -**  
     Statutory employee \_\_\_\_\_ [29]  
     Retirement plan \_\_\_\_\_ [30]  
     Third-party sick pay \_\_\_\_\_ [31]  
 State postal code (Box 15) \_\_\_\_\_ [32]  
 State wages (Box 16) (If different than federal wages) + \_\_\_\_\_ [34]  
 State tax withheld (Box 17) + \_\_\_\_\_ [36]  
 Local wages (Box 18) + \_\_\_\_\_ [38]  
 Local tax withheld (Box 19) + \_\_\_\_\_ [40]  
 Name of locality (Box 20) \_\_\_\_\_ [43]

Control Totals +

## Interest Income

13

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.

T/S/J	Type Code (**See codes below)	Interest (1) Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer	+						
	Amounts							
2	Payer	+						
	Amounts							
3	Payer	+						
	Amounts							
4	Payer	+						
	Amounts							
5	Payer	+						
	Amounts							
6	Payer	+						
	Amounts							
7	Payer	+						
	Amounts							
8	Payer	+						
	Amounts							
9	Payer	+						
	Amounts							
10	Payer	+						
	Amounts							

**Interest Codes			
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment	
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond	

Control Totals +

## Dividend Income

14

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.

T S J Code	Type (**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt** \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer Amounts	+										
2	Payer Amounts	+										
3	Payer Amounts	+										
4	Payer Amounts	+										
5	Payer Amounts	+										
6	Payer Amounts	+										
7	Payer Amounts	+										
8	Payer Amounts	+										
9	Payer Amounts	+										
10	Payer Amounts	+										

\*\*Dividend Codes

Blank = Other

3 = Nominee

Control Totals +

Form ID: B-2

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)  
State postal code

[1]

[3]

## Social Security Benefits

## 2023 Information

## Prior Year Information

If you received a Form SSA - 1099, please complete the following information:

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums	+ _____	[7]
Prescription drug (Part D) premiums	+ _____	[9]
Net Benefits for 2023 (Box 3 minus Box 4) (Box 5)	+ _____	[12]
Voluntary Federal Income Tax Withheld (Box 6)	+ _____	[14]

## Tier 1 Railroad Benefits

## 2023 Information

## Prior Year Information

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2023 (Box 5)	+ _____	[22]
Federal Income Tax Withheld (Box 10)	+ _____	[25]
Medicare Premium Total (Box 11)	+ _____	[27]

## Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2023 or receive any prior year benefits in 2023. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

[40]

[41]

[42]

[43]

[44]

NOTES/QUESTIONS:

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

Taxpayer

Spouse

[1]

[2]

Do you want to contribute the maximum allowable traditional IRA contribution amount? If

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 2023

+

[5]

+

[6]

Taxpayer

Spouse

Enter the nondeductible contribution amount made for use in 2023

+

[5]

+

[6]

Enter the nondeductible contribution amount made in 2024 for use in 2023

+

[7]

+

[8]

Traditional IRA basis

+

[17]

+

[18]

Value of all your traditional IRA's on December 31, 2023:

+

[19]

+

[20]

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

## Roth IRA

Please provide copies of any 1998 through 2022 Form 8606 not prepared by this office

Taxpayer

Spouse

Mark if you want to contribute the maximum Roth IRA contribution

[29]

[30]

Enter the total Roth IRA contributions made for use in 2023

+

[31]

+

[32]

Enter the amount a 2023 Roth IRA conversion should be adjusted by

+

[39]

+

[40]

Enter the total contribution Roth IRA basis on December 31, 2022

+

[43]

+

[44]

Enter the total Roth IRA contribution recharacterizations for 2023

+

[45]

+

[46]

Enter the Roth conversion IRA basis on December 31, 2022

+

[47]

+

[48]

Value of all your Roth IRA's on December 31, 2023:

+

[49]

+

[50]

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

NOTES/QUESTIONS:



☐ Preparer use only

## 2023 Information

## Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Business name \_\_\_\_\_ [5]  
 Principal business/profession \_\_\_\_\_ [6]  
 Business code \_\_\_\_\_ [12]  
 Business address, if different from home address on Organizer Form ID: 1040  
 Address \_\_\_\_\_ [15]  
 City/State/Zip \_\_\_\_\_ [16] \_\_\_\_\_ [17] \_\_\_\_\_ [18]  
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) \_\_\_\_\_ [19]  
 If other: \_\_\_\_\_ [21]  
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) \_\_\_\_\_ [22]  
 If other enter explanation: \_\_\_\_\_ [24]  
 \_\_\_\_\_ [25]  
 Enter an explanation if there was a change in determining your inventory:  
 \_\_\_\_\_ [26]  
 Did you "materially participate" in this business? (Y, N) \_\_\_\_\_ [28]  
 If not, number of hours you did significantly participate \_\_\_\_\_ [30]  
 Mark if you began or acquired this business in 2023 \_\_\_\_\_ [31]  
 Did you make any payments in 2023 that require you to file Form(s) 1099? (Y, N) \_\_\_\_\_ [33]  
 If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_ [35]  
 Mark if this business is considered related to qualified services as a minister or religious worker \_\_\_\_\_ [37]  
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) \_\_\_\_\_ [40]  
 Medical insurance premiums paid by this activity + \_\_\_\_\_ [44]  
 Long-term care premiums paid by this activity + \_\_\_\_\_ [47]  
 Amount of wages received as a statutory employee + \_\_\_\_\_

## Business Income

## 2023 Information

## Prior Year Information

## Gross receipts and sales

\_\_\_\_\_ + \_\_\_\_\_ [52]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_ [55]

## Returns and allowances

## Other income:

\_\_\_\_\_ + \_\_\_\_\_ [57]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

## Cost of Goods Sold

## 2023 Information

## Prior Year Information

Beginning inventory + \_\_\_\_\_ [59]  
 Purchases + \_\_\_\_\_ [61]  
 Labor: \_\_\_\_\_ + \_\_\_\_\_ [63]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Materials + \_\_\_\_\_ [65]  
 Other costs: \_\_\_\_\_ + \_\_\_\_\_ [67]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Ending inventory + \_\_\_\_\_ [69]

Control Totals +

**Preparer use only**

Principal business or profession \_\_\_\_\_

**2023 Information****Prior Year Information**

Advertising	+ _____ [6]
Car and truck expenses	+ _____ [8]
Commissions and fees	+ _____ [10]
Contract labor	+ _____ [12]
Depletion	+ _____ [14]
Depreciation	+ _____ [16]
Employee benefit programs (Include Small Employer Health Ins Premiums credit):	
_____	+ _____ [18]
_____	+ _____
Insurance (Other than health):	
_____	+ _____ [20]
_____	+ _____
Interest:	
Mortgage (Paid to banks, etc.)	
_____	+ _____ [22]
_____	+ _____
_____	+ _____
Other:	
_____	+ _____ [24]
_____	+ _____
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:	
_____	+ _____ [41]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
Travel and meals:	
Travel	+ _____ [43]
Meals (Enter 100% subject to 50% limitation)	+ _____ [45]
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]
Meals (Fully deductible)	+ _____ [49]
Utilities	+ _____ [51]
Wages (Less employment credit):	
_____	+ _____ [53]
_____	+ _____
Other expenses:	
_____	+ _____ [55]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____

**Control Totals +****Form ID: C-2**

## Rent and Royalty Property - General Information

31

Preparer use only

## 2023 Information

## 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 \_\_\_\_\_ [11]  
 Foreign province/county \_\_\_\_\_ [12]  
 Foreign postal code \_\_\_\_\_ [13]  
 Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) \_\_\_\_\_ [14]  
 Description of other type (Type code #8) \_\_\_\_\_ [15]  
 Did you make any payments in 2023 that require you to file Form(s) 1099? (Y,N) \_\_\_\_\_ [16]  
 If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_ [18]  
 Fair rental days (If not full year) (For types 1, 2, 4, 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]

## Rent and Royalty Income

## Rents and royalties

## 2023 Information

## Prior Year Information

\_\_\_\_\_ + \_\_\_\_\_ [33]  
 \_\_\_\_\_

## Rent and Royalty Expenses

## 2023 Information

## Percent if not 100%

## Prior Year Information

Advertising	+ _____ [35]	_____ [36]
Auto	+ _____ [38]	_____ [39]
Travel	+ _____ [41]	_____ [42]
Cleaning and maintenance	+ _____ [44]	_____ [45]
Commissions:		
_____	+ _____ [47]	_____ [49]
_____	+	
Insurance:		
_____	+ _____ [50]	_____ [52]
_____	+	
Legal and professional fees	+ _____ [54]	_____ [55]
Management fees:		
_____	+ _____ [57]	_____ [59]
_____	+	
Mortgage interest paid to banks, etc (Form 1098)		
_____	+ _____ [60]	_____ [62]
_____	+	
Other mortgage interest	+ _____ [63]	_____ [65]
Qualified mortgage insurance premiums	+ _____ [66]	_____ [67]
Other interest:		
_____	+ _____ [69]	_____ [71]
_____	+	
Repairs	+ _____ [72]	_____ [73]
Supplies	+ _____ [75]	_____ [76]
Taxes:		
_____	+ _____ [78]	_____ [80]
_____	+	
Utilities	+ _____ [81]	_____ [82]
Depreciation	+ _____ [84]	_____ [85]
Depletion	+ _____ [87]	_____ [88]
Other expenses:		
_____	+ _____ [90]	
_____	+	
_____	+	
_____	+	
_____	+	

Control Totals +

Form ID: Rent

**Prior Year Information**

**Prior Year Information**

	Taxpayer	Spouse
Unemployment compensation**	+ _____ [9]	+ _____ [10]
Unemployment compensation federal withholding	+ _____ [9]	+ _____ [10]
Unemployment compensation state withholding	+ _____ [9]	+ _____ [10]
Unemployment compensation repaid	+ _____ [12]	+ _____ [13]
Alaska Permanent Fund dividends	+ _____ [18]	+ _____ [19]

**Prior Year Information**

[illegible]

**Prior Year Information**

	Control Totals +		Form ID: Income
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Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

\_\_\_\_\_[2]

Employer identification number \_\_\_\_\_

\_\_\_\_\_[6]

Name of entity \_\_\_\_\_

\_\_\_\_\_[13]

State postal code \_\_\_\_\_

\_\_\_\_\_[14]

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_

\_\_\_\_\_[17]

Preparer use only		Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Carryovers			
	Operating	[16]	[17]	[18]
	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) \_\_\_\_\_

\_\_\_\_\_[2]

Employer identification number \_\_\_\_\_

\_\_\_\_\_[6]

Name of entity \_\_\_\_\_

\_\_\_\_\_[13]

State postal code \_\_\_\_\_

\_\_\_\_\_[14]

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_

\_\_\_\_\_[17]

Preparer use only		Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Carryovers			
	Operating	[16]	[17]	[18]
	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) \_\_\_\_\_

\_\_\_\_\_[2]

Employer identification number \_\_\_\_\_

\_\_\_\_\_[6]

Name of entity \_\_\_\_\_

\_\_\_\_\_[13]

State postal code \_\_\_\_\_

\_\_\_\_\_[14]

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_

\_\_\_\_\_[17]

Preparer use only		Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Carryovers			
	Operating	[16]	[17]	[18]
	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]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J)

[2]

Employer identification number

[3]

Name of activity

[4]

State postal code

[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Taxpayer/Spouse/Joint (T, S, J)

[2]

Employer identification number

[3]

Name of activity

[4]

State postal code

[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Taxpayer/Spouse/Joint (T, S, J)

[2]

Employer identification number

[3]

Name of activity

[4]

State postal code

[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Taxpayer/Spouse/Joint (T, S, J)

[2]

Employer identification number

[3]

Name of activity

[4]

State postal code

[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]

Complete this section if you paid interest on a qualified student loan in 2023 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 2023. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2023 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____

NOTES/QUESTIONS:

## Education Credits and Tuition and Fees Deduction

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)

[8]

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 identification number of the institution

Institution's federal identification number

[8]

Institution's name

Institution's street address

Institution's city, state, zip code

## Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2023.

Enter the amount actually paid during 2023.

	2023 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ [8]	
Educational institution changed its reporting method for 2023 (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 2024 (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)		
American Opportunity Tax Credit (AOTC) disqualifier		
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2023		

## NOTES/QUESTIONS:



T/S/J

2023 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1] _____	+ _____ [2]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4] _____	+ _____ [5]
_____	+ _____
_____	+ _____
_____	+ _____

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7] _____	+ _____ [8]
_____	+ _____

Prescription medicines and drugs:

[10] _____	+ _____ [11]
_____	+ _____
_____	+ _____

[13] Miles driven for medical items (22 cents)	_____ [14]
--	------------

## Schedule A - Tax Expenses

T/S/J

2023 Information

Prior Year Information

State/local income taxes paid:

[18] _____	+ _____ [19]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____

2022 state and local income taxes paid in 2023:

[21] _____	+ _____ [22]
_____	+ _____
_____	+ _____

Real estate taxes paid:

[24] _____	+ _____ [25]
_____	+ _____
_____	+ _____

Personal property taxes:

[27] _____	+ _____ [28]
_____	+ _____

Other taxes, such as: foreign taxes and State disability taxes

[30] _____	+ _____ [31]
_____	+ _____
_____	+ _____

Sales tax paid on major purchases:

[36] _____	+ _____ [37]
_____	+ _____

Sales tax paid on actual expenses:

[39] _____	+ _____ [40]
_____	+ _____
_____	+ _____

Control Totals +

Form ID: A-1

T/S/J	2023 Interest Paid <sup>[2]</sup>	2023 Points Paid	Type*	Prior Year Information
Home mortgage interest: From Form 1098				
[1] _____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		
_____	+	+		

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home      1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2023 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4] _____	_____	_____	+	[5] _____
<b>Address</b> _____				
<b>City, state and zip code</b> _____				
_____	_____	_____	+	
<b>Address</b> _____				
<b>City, state and zip code</b> _____				

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

Payer's/Borrower's name \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2023 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]

Recipient/Lender name \_\_\_\_\_

Total points paid at time of refinance \_\_\_\_\_

Points deemed as paid in 2023 (Preparer use only) \_\_\_\_\_

Date of refinance \_\_\_\_\_

Term of new loan (in months) \_\_\_\_\_

Reported on Form 1098 in 2023 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Recipient/Lender name \_\_\_\_\_

Total points paid at time of refinance \_\_\_\_\_

Points deemed as paid in 2023 (Preparer use only) \_\_\_\_\_

Date of refinance \_\_\_\_\_

Term of new loan (in months) \_\_\_\_\_

Reported on Form 1098 in 2023 \_\_\_\_\_

T/S/J	2023 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15] _____	+	[16] _____
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	

Control Totals +

Form ID: A-2

### Prior Year Information

**Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.**

[illegible]

### Prior Year Information

[12]		+ _____ [13]	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
Gambling losses:	(Enter only if you have gambling income)		
[15]		+ _____ [16]	
		+ _____	
		+ _____	
		+ _____	

Form ID: A-3

Please provide all Forms 5498-SA.

## 2023 Information

## 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 2023 (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 2023 \_\_\_\_\_ [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 2023 + \_\_\_\_\_ [15]  
 Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) + \_\_\_\_\_ [16]  
 Excess contributions for 2022 taken as constructive contributions for 2023 + \_\_\_\_\_ [19]  
 Rollover contribution (Form 5498-SA, Box 4) + \_\_\_\_\_ [21]

## Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible + \_\_\_\_\_ [24]  
 Enter compensation from employer maintaining high deductible health plan + \_\_\_\_\_ [27]  
 If self-employed, enter earned income from business  
     under which plan was established + \_\_\_\_\_ [31]

## Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2023? (Y, N) \_\_\_\_\_ [33]

## NOTES/QUESTIONS:

## Child and Dependent Care Expenses

Please enter all amounts paid in 2023 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

	Taxpayer	Spouse
2022 employer-provided dependent care benefits used during 2023 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2023	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2023		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any 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 \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2023 + \_\_\_\_\_ [7]  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2023 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2023 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2023 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2023 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Control Totals +

Form ID: 2441